



Hudson County Community College  
Office of Student Financial Assistance

## 2019-2020 Additional New Jersey State Questions

Student Name: \_\_\_\_\_  
 Student ID: \_\_\_\_\_  
 NJHESAA ID (if available) \_\_\_\_\_

**ALL FIELDS MUST BE COMPLETED- Incomplete forms will not be processed.**  
 (Please put N/A in the box if item is not applicable or does not apply to you)

Student (and Spouse)	
Veterans Educational Benefits	Choose One
Types of Veterans Benefits	Choose One
Veterans Benefits Number of Months	
Veterans Benefit Monthly Amount	
Untaxed Social Security Benefits	
Earned Income Tax Credit	
Reported Early Distribution	Choose One
Filed IRS Form 5329	Choose One
IRS Form 5329 Amount	
IRS Form 5329 Exception Code	Choose One
Spouse Social Security Number	
Spouse First Name	
Spouse Last Name	

Parent(s)	
Untaxed Social Security Benefits	
Earned Income Tax Credit	
Reported Early Distribution	Choose One
Filed IRS Form 5329	Choose One
IRS Form 5329 Amount	
IRS Form 5329 Exception Code	Choose One
Parent 1 Social Security Number	
Parent 2 Social Security Number	
Parent 1 First Name	
Parent 1 Last Name	
Parent 2 First Name	
Parent 2 Last Name	

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (if dependent student)