

## New Jersey Alternative Financial Aid Application Student Affidavit

### BACKGROUND

Signing this document confirms your eligibility **to apply** for New Jersey financial aid by using the New Jersey Alternative Financial Aid Application (NJAFSA) instead of the Free Application for Federal Student Aid (FAFSA). Signing this document **does not guarantee your eligibility to receive** New Jersey financial aid.

### INSTRUCTIONS

If you are ineligible to complete the FAFSA and meet the following requirements, sign and date this form, then return it to the Financial Aid Office at your college.

### REQUIREMENTS TO COMPLETE THIS FORM

1. You attended a New Jersey high school for at least three (3) years.
2. You received a high school diploma from a New Jersey high school **or** received the equivalent of a high school diploma in the state of New Jersey.
3. You filed an application to legalize immigration status **or** you will file an application to legalize immigration status as soon as you are eligible to do so.

Please Note: if you were admitted temporarily into the United States, you are not eligible for New Jersey financial aid **unless** you are granted status with a “T Visa” or “U Visa.”<sup>1</sup>

In addition to signing the affidavit below, you must submit your official high school transcript pursuant to instruction from the Financial Aid Office at your college. If you provided your final high school transcript for a prior academic year, there is no need to submit it again unless specifically requested.

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### AFFIDAVIT

By signing this document I hereby state that if I am a non-citizen without lawful immigration status, I have filed an application to legalize my immigration status or will file an application as soon as I am eligible to do so.

### DECLARATION OF TRUE AND ACCURATE INFORMATION

I, the undersigned, declare that the information I provided on this form is true and accurate. I understand that this information will be used to determine my eligibility for State financial aid. I further understand that if any of the above information is found to be false, I will be liable for repayment of all State financial aid I received and may be subject to disciplinary action by the college. I further understand that if I knowingly or willingly furnish any false or misleading information for the purpose of receiving State financial aid I shall be guilty of a crime of the fourth degree.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

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

Date: \_\_\_\_\_

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<sup>1</sup> Notwithstanding the provisions of any other section of law to the contrary, a student who is a victim of trafficking, domestic violence, or other serious crime who has been granted a status under 8 U.S.C. §.1101(a)(15)(T) or 8 U.S.C. §1101(a)(15)(U) shall be eligible to participate in any student financial aid, grants, or scholarship program under chapter 71B of Title 18A of the New Jersey Statutes, provided the student meets the conditions set for tin paragraphs (1) through (4) of subsection a. of section 2 of P.L. 2013, c. 170. (18A:71B-2.6)