



**CERTIFICATION OF PARENTS' KNOWING AND WILLFUL FAILURE  
TO ASSIST WITH FINANCIAL AID APPLICATION**

My name is \_\_\_\_\_ CCM ID#: \_\_\_\_\_ .

I am a student who is enrolled in, or planning to enroll at **County College of Morris** during the school year (i.e. 2021-2022) \_\_\_\_\_.

I am a dependent student as defined by N.J.A.C. 9A:9-2.6;

I am seeking to apply for student financial aid programs offered by the State of New Jersey and the federal government by submitting either a Free Application for Federal Student Aid (FAFSA) or a New Jersey Alternative Financial Aid Application (NJFAAA), as applicable;

I requested that my parent(s) disclose information required by the FAFSA or NJFAAA, and/or to complete verification of my FAFSA or NJFAAA, and my parent(s) knowingly and willfully failed to disclose the required information;

I understand that by submitting this certification, pursuant to N.J.S.A. 18A:71B-2.5, my parent(s) will be subject to a civil penalty of not more than \$500 which shall be collected in proceedings in accordance with the "Penalty Enforcement Law of 1999," N.J.S.A. 2A:58-10 et seq.; and

I understand that it is a crime of the fourth degree to knowingly and willfully furnish any false or misleading information for the purpose of obtaining a scholarship or tuition assistance grant, or of enabling another to obtain a scholarship or tuition assistance grant under any program administered by HESAA.

My parent(s) who knowingly and willfully failed to disclose information required by the FAFSA or NJFAAA, and/or to complete verification of my FAFSA or NJFAAA, are:

Parent 1

Parent 2 (if applicable)

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby certify that the foregoing statements made by me are true to the best of my knowledge. I understand that if any of the foregoing statements are willfully false, I am subject to punishment.

I further understand that a copy of this form will be submitted to the NJ State Higher Education Student Assistant Authority (HESAA) in accordance with their terms and conditions.

By:

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Dated: \_\_\_\_\_

NJFAMS ID or Date of Birth: \_\_\_\_\_