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BOSTON COLLEGE 2023–2024 INCOMING STUDENT VALIDATION FORM

It is the policy of both the U.S. Department of Education and Boston College to verify the information on the financial aid application materials. Submit this signed form with all required documentation through the College Board's Institutional Documentation Service (IDOC). In addition, read and complete the voluntary "Title IV Federal Funds Authorization" (available electronically through your Agora Portal account). If you have any questions regarding the Financial Aid process, please contact the Office of Student Services at (800) 294-0294.

1. Student General Information

Student Name _____

Social Security Number _____ Eagle ID Number _____

Permanent Address _____
Street City State Zip

Permanent Phone Number ( ) _____ Spouse's Name _____

Student Cellular Telephone ( ) _____ E-mail: Your BC e-mail account will be used.

2. Parent General Information

Are your biological/adoptive parents:

☐ married ☐ separated ☐ divorced ☐ unmarried living together ☐ unmarried living separately ☐ widowed

Custodial Parent This is the parent and/or stepparent with whom you reside when not in school. This should be the same as the custodial parent listed on your FAFSA.

Parent One

☐ father ☐ stepfather ☐ legal guardian
☐ mother ☐ stepmother ☐ other

Name _____

Social Security Number _____

Daytime Telephone ( ) _____

E-mail _____

Parent Two

☐ father ☐ stepfather ☐ legal guardian
☐ mother ☐ stepmother ☐ other

Name _____

Social Security Number _____

Daytime Telephone ( ) _____

E-mail _____

Noncustodial Parent (if applicable) To be completed if parents are divorced, separated, or unmarried living separately.

Year of separation: _____ Year of divorce: _____

Noncustodial Parent's Name (if applicable) _____ Social Security Number _____

Noncustodial Parent's Telephone (if applicable) _____ E-mail _____

Spouse's Name (if applicable) _____ Social Security Number _____

3. Income Verification

Student: Check (√) Appropriate Box	☐ Yes, I (we) have filed a 2021 federal, Puerto Rican, Canadian or any other foreign tax return. A signed copy complete with all schedules and W-2 forms is attached, if not previously submitted. ☐ No, I (we) have not and am (are) not required to file a 2021 federal, Puerto Rican, Canadian or any other foreign tax return. All W-2 forms received are attached, if not previously submitted.
Custodial Parent(s): Check (√) Appropriate Box	☐ Yes, I (we) have filed a 2021 federal, Puerto Rican, Canadian or any other foreign tax return. A signed copy complete with all schedules and W-2 forms is attached, if not previously submitted. ☐ No, I (we) have not and am (are) not required to file a 2021 federal, Puerto Rican, Canadian or any other foreign tax return. All W-2 forms received are attached, if not previously submitted.

If you are selected for federal verification by the Department of Education, this will be indicated on your Student Aid Report (SAR), which will be e-mailed to you after submission of your 2023–2024 FAFSA. Carefully review your SAR for additional requirements. Tax account information transferred from the IRS using the FAFSA IRS Data Retrieval Tool (IRS DRT) and/or a Tax Return Transcript from the IRS continues to be acceptable documentation; however, a ***signed*** copy of the 2021 federal tax return is also acceptable to fulfill verification requirements. If you have not and are not required to file a 2021 federal tax return, you may be required to provide an IRS Verification of Non-Filing Letter. For more information, visit www.bc.edu/verification.

CBFinAid ID _____

Student Eagle ID Number _____

4. Amounts and Sources of Untaxed Income

List the total amounts of all sources of untaxed income received and not reported on a 2021 tax return. If you did work and received a 2021 W-2 or 1099, submit a copy, if not previously submitted. List every employer below even if the employer did not issue an IRS W-2 or a 1099. Do not leave blanks. **Enter "N/A" or zeros where appropriate.**

	Parent(s)		Student	
Income Earned from Work (if return not filed)	Amount: $_____	Source: _____	Amount: $_____	Source: _____
Aid to Families with Dependent Children (AFDC)	Amount: $_____	Source: N/A	Amount: $_____	Source: N/A
Housing and Other Living Allowances	Amount: $_____	Source: _____	Amount: $_____	Source: _____
Food Stamps	Amount: $_____	Source: N/A	Amount: $_____	Source: N/A
Alimony	Amount: $_____	Source: _____	Amount: $_____	Source: _____
Other (specify source)	Amount: $_____	Source: _____	Amount: $_____	Source: _____

Social Security benefits for all family members in 2021:

Student _____ Amount $_____

Parent _____ Amount $_____

Sibling(s) _____ Amount $_____

Child support received for all children in 2021:

Person paid to _____ Child's Name _____ Amount $_____

Child's Name _____ Amount $_____

Child's Name _____ Amount $_____

5. Expenses

Child support paid by the custodial parent in 2021. Do not leave blanks. **Enter "N/A" or zeros where appropriate.**

Person paid to _____ Child's Name _____ Amount $_____

Child's Name _____ Amount $_____

Child's Name _____ Amount $_____

Alimony paid by the custodial parent in 2021. Person paid to _____ Amount $_____

Report all elementary, junior high, and high school tuition expected to be paid for the 2023–2024 academic year for dependent children. Please do not include college tuition payments.

Child's Name _____ Amount $_____

Child's Name _____ Amount $_____

Child's Name _____ Amount $_____

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6. Family Information

In the family grid below, please list the name, age, and relationship for each family member living in your household. You should always include yourself, spouse (if applicable), parents (if you are considered dependent) and your dependent children (if you are considered independent and provide more than half their support). Also include siblings and other relatives for whom you and/or your parents will be providing more than half of their support from July 1, 2023 to June 30, 2024.

Name	Age	Relationship to Student
1. Boston College Student		Self
2.		
3.		
4.		
5.		
6.		

☐ Check here if there are more than six family members. Please include these family members in the additional information section on page 3.

Will any of the family members listed above attend college in the 2023–2024 academic year? If yes, provide the following information for each family member that will attend college. Include college information only if enrolled at least half-time in a degree granting program (please note, parent's enrollment in college is not considered). If the school or college is undecided, update the Office of Student Services in writing when a decision is made. Verification of sibling(s) enrollment in college for the 2023–2024 academic year will be required in September 2023. Adjustments will be made for siblings whose attendance plans have changed, are considered independent for federal aid, or for whom there is a minimal parent contribution.

Name of Family Member	Name of College	Expected Graduation Year	Full Time or Half Time	Undergrad or Grad	Non-Need Based Aid Amount
1. Student	Boston College				
2.					
3.					
4.					

7. Outside Assistance

Please list the name and annual amount of any outside scholarship or tuition benefit that you have been awarded for the 2023–2024 academic year. Be sure to indicate if the scholarship is renewable for future years. Attach a copy of the notification/award letter.

Outside Scholarship/Resource Information

Name of Scholarship or Resource	Source/Agency	Amount for 2023–2024	Renewable
1.			☐ Yes ☐ No
2.			☐ Yes ☐ No
3.			☐ Yes ☐ No

All outside award checks should be sent to Boston College, Office of Student Services, Lyons Hall, 140 Commonwealth Avenue, Chestnut Hill, MA 02467. Please include Eagle ID Number.

☐ Check here if there are more than three outside scholarships. Please include these outside scholarships in the additional information section on the following page.

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8. Additional Information/Special Circumstances

Use the following space to answer any questions more completely or to explain any special circumstances you wish to bring to the attention of your Financial Aid Counselor. Please be as specific as possible, including dates, dollar amounts, and documentation when appropriate. **If your parent(s) have experienced a loss of job, change of income, etc.,** visit our website at www.bc.edu/undergradaid for additional information.

9. Other

If you are a nursing student, have you ever received educational financial assistance from the U.S. Department of Health and Human Services? ☐ Yes ☐ No

Are you a member of a religious order (i.e. a man or woman living under religious vows)? If so, which one?

10. Statements and Signatures

I, the student, we, the parents, and student's spouse (if applicable) certify that all information presented is correct at this time and that I/we will send timely notice of any significant change in my/our family situation, family income or assets, or upon receipt of other scholarships or grants. If I am selected as a recipient of a Boston College endowed or donor-sponsored award, I agree to allow the release of pertinent information by college officials. I further agree to the release of any application information to federal and state agencies.

I, the student, affirm that I will be attending Boston College on at least a half-time basis and that I must maintain satisfactory progress in the course of study that I am pursuing according to the standards and practices of Boston College. In addition, I authorize Boston College to retain federal financial aid funds to cover the cost of tuition, fees, room, board, and other costs associated with my attendance at Boston College. If at any time I wish to change this authorization, I understand that I must notify the Office of Student Services in writing of the change.

The student and at least one parent (and the student's spouse, if applicable) must sign this form.

Student's Signature _____ Parent's Signature _____

Date _____ Date _____

Spouse's Signature _____ Parent's Signature _____

Date _____ Date _____

Notice of Nondiscrimination

To read the full Notice of Nondiscrimation, please visit https://www.bc.edu/content/bc-web/offices/human-resources/sites/oid/Policies-and-Compliance/Notice-of-Nondiscrimination.html.