



BOSTON COLLEGE
CHESTNUT HILL, MASSACHUSETTS 02467

OFFICE OF STUDENT SERVICES
LYONS HALL
(800) 294-0294

2024-2025 Boston College Information Form

Student Name: _____ Eagle ID Number: _____

Section A: Untaxed Income

Complete the following information about untaxed income your family received in 2022. List all annual sources not reported on a 2022 tax return. Do not leave any line blank. Enter "N/A" or zero where appropriate.

Table with 4 columns: Description, Parent, Student, Other Children. Rows include Social Security Benefits, Aid to Families with Dependent Children, Child Support, Alimony, Housing Allowances, and Other (specify source).

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Section B: Family Size

Family size includes the following:

- ▪ The student.
- ▪ The student’s parents, even if the student is not living with them. Exclude a parent who has died or is not living in the household because of separation or divorce. Include a parent who is on active duty in the U.S. Armed Forces apart from the family.
- ▪ The student’s siblings if the following are true:
 - They live with the student’s parents (or live apart because of college enrollment),
 - They receive more than half of their support from the student’s parents, and
 - They will continue to receive more than half their support from the student’s parents during the 2024–2025 award year.
- ▪ Other persons if the following are true:
 - They live with the student’s parents,
 - They receive more than half of their support from the student’s parents, and
 - They will continue to receive more than half their support from the student’s parents during the 2024–2025 award year.

Name	Age	Relationship	School or college student will attend in 2024–2025	Full-time (FT) or Half-time (HT) Undergraduate (U) or Graduate (G)	Expected Graduation Date	Amount of non-need based aid awarded, if any
1.		Self	Boston College	FT or HT U or G		
2.				FT or HT U or G		
3.				FT or HT U or G		
4.				FT or HT U or G		
5.				FT or HT U or G		
6.				FT or HT U or G		
7.				FT or HT U or G		
8.				FT or HT U or G		

Check here if there are more than eight family members and attach additional names to this page.

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Section C: Real Estate

A. Primary Home Real Estate Information

Complete the following information about your family's primary residence. **Do not leave any line blank. Enter "N/A" or zero where appropriate.**

Address _____

Current Value \$ _____

Current Mortgage Balance \$ _____

(Please include the value of any second mortgages or home equity loans in the value reported for current mortgage. Do not include any unused portions of home equity lines of credit.)

Year Purchased _____

Purchase Price \$ _____

B. Other (non-Primary Home) Real Estate Information

Complete the following information about real estate your family owns in addition to the primary home. **Do not leave any line blank. Enter "N/A" or zero where appropriate.**

Property #1 Address: _____

Current Value: \$ _____ Current Mortgage Balance: \$ _____

Purchase Price: \$ _____ Year Purchased: _____

Property #2 Address: _____

Current Value: \$ _____ Current Mortgage Balance: \$ _____

Purchase Price: \$ _____ Year Purchased: _____

Property #3 Address: _____

Current Value: \$ _____ Current Mortgage Balance: \$ _____

Purchase Price: \$ _____ Year Purchased: _____

If more than three properties are owned please include a separate sheet of paper providing the above information about each property.

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Section D: Asset Verification

Complete the following information about your family’s assets as of the date you filed the Free Application for Federal Student Aid (FAFSA). **Do not leave any line blank. Enter “N/A” or zero where appropriate.**

	Student	Parent(s)	Sibling(s)
Cash, Savings, Checking, Time Deposits, and Money Market funds	\$ _____	\$ _____	\$ _____
Trusts	\$ _____	\$ _____	\$ _____
Investments, including Stocks, Bonds, CDs, etc. (Do not include retirement savings such as pension plans, 401K, 403B, etc.)	\$ _____	\$ _____	\$ _____
Educational Savings Plan	\$ _____	\$ _____	\$ _____
Prepaid Tuition Plan	\$ _____	\$ _____	\$ _____

	% of Ownership.	# of Employees	Current Value	Current Debt
Business/Farm (Check all that apply)				
<input type="checkbox"/> Schedule C Sole Proprietorship	_____	_____	\$ _____	\$ _____
<input type="checkbox"/> Partnership	_____	_____	\$ _____	\$ _____
<input type="checkbox"/> S Corporation	_____	_____	\$ _____	\$ _____
<input type="checkbox"/> C Corporation	_____	_____	\$ _____	\$ _____
<input type="checkbox"/> Farm	_____	_____	\$ _____	\$ _____

Section E: Signatures

The student and at least one parent (and the student’s spouse, if applicable) must sign this form. Typed signatures are not accepted.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Spouse Signature: _____ Date: _____