

BOSTON COLLEGE

2024-2025

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.

I. 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 (V) Appropriate Box

 Yes, I (we) have filed a 2022 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 2022 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 (V) Appropriate Box

 Yes, I (we) have filed a 2022 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 2022 federal, Puerto Rican, Canadian or any other foreign tax return. All W-2 forms received are attached, if not previously submitted.

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4. AMOUNTS AND SOURCES OF UNTAXED INCOME

List the total amounts of all sources of untaxed income received and not reported on a 2022 tax return. If you did work and received a 2022 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: <u>N/A</u>	Amount: \$ _____	Source: <u>N/A</u>
Housing and Other Living Allowances	Amount: \$ _____	Source: _____	Amount: \$ _____	Source: _____
Food Stamps	Amount: \$ _____	Source: <u>N/A</u>	Amount: \$ _____	Source: <u>N/A</u>
Alimony	Amount: \$ _____	Source: _____	Amount: \$ _____	Source: _____
Other (specify source)	Amount: \$ _____	Source: _____	Amount: \$ _____	Source: _____

Social Security benefits for all family members in 2022:

Student _____	Amount \$ _____
Parent _____	Amount \$ _____
Sibling(s) _____	Amount \$ _____

Child support received for all children in 2022:

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 2022. 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 2022. Person paid to _____ Amount \$ _____

Report all elementary, junior high, and high school tuition expected to be paid for the 2024–2025 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

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 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 2024–2025 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 2024–2025 academic year will be required in September 2024. 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.					

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7. 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.

8. 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?

9. 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 Nondiscrimination, please visit <https://www.bc.edu/content/bc-web/offices/human-resources/sites/oid/Policies-and-Compliance/Notice-of-Nondiscrimination.html>.