

BOSTON COLLEGE

2025-2026 PARENT ASSET VERIFICATION FORM

This form is being sent based on the financial aid application materials that have been submitted. The information provided is either incomplete or conflicts with information received from another source. No further processing of financial aid can occur until this information is received by the Office of Student Services. 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 blank lines. Enter zeroes where appropriate. Please return this form and all appropriate documentation to www.bc.edu/finaidupload. Detailed instructions, including file limitations, are available under the "Applying for Aid" tab at www.bc.edu/undergradaid.

Student Name _____ Student Eagle ID No. _____

FAMILY ASSETS (CURRENT VALUE)

Do not leave blanks. Enter "N/A" or zeros where appropriate.

| | Parent(s) | Student's Sibling(s) |
|--|-------------------------|--------------------------------------|
| Cash, Savings, Checking, Time Deposits, & Money Market Funds | \$ _____ | \$ _____ |
| Trusts | \$ _____ | \$ _____ |
| Investments, including Stocks, Bonds, etc. (Do not include retirement savings such as pension plans, 401K, 403B, etc.) | \$ _____ | \$ _____ |
| Educational Savings Plan | For Student \$ _____ | For Student's Sibling(s) \$ _____ |
| Prepaid Tuition Plan | \$ _____ | \$ _____ |
| Annual Child Support (Include total amount received for all children in the last calendar year) | \$ _____ | N/A |

PARENT(S) ASSET AND EXPENSE INFORMATION

Do not leave blanks. Enter "N/A" or zeros where appropriate.

| | Current Value | Current Debt |
|--|---|--|
| Housing Status <input type="checkbox"/> Own Monthly Mortgage Amount \$ _____ <input type="checkbox"/> Rent Monthly Rental Amount \$ _____ <input type="checkbox"/> Other (Explain) _____ _____ | Fair Market Value of Home \$ _____ Purchase price \$ _____ Year purchased _____ | Primary Mortgage Loan Balance \$ _____ Date: _____ Secondary Mortgage Loan Balance \$ _____ Date: _____ Home Equity Line of Credit Balance \$ _____ Date: _____ |
| Other Real Estate Address _____ Street _____ City _____ State _____ Zip _____ | Fair Market Value of Real Estate \$ _____ Purchase price \$ _____ Year purchased _____ | Primary Mortgage Loan Balance \$ _____ Date: _____ Secondary Mortgage Loan Balance \$ _____ Date: _____ Home Equity Line of Credit Balance \$ _____ Date: _____ |
| Other Real Estate Address _____ Street _____ City _____ State _____ Zip _____ | Fair Market Value of Real Estate \$ _____ Purchase price \$ _____ Year purchased _____ | Primary Mortgage Loan Balance \$ _____ Date: _____ Secondary Mortgage Loan Balance \$ _____ Date: _____ Home Equity Line of Credit Balance \$ _____ Date: _____ |
| Business/Farm <input type="checkbox"/> Schedule C Sole Proprietorship* _____ % of ownership # of employees _____ <input type="checkbox"/> Partnership* _____ <input type="checkbox"/> S Corporation* _____ <input type="checkbox"/> C Corporation* _____ <input type="checkbox"/> Farm* _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ | \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ |

(Check all that apply) *Attach corresponding tax return.

Parent Signature _____ Date _____