



BOSTON COLLEGE
CHESTNUT HILL, MASSACHUSETTS 02467

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

2023-2024 Boston College Information Form

Student Name: _____ Eagle ID Number: _____

Section A: Untaxed Income

Complete the following information about untaxed income your family received in 2021. List all annual sources not reported on a 2021 tax return. **Do not leave any line blank. Enter "N/A" or zero where appropriate.**

	Parent	Student	Other Children
Social Security Benefits for All Family Members	\$ _____	\$ _____	\$ _____
Aid to Families with Dependent Children (AFDC)	\$ _____	\$ _____	\$ _____
Child Support Received for All Children	\$ _____	XXXXXXXXXX	XXXXXXXXXX
Alimony Received	\$ _____	XXXXXXXXXX	XXXXXXXXXX
Housing, Food, and Other Living Allowances	\$ _____	\$ _____	\$ _____
Other (specify source)			
_____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____

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Section B: Family Household

Complete the following information about your family household. You must include yourself, your parent(s), and your parent(s)' other dependent children (if your parents provide more than half their support), along with others who live in your home if they will receive more than half their support from your parents during the 2023–2024 academic year. **Do not leave any line blank. Enter “N/A” or zero where appropriate.**

Name	Age	Relationship	School or college student will attend in 2023–2024	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.

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 \$ _____

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

Complete the following information about real estate your family owns in addition to the primary home 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.**

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.

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 and Savings	\$ _____	\$ _____	\$ _____
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	\$ _____	\$ _____	\$ _____

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	% 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	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____
Retirement Savings (401k, 403b, etc.)	N/A	N/A	\$ _____	N/A

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: _____