



BOSTON COLLEGE
CHESTNUT HILL, MASSACHUSETTS 02467

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

Student's Name: _____ Eagle ID Number: _____

Complete this form only if you have been notified by the Office of Student Services that the information regarding untaxed income on your 2008-09 financial aid application was incomplete or requires clarification.

In order to continue the review of your application, you and your parent(s) will need to complete the information requested below. This completed and signed form should be returned to:

Boston College
Financial Aid Processing Center
PO Box 489
Randolph, MA 02368

Fax: (617) 552-2288

List all sources of untaxed income. Do not leave any line blank. Enter zeroes where appropriate.

	Annual amount for 2007	
	Parent	Student
1. Wages (if no federal tax return was filed)	\$ _____	\$ _____
2. Social security benefits	\$ _____	\$ _____
3. Aid to Families with Dependent Children (AFDC)	\$ _____	\$ _____
4. Child support received for all children	\$ _____	\$ _____
5. Housing, food, and other living allowances	\$ _____	\$ _____
6. Untaxed contributions to retirement/pension plans (401k, 403b, IRA, Keogh)	\$ _____	\$ _____
7. Other (specify source)		
_____	\$ _____	\$ _____

Parent Signature: _____

Date: _____

Student Signature: _____

Date: _____