



BOSTON COLLEGE

2020–2021 GRADUATE AND LAW STUDENT FEDERAL VERIFICATION 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 to www.bc.edu/finaidupload. Detailed instructions, including file limitations, are available under the "Applying for Aid" tab at www.bc.edu/gradaid. Please note that it takes 48–72 hours for your documents to be added to your financial aid file. 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.

1. STUDENT GENERAL INFORMATION

Student Name _____

Social Security Number _____ Eagle ID Number _____

Permanent Address _____
Street City State Zip

Permanent Phone Number (____) _____ Date of Birth _____
mm/dd/yyyy

Student Cell Phone Number (____) _____ E-mail: Your BC e-mail account will be used.

Student Marital Status: Single Married Divorced/Separated Widowed

Spouse's Name (if applicable) _____

What is your expected graduation date (month and year)? May 20____ August 20____ December 20____

2. INCOME VERIFICATION

Student	Spouse (if applicable)	Tax Filing Status
		Yes, I (we) have filed a 2018 federal, Puerto Rican, Canadian or any other foreign tax return. A copy complete with all schedules and W-2 forms is attached, if not previously submitted.
		No, I (we) have not and are not required to file a 2018 federal, Puerto Rican, Canadian or any other foreign tax return.

If you were selected for federal verification by the Department of Education, it will be indicated on your Student Aid Report (SAR), which was emailed to you after submission of your 2020–2021 FAFSA, so carefully review your SAR for any additional requirements. Your FAFSA data needs to reflect your actual 2018 federal income tax return data, which can be provided by selecting the IRS Data Retrieval option on the FAFSA. If you do not select this option, upon notification, you will need to provide a 2018 tax return transcript obtained from the IRS or a signed copy of your 2018 federal tax return to Boston College. You can also update your FAFSA and choose that option. If you did not file a 2018 IRS Tax Return, please provide an IRS Verification of Non-Filing Letter. For more information, visit www.bc.edu/irsdata.

3. AMOUNTS AND SOURCES OF UNTAXED INCOME

List the total amounts of all sources of untaxed income received and not reported on a 2018 tax return. If you did work and received a 2018 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.

	Student	Spouse (if applicable)
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 (documentation required)	Amount: \$_____ Source: <u>N/A</u>	Amount: \$_____ Source: <u>N/A</u>
Other (specify source)	Amount: \$_____ Source: _____	Amount: \$_____ Source: _____
Child support received for all children in 2018:	Child's Name: _____	Amount: \$_____
Person paid to _____	Child's Name: _____	Amount: \$_____
	Child's Name: _____	Amount: \$_____

4. HOUSEHOLD INFORMATION

Please complete this chart with information about your household. You must include yourself, your spouse (if you are married), and your dependent children if you will provide more than half of their support from July 1, 2020, through June 30, 2021. Include others who now live with you and receive more than half their support from you and will continue to receive this support from July 1, 2020, through June 30, 2021. Also, list the total number in your household and the number in your household attending college (degree, diploma or certificate program) during 2020–2021.

Do not leave blank.

Name	Age	Relationship	School or college student will attend in 2020–2021	Full-time	Half-time	Less than half-time
1. Applicant		Self	Boston College			
2.						
3.						
4.						
Including you, total number in your household			Including you, total number in college 2020–2021			

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

How many dependent children do you have under the age of 16? _____

5. 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.

6. STATEMENTS AND SIGNATURES

I, the student, or we, the student and student's spouse, 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, 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 the student's spouse (if applicable) must sign and date this form.

Student's Signature _____ Date _____

Spouse's Signature _____ Date _____

Notice of Nondiscrimination

Founded by the Society of Jesus in 1863, Boston College is dedicated to intellectual excellence and to its Jesuit, Catholic heritage. Boston College recognizes the essential contribution a diverse community of students, faculty, and staff makes to the advancement of its goals and ideals in an atmosphere of respect for one another and for the University's mission and heritage. Accordingly, Boston College commits itself to maintaining a welcoming environment for all people and extends its welcome in particular to those who may be vulnerable to discrimination on the basis of their race, color, national origin, sex, religion, disability, age, marital or parental status, sexual orientation, military status, or other legally protected status.

Boston College rejects and condemns all forms of harassment, wrongful discrimination, and disrespect. It has developed procedures to respond to incidents of harassment whatever the basis or circumstance. Moreover, it is the policy of Boston College, while reserving its lawful rights where appropriate to take actions designed to promote the Jesuit, Catholic principles that sustain its mission and heritage, to comply with all state and federal laws prohibiting discrimination in employment and in its educational programs and activities on the basis of a person's race, color, national origin, sex, religion, disability, age, marital or parental status, genetic information or family medical history, or military status, and to comply with state law prohibiting discrimination on the basis of a person's sexual orientation.

To this end, Boston College has designated its Executive Director for Institutional Diversity to coordinate its efforts to prevent discrimination in accordance with this notice and applicable laws. Individuals are welcome to raise any questions regarding this notice and the requirements of state and federal nondiscrimination laws with the Executive Director for Institutional Diversity:

Boston College Office for Institutional Diversity (OID)
140 Commonwealth Avenue (Office location: 129 Lake Street)
Chestnut Hill, MA 02467
Patricia Lowe,
Executive Director for Institutional Diversity/Title IX Coordinator
patricia.lowe@bc.edu
Phone: 617-552-3334
Email: TitleIXCoordinator@bc.edu

The Executive Director for Institutional Diversity oversees the efforts of the following additional Title IX coordinators: (i) Melinda Stoops, Associate Vice President for Student Affairs and Student Affairs Title IX Coordinator (for student sexual harassment complaints), Maloney Hall, Chestnut Hill, MA 02467 (617-552-3482); (ii) Linda Riley, University Harassment Counselor, 129 Lake Street, Brighton, MA (617-552-0486); and (iii) Jocelyn Fisher Gates, Senior Women's Administrator and Athletics Title IX Coordinator, 310 Conte Forum, Chestnut Hill, MA 02467 (617-552-8303).

The following federal laws and regulations require the University not to discriminate on the basis of race, color, national origin, disability, sex, or age in treatment, employment, admission or access to Boston College and its educational programs and activities: Title VI of the Civil Rights Act of 1964 (Title VI), Section 504 of the Rehabilitation Act of 1973 (Section 504), Title IX of the Education Amendments of 1972 (Title IX), the Age Discrimination Act of 1975 (Age Act), and their respective implementing regulations at 34 C.F.R. Parts 100, 104, 106, and 110. Inquiries concerning the application to Boston College of each of the statutes and implementing regulations outlined above may be referred to the U.S. Department of Education, Office for Civil Rights, 5 Post Office Square, 8th Floor, Boston, MA 02109-3921 (617-289-0111).