



BOSTON COLLEGE

2021-2022 INCOMING 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/undergradaid. 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.

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 2019 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 2019 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 2019 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 2019 federal, Puerto Rican, Canadian or any other foreign tax return. All W-2 forms received are attached, if not previously submitted.

If you are selected for federal verification by the Department of Education, this will be indicated on your Student Aid Reported (SAR), which will be e-mailed to you after submission of your 2021-2022 FAFSA. Carefully review your SAR for additional requirements. Tax account information transferred from the IRS using the FAFSA IRS Data Retrieval Tool (IRS DRT) and/or a Tax Return Transcript from the IRS continues to be acceptable documentation; however, a **signed** copy of the 2019 federal tax return is also acceptable to fulfill verification requirements. If you have not and are not required to file a 2019 federal tax return, you may be required to provide an IRS Verification of Non-Filing Letter. For more information, visit www.bc.edu/verification.

4. AMOUNTS AND SOURCES OF UNTAXED INCOME

List the total amounts of all sources of untaxed income received and not reported on a 2019 tax return. If you did work and received a 2019 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 (documentation required) | 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 2019:

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

Child support received for all children in 2019:

| | | |
|----------------------|--------------------|-----------------|
| 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 2019. 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 2019. Person paid to _____ Amount \$ _____

Report all elementary, junior high, and high school tuition expected to be paid for the 2021–2022 academic year for dependent children. Please do not include college tuition payments.

| | |
|--------------------|-----------------|
| Child's Name _____ | Amount \$ _____ |
| Child's Name _____ | Amount \$ _____ |
| Child's Name _____ | Amount \$ _____ |

6. FAMILY INFORMATION

In the family grid below, please list the name, age, and relationship for each family member living in your household. You should always include yourself, spouse (if applicable), parents (if you are considered dependent) and your dependent children (if you are considered independent and provide more than half their support). Also include siblings and other relatives for whom you and/or your parents will be providing more than half of their support from July 1, 2021 to June 30, 2022.

| 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 on the previous page (besides your parents) attend college in the 2021–2022 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 2021–2022 academic year will be required in September 2021. 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. | | | | | |

7. OUTSIDE ASSISTANCE

Please list the name and annual amount of any outside scholarship or tuition benefit that you have been awarded for the 2021–2022 academic year. Be sure to indicate if the scholarship is renewable for future years. Attach a copy of the notification/award letter.

Outside Scholarship/Resource Information

| Name of Scholarship or Resource | Source/Agency | Amount for 2021–2022 | Renewable |
|---------------------------------|---------------|----------------------|--|
| 1. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

All outside award checks should be sent to Boston College, Office of Student Services, Lyons Hall, 140 Commonwealth Avenue, Chestnut Hill, MA 02467. Please include Eagle ID Number.

Check here if there are more than three outside scholarships. Please include these outside scholarships in the additional information section below.

8. 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.

9. 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?

10. 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

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).