

# 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](http://www.bc.edu/finaidupload). Detailed instructions, including file limitations, are available under the "Applying for Aid" tab at [www.bc.edu/undergradaid](http://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* <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.	% of ownership # of employees \$ _____ \$ _____ \$ _____ \$ _____ \$ _____	\$ _____ \$ _____ \$ _____ \$ _____ \$ _____