Boston University Medical Campus
Student Financial Services
72 East Concord Street, B-401
Boston, Massachusetts 02118
T 617-358-6550

2020/2021 PARENT INCOME/ASSET VERIFICATION FORM

BU Student's Name: _____ **BU I.D. # U**_____-_____-_____
First M.I. Last

PARENT(S):
Check applicable item:

- ☐ Not required to file a 2018 U.S. Income Tax Return. Please explain: _____
- ☐ Not required to file a 2019 U.S. Income Tax Return. Please explain: _____
- ☐ Filed foreign tax return. Please specify country and year: _____

INCOME	**2018**	**2019**
Parent #1 earnings from work	$_____/year	$_____/year
Parent #2 earnings from work	$_____/year	$_____/year
Interest/Dividends	$_____/year	$_____/year
Business Income	$_____/year	$_____/year
Rental Income	$_____/year	$_____/year
Veteran's Benefits	$_____/year	$_____/year
Social Security Benefits	$_____/year	$_____/year
Pension/IRA Distribution	$_____/year	$_____/year
Child Support received	$_____/year	$_____/year
Alimony received	$_____/year	$_____/year
AFDC/TANF/SNAP or other welfare	$_____/year	$_____/year
Worker's Compensation	$_____/year	$_____/year
Military Housing Allowance	$_____/year	$_____/year
Non-Military Housing, Food and Other Allowance	$_____/year	$_____/year
Income from a Non-US Tax Return (translated to English)	$_____/year	$_____/year
Other_____	$_____/year	$_____/year

CURRENT ASSETS

Cash/Savings/Checking	$ _____
Investments: Stocks, Bonds, CDs	$ _____
Redeemed Bonds	$ _____
Loans from Business Owner/Shareholder to Business	$ _____
Trusts/Inheritance	$ _____

I certify that the information above is true and complete.

Parent #1 name (please print) Parent #2 name (please print)

Parent #1 signature Date Parent #2 signature Date

Complete and submit to: Student Financial Services, osfs@bu.edu, 72 East Concord Street, B-401, Boston, MA 02118