Boston University Medical Campus
Student Financial Services

BOSTON UNIVERSITY

2022/2023 STUDENT INCOME/ASSET VERIFICATION FORM

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

STUDENT (and spouse, if applicable):

Check applicable item:

☐ Not required to file a 2020 U.S. Income Tax Return. Please explain:
☐ Filed foreign tax return. Please specify country: _____

2020 INCOME

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

Student signature Date

Spouse signature (if applicable) Date

Complete and submit to: Student Financial Services
BUSM students: osfs-med@bu.edu
GMS students: osfs-gms@bu.edu
GSDM students: osfs-sdm@bu.edu
SPH students: osfs-sph@bu.edu