Boston University Medical
Campus Student Financial Support

BOSTON UNIVERSITY

2026/2027 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 2024 U.S. Income Tax Return. Please explain:
- ☐ Filed foreign tax return. Please specify country:

2024 NCOME

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 Support
BUSM students: osfs-camed@bu.edu
GMS students: osfs-gms@bu.edu
GSDM students: osfs-sdm@bu.edu
SPH students: osfs-sph@bu.edu