



2022-2023 Parent(s)/Stepparent's Other Real Estate Property Supplement

Please Return To:

Office of Financial Assistance Dropbox

https://www1.villanova.edu/villanova/enroll/finaid/forms.html

Villanova University

Student's Name: _____ Student ID Number: _____

The Office of Financial Assistance requires additional information in order to accurately assess your child's eligibility for financial assistance for the 2022-2023 academic year. We cannot continue processing your request for financial assistance until this form is completed in its entirety and returned to our office.

A separate form for each other real estate and/or rental property (this includes any vacation home, times shares, etc.) that you own must be completed and submitted to the Office of Financial Assistance. This may also include your primary residence IF you receive rental income for a portion of the home that has its own entrance, kitchen, and bath. All lines must be completed on this form or it will be considered incomplete and no further action on your child's file can be taken.

If the rental property is a portion of your home but does NOT have its own entrance, kitchen, and bath please check here and briefly describe the property that is rented out:

Description of the Property: _____

Type of Other Real Estate Owned (Check the appropriate box):

House Condo Office Building Portion of Your Home Other (describe): _____

Address of Property: _____

Year Property was Purchased: _____ Original Purchase Price: \$ _____

Parent(s)/Stepparent's Percentage of Ownership: _____ % (List only your percentage of ownership.)

Parent(s)/Stepparent's Portion of Total Current Market Value: \$ _____ (List only the value related to your percentage of ownership.)

Parent(s)/Stepparent's Portion of Total Current Remaining Mortgage Balance: \$ _____ (List only the portion of the debt related to your percentage of ownership.)

Percentage of Home that is Rented Out(if applicable): _____ %

I understand that I must complete one of these forms for each property that I own or share in ownership.

Print Name of Custodial Parent/Stepparent _____ Date _____

Signature of Custodial Parent/Stepparent _____ Date _____

Note: Consideration of financial assistance cannot be determined until this form is completed in its entirety and returned to the Office of Financial Assistance. The Office of Financial Assistance reserves the right to utilize internet-based resources to verify information on its forms if warranted during review of this form.