



VILLANOVA UNIVERSITY

2022-2023 Parental Cash Flow Statement

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: _____ (8 digit 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. Please complete the following information regarding your 2020 income and expenses and return this form to the Villanova University Office of Financial Assistance. We cannot continue processing your request for assistance until this form is returned.

2020 RESOURCES (Calendar year 01/01/20 - 12/31/20) – Do not leave any items blank; enter '\$0' or N/A if not applicable.

Report all income/resources as YEARLY amount	2020 Yearly Amount
Parent's taxable wages on tax return- please indicate which parent: Mother Father Stepparent	\$
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Interest / Dividends	\$
Rental Property Income	\$
Net Income from Business, Farm, Rents, Partnerships, Estates, Trusts or Gains	\$
Social Security Benefits (include amount received for all family members)	\$
Veteran's Educational Benefits	\$
Veteran's Non-Educational Benefits (such as Disability, Death, Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances)	\$
Unemployment Compensation	\$
Child Support received for all children	\$
Alimony	\$
Payments from Pension or Retirement Savings Plan (annuity, IRA)	\$
Housing, Food, and Other Living Allowances paid to members of the military, clergy, and others. Do not include the value of on-base military housing or the value of basic military allowance for housing	\$
Money received or paid on the student's behalf (e.g., bills), not reported elsewhere on this form	\$
Other Untaxed Income such as Workers' Compensation, disability, etc.	\$
Resources or Benefits not listed on the FAFSA, i.e. In-Kind Support from a relative or a government agency	\$
Other taxable or nontaxable income not listed above – List each source and amount on a separate line below:	\$
	\$
	\$
Loans (home equity, family members, business. Do not include Federal Direct/Direct PLUS or Alternative Loans.) Also, indicate the source of the loan below. Attach a copy of the loan document if the loan is from a family member or friend.	\$
Source of Loan:	
Other Resources (Include cash, savings, investments) used to meet expenses below. Please indicate the resource and amount.	\$
	\$
Total 2020 Resources	\$

MUST COMPLETE ADDITIONAL INFORMATION ON THE NEXT PAGE

2020 EXPENSES (Calendar year 01/01/20-12/31/20) - Do not leave any item blank; enter '\$0' or N/A if not applicable. Fields marked with * are required to have a numerical amount or explanation.

Report expenses as YEARLY amount	2020 Yearly Amount
*Mortgage or Rent (primary residence) If no mortgage or rent - explain below	\$
Mortgage for other properties (Vacation or Rental - Circle one and List Address:) _____	\$
Homeowner's Insurance, if not included in mortgage	\$
Real Estate or Property taxes	\$
*Food	\$
*Automobile expenses (loan / gas / repairs / insurance)	\$
*Utilities (heat / electric / water / gas / cable)	\$
*Telephone (include cell)/ Internet Access	\$
*Transportation – other than auto	\$
Health Insurance (your share)	\$
Medical Expenses – including prescriptions (not reimbursed by insurance)	\$
Clothing	\$
Child Care	\$
*Personal (cleaning / toiletries / haircuts)	\$
Entertainment/Vacation	\$
Credit Cards	\$
Private Elementary or Secondary school tuition (not college) that is not covered by scholarship	\$
Other Real Estate, Rental, Vacation Property Expenses	\$
Other obligations (please explain):	\$
Total 2020 Expenses	\$

Total 2020 Resources Minus Total 2020 Expenses \$ _____

If the Total 2020 Resources Minus Total 2020 Expenses is a negative amount, you MUST explain (on the lines provided below) how you were able to pay for your expenses. If there is no explanation the form will be considered incomplete and returned to the sender.

Signature of Custodial Parent/Stepparent: _____ Date: _____

Note: Consideration of Villanova University Grant assistance will not be given if this form is not completed in its entirety and submitted to the Office of Financial Assistance.