

Villanova University
Student ID Number: _____

Student's Name: _____

To better understand the circumstances you are facing, please check all applicable situations and attach the supporting documentation:

<p>A. Death of Parent:</p> <p><u>Supporting Documentation:</u></p> <ul style="list-style-type: none"> • Copy of Death Certificate 	<p>Date of Death: _____ <i>Month/Day/Year</i></p> <p>Relationship to Student: _____ <i>Father/Mother/Stepparent</i></p>
<p>B. Divorce or Separation:</p> <p><u>Supporting Documentation:</u></p> <ul style="list-style-type: none"> • Copy of Divorce Decree, if divorced • Copy of Legal Separation Agreement or Proof of Separate Residences (copy of mortgage or lease), if separated 	<p>Date of Divorce or Separation: _____ <i>Month/ Year</i></p> <p>Non-Custodial Parent Contribution towards educational expenses for the student who will be enrolled at Villanova University: _____ <i>Dollar Amount</i></p>
<p>C. Change in Parent's Employment Status*:</p> <p>*Loss of Bonus income is not considered</p> <p><u>Supporting Documentation, if possible:</u></p> <ul style="list-style-type: none"> • Notice of Lay Off/Termination from Employer • Copy of Last Pay Stub from prior employer • Notice of Eligibility for Unemployment Benefits • Copy of Full Severance Agreement, if applicable • 3 Recent Pay Stubs from current employment, if in employed <p>*Attach all supporting documents</p>	<p>Date of Change: _____ <i>Month/Day/Year</i></p> <p>Relationship to Student: _____ <i>Father/Mother/Stepparent</i></p> <p>Date Unemployment Benefits Began: _____ <i>Month/Day/Year</i></p> <p>Was Severance Pay Received? _____ <i>Yes or No</i></p> <p>If yes, what is the total amount of severance that was/will be received 2025? _____ <i>Total Amount</i></p> <p>Date of Retirement, if applicable: _____ <i>Month/Day/Year</i></p>
<p>D. Permanent and Total Disability:</p> <p><u>Supporting Documentation:</u></p> <ul style="list-style-type: none"> • Confirmation of Disability from HealthCare Provider • Statement of Benefits from Workmen's Compensation • Statement from Social Security Disability 	<p>Date of Disability: _____ <i>Month/Day/Year</i></p> <p>Relationship to Student: _____ <i>Father/Mother/Stepparent</i></p> <p>Date Disability Benefits Began: _____ <i>Month/Day/Year</i></p>
<p>E. Untaxed Income has Ceased or been Reduced:</p> <p><u>Supporting Documentation:</u></p> <ul style="list-style-type: none"> • Proof of Cessation or Reduction 	<p>Date of Change: _____ <i>Month/Day/Year</i></p> <p>Relationship to Student: _____ <i>Father/Mother/Stepparent</i></p> <p>Type of Untaxed Income: _____</p> <p>Reason for Change: _____</p>
<p>F. Out of Pocket Medical Expenses NOT Covered by Insurance</p> <p><u>Supporting Documentation:</u></p> <ul style="list-style-type: none"> • Must exceed 4.2% of total income • On the 1st page of this form or on a separate statement, provide an itemized summary of unreimbursed medical/dental expenses that you paid and indicate the calendar year those expenses were paid. If you prefer to attach a spreadsheet with only those items and the corresponding payments, you may do so. If additional clarification is needed, we reserve the right to request additional documentation, including copies of paid bills/statements. We can NOT consider expected or anticipated bills. 	<p>Amount Paid in 2023: _____</p> <p>Amount Paid in 2025: _____</p>



Student's Name: _____ Student ID Number: _____

Complete both sections (Gross Taxable and Untaxable Income) below with income/resources (prior to exemptions, adjustments, or deductions) your family has received and expects to receive from January 1, 2025 until December 31, 2025.

DO NOT LEAVE BLANKS – IF NONE, ENTER ZEROS.

TOTAL 2025 GROSS TAXABLE INCOME (January 1, 2025 – December 31, 2025)

1. Wages, salaries, tips from Parent 1 – _____ <i>(indicate relationship to student, i.e. mother, father, stepparent.)</i>	\$
2. Wages, salaries, tips from Parent 2 - _____ <i>(indicate relationship to student, i.e. mother, father, stepparent)</i>	\$
3. Severance Pay _____	\$
4. Pensions/Annuities _____	\$
5. Interest and Dividend Income _____	\$
6. Business, Farm, or Rental Income _____	\$
7. Capital Gains _____	\$
8. Alimony which will be received _____	\$
9. Unemployment Compensation _____	\$
10. Projected IRA, KEOGH and/or SIMPLE payment/distribution <i>(include lump sum or early withdraw from an IRA or retirement fund)</i>	\$
11. Any other taxable income: _____ <i>(indicate source of taxable income, i.e. tax refund, stock options, etc.)</i>	\$

Total 2025 – Gross Taxable Income \$ _____

TOTAL 2025 UNTAXABLE INCOME (January 1, 2025 – December 31, 2025)

1. Payments to Tax Deferred Pensions <i>(paid directly or withheld from earnings, i.e. 401(k), 403(b), etc.)</i>	\$
2. Child Support Received _____	\$
3. Workmen's Compensation _____	\$
4. Social Security benefits or SSI for all family members _____	\$
5. Retirement or Disability Benefits _____	\$
6. Any other untaxable income: _____ <i>(please indicate the source of the untaxed income, i.e. Living/Housing Allowances Money received or paid on family or student's behalf)</i>	\$

Total 2025 – Gross Untaxable Income \$ _____

- **Attach all supporting documentation and submit using our Dropbox found on our website finaid.villanova.edu.**
- **Submission of this form does not guarantee additional aid.**
- **All balances should be paid based on the current aid notice. Late fees may be assessed while the form is under review.**
- **Request for Revision forms will not be reviewed until the original and complete 2025-2026 aid application (including all 2023 tax documents) has been reviewed.**
- **We reserve the right to request copies of the 2024 Federal Tax Return, W-2 forms and other necessary documents.**
- **We may contact the parent directly via email if clarification is needed.**
- **We may request copies of the 2025 Federal Tax Return next academic year to verify that the projections were correct. If the projections were incorrect, we will not process another Request for Revision next academic year until we have a copy of the 2026 Federal Taxes.**

All information submitted on this form is true and correct, to the best of my knowledge. I/We understand that if any of the projections change, we must notify the Office of Financial Assistance in writing. I/We understand that this Request for Revision Form is valid for the 2025-2026 academic year only.

Parent's Printed Name Email Address

Student's Printed Name

Parent's Signature Date

Student's Signature Date