



Villanova University

 Student's Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(8 Digit Number)
**To better understand the circumstances you are facing, please check all applicable situations and attach the supporting documentation:**

A	<input type="checkbox"/>	<b>Death of Spouse:</b>  <u>Supporting Documentation:</u> <ul style="list-style-type: none"> <li>• Copy of Death Certificate</li> </ul>	Date of Death: _____ <span style="text-align: right;"><i>Month/Day/Year</i></span>
B	<input type="checkbox"/>	<b>Divorce or Separation:</b>  <u>Supporting Documentation:</u> <ul style="list-style-type: none"> <li>• Copy of Divorce Decree, if divorced</li> <li>• Copy of Legal Separation Agreement or Proof of Separate Residences (copy of mortgage or lease), if separated</li> </ul>	Date of Divorce or Separation: _____ <span style="text-align: right;"><i>Month/ Year</i></span>
C	<input type="checkbox"/>	<b>Change in Student's / Spouse's Employment Status*:</b>  <u>Supporting Documentation</u> <ul style="list-style-type: none"> <li>• Notice of Lay Off/Termination from Employer</li> <li>• Copy of Last Pay Stub from prior employer</li> <li>• Notice of Eligibility for Unemployment Benefits</li> <li>• Copy of Full Severance Agreement, if applicable</li> <li>• 3 Recent Pay Stubs from current employment, if employed</li> </ul> <p>*Attach all supporting documents            *Loss of Bonus income is not considered as a change to employment status            *Must wait 60 days from lay-off/termination before submitting request</p>	Date of Change: _____ <span style="text-align: right;"><i>Month/Day/Year</i></span>  Individual Who Experienced Change: _____ <span style="text-align: right;"><i>Student/Spouse</i></span>  Date Unemployment Benefits Began: _____ <span style="text-align: right;"><i>Month/Day/Year</i></span>  Was Severance Pay Received? _____ <span style="text-align: right;"><i>Yes or No</i></span>  If yes, what is the total amount of severance that was/will be received in 2025? _____ <span style="text-align: right;"><i>Total Amount</i></span>  Date of Retirement, if applicable: _____ <span style="text-align: right;"><i>Month/Day/Year</i></span>
D.		<b>Permanent and Total Disability:</b>  <u>Supporting Documentation:</u> <ul style="list-style-type: none"> <li>• Confirmation of Disability from HealthCare Provider</li> <li>• Statement of Benefits from Workmen's Compensation</li> <li>• Statement from Social Security Disability</li> </ul>	Date of Disability: _____ <span style="text-align: right;"><i>Month/Day/Year</i></span>  Individual Who is Disabled: _____ <span style="text-align: right;"><i>Student/Spouse</i></span>  Date Disability Benefits Began: _____ <span style="text-align: right;"><i>Month/Day/Year</i></span>
E		<b>Untaxed Income has Ceased or been Reduced:</b>  <u>Supporting Documentation:</u> <ul style="list-style-type: none"> <li>• Proof of Cessation or Reduction</li> </ul>	Date of Change: _____ <span style="text-align: right;"><i>Month/Day/Year</i></span>  Individual with Change in Income: _____ <span style="text-align: right;"><i>Student/Spouse</i></span>  Type of Untaxed Income: _____  Reason for Change: _____
F	<input type="checkbox"/>	<b>Out of Pocket Medical Expenses NOT Covered by Insurance</b>  <u>Supporting Documentation:</u> <ul style="list-style-type: none"> <li>• Must exceed 4.2% of total income</li> <li>• On the 1<sup>st</sup> 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.</li> </ul>	Amount Paid in 2023: _____  Amount Paid in 2025: _____

**CONTINUE TO THE NEXT PAGE**



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Student ID Number:

(8 Digit Number)

Student's Name: \_\_\_\_\_

Complete both sections (Gross Taxable and Untaxable Income) below with income/resources (prior to exemptions, adjustments, or deductions) you / your spouse, if applicable, have received and expect 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 Student \$ \_\_\_\_\_
- 2. Wages, salaries, tips from Spouse \$ \_\_\_\_\_
- 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 \$ \_\_\_\_\_  
*(include lump sum or early withdraw from an IRA or retirement fund)*
- 11. Any other taxable income: \$ \_\_\_\_\_  
*(indicate source of taxable income, i.e. tax refund, stock options, etc.)*

**Total 2025 – Gross Taxable Income \$** \_\_\_\_\_

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

- 1. Payments to Tax Deferred Pensions *(paid directly or withheld from earnings, i.e. 401(k), 403(b), etc.)* \$ \_\_\_\_\_
- 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: \$ \_\_\_\_\_  
*(please indicate the source of the untaxed income, i.e Living/Housing Allowances Money received or paid on family or student's behalf)*

**Total 2025 – Gross Untaxable Income \$** \_\_\_\_\_

- **Attach all supporting documentation where possible and submit using our Dropbox found on our website [finaid.villanova.edu](https://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 student's original and complete 2024-2025 aid application (including all 2023 tax documents) has been reviewed**
- **We reserve the right to request a copy of the 2024 Federal Tax Return, W-2 forms and other necessary documents**

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.

\_\_\_\_\_  
Name of Student Completing Form

\_\_\_\_\_  
Signature of Student Completing Form

\_\_\_\_\_  
Date