

**Please Return To:**

<https://www1.villanova.edu/university/office-of-financial-assistance/contact-us/dropbox-and-important-forms.html>

**Student's Name:**\_\_\_\_\_ **Student ID Number:**\_\_\_\_\_

**Student ID Number:** \_\_\_\_\_

Provide a detailed statement, which can be written on the lines provided below or include a separate statement, specifying the reasons your family's 2026 income will be reduced, the date the change became effective, and the amount of funding that you are requesting. **You must complete and submit all 3 pages to the Office of Financial Assistance with all supporting documentation. Your request will NOT be reviewed if this form is incomplete or documentation is missing.**

**Amount of Additional Financial Assistance Requested to Meet 2026-2027 Educational Expenses \$**\_\_\_\_\_

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

REREVD 10.20.25



Villanova University

Student's Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

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

A.	<b>Death of Parent:</b>  <u><b>Supporting Documentation:</b></u> <ul style="list-style-type: none"> <li>• Copy of Death Certificate</li> </ul>	Date of Death: _____ <div style="text-align: right; font-size: small;"><i>Month/Day/Year</i></div> Relationship to Student: _____ <div style="text-align: right; font-size: small;"><i>Father/Mother/Stepparent</i></div>
B.	<b>Divorce or Separation:</b>  <u><b>Supporting Documentation:</b></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: _____ <div style="text-align: right; font-size: small;"><i>Month/ Year</i></div> Non-Custodial Parent Contribution towards educational expenses for the student who will be enrolled at Villanova University: _____ <div style="text-align: right; font-size: small;"><i>Dollar Amount</i></div>
C.	<b>Change in Parent's Employment Status*:</b>  *Loss of Bonus income is not considered  <u><b>Supporting Documentation, if possible:</b></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 in employed</li> </ul> *Attach all supporting documents	Date of Change: _____ <div style="text-align: right; font-size: small;"><i>Month/Day/Year</i></div> Relationship to Student: _____ <div style="text-align: right; font-size: small;"><i>Father/Mother/Stepparent</i></div> Date Unemployment Benefits Began: _____ <div style="text-align: right; font-size: small;"><i>Month/Day/Year</i></div> Was Severance Pay Received? _____ <div style="text-align: right; font-size: small;"><i>Yes or No</i></div> If yes, what is the total amount of severance that was/will be received 2025? _____ <div style="text-align: right; font-size: small;"><i>Total Amount</i></div> Date of Retirement, if applicable: _____ <div style="text-align: right; font-size: small;"><i>Month/Day/Year</i></div>
D.	<b>Permanent and Total Disability:</b>  <u><b>Supporting Documentation:</b></u> <ul style="list-style-type: none"> <li>• Confirmation of Disability from Health Care Provider</li> <li>• Statement of Benefits from Workmen's Compensation</li> <li>• Statement from Social Security Disability</li> </ul>	Date of Disability: _____ <div style="text-align: right; font-size: small;"><i>Month/Day/Year</i></div> Relationship to Student: _____ <div style="text-align: right; font-size: small;"><i>Father/Mother/Stepparent</i></div> Date Disability Benefits Began: _____ <div style="text-align: right; font-size: small;"><i>Month/Day/Year</i></div>
E.	<b>Untaxed Income has Ceased or been Reduced:</b>  <u><b>Supporting Documentation:</b></u> <ul style="list-style-type: none"> <li>• Proof of Cessation or Reduction</li> </ul>	Date of Change: _____ <div style="text-align: right; font-size: small;"><i>Month/Day/Year</i></div> Relationship to Student: _____ <div style="text-align: right; font-size: small;"><i>Father/Mother/Stepparent</i></div> Type of Untaxed Income: _____ Reason for Change: _____
F.	<b>Out of Pocket Medical Expenses NOT Covered by Insurance</b>  <u><b>Supporting Documentation:</b></u> <ul style="list-style-type: none"> <li>• Must exceed 4.1% 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 2024: _____  Amount Paid in 2026: _____

CONTINUE TO THE NEXT PAGE



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, 2026 until December 31, 2026.

**DO NOT LEAVE BLANKS – IF NONE, ENTER ZEROS.**

**TOTAL 2026 GROSS TAXABLE INCOME** (January 1, 2026 – December 31, 2026)

1. Wages, salaries, tips from Parent 1 – _____ (indicate relationship to student, i.e. mother, father, stepparent.)	\$
2. Wages, salaries, tips from Parent 2 - _____ (indicate relationship to student, i.e. mother, father, stepparent)	\$
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 2026 – Gross Taxable Income** \$ \_\_\_\_\_

**TOTAL 2026 UNTAXABLE INCOME** (January 1, 2026 – December 31, 2026)

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 2026 – Gross Untaxable Income** \$ \_\_\_\_\_

- **Attach all supporting documentation 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 original and complete 2026-2027 aid application (including all 2024 tax documents) has been reviewed.**
- **We reserve the right to request copies of the 2025 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 2026 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 2026-2027 academic year only.

Parent's Printed Name \_\_\_\_\_ Email Address \_\_\_\_\_

Student's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_