



**Please Return To:**  
Office of Financial Assistance Dropbox  
<https://www1.villanova.edu/university/office-of-financial-assistance/contact-us/dropbox-and-important-forms.html>

Villanova University provides special consideration for applicants who are experiencing a change in financial circumstances due to one of the extenuating circumstances listed on the next page.

**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.

REREVI 10.20.25



Student's Name: \_\_\_\_\_ Villanova University  
Student ID Number: \_\_\_\_\_  
(8 Digit Number)

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

<p>A <input type="checkbox"/> <b>Death of Spouse:</b></p> <p><u><b>Supporting Documentation:</b></u></p> <ul style="list-style-type: none"><li>• Copy of Death Certificate</li></ul>	<p>Date of Death: _____ <i>Month/Day/Year</i></p>
<p>B <input type="checkbox"/> <b>Divorce or Separation:</b></p> <p><u><b>Supporting Documentation:</b></u></p> <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>	<p>Date of Divorce or Separation: _____ <i>Month/ Year</i></p>
<p>C <input type="checkbox"/> <b>Change in Student's / Spouse's Employment Status*:</b></p> <p><u><b>Supporting Documentation</b></u></p> <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</p> <p>*Loss of Bonus income is not considered as a change to employment status</p>	<p>Date of Change: _____ <i>Month/Day/Year</i></p> <p>Individual Who Experienced Change: _____ <i>Student/Spouse</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 in 2026? _____ <i>Total Amount</i></p> <p>Date of Retirement, if applicable: _____ <i>Month/Day/Year</i></p>
<p>D. <b>Permanent and Total Disability:</b></p> <p><u><b>Supporting Documentation:</b></u></p> <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>	<p>Date of Disability: _____ <i>Month/Day/Year</i></p> <p>Individual Who is Disabled: _____ <i>Student/Spouse</i></p> <p>Date Disability Benefits Began: _____ <i>Month/Day/Year</i></p>
<p>E <b>Untaxed Income has Ceased or been Reduced:</b></p> <p><u><b>Supporting Documentation:</b></u></p> <ul style="list-style-type: none"><li>• Proof of Cessation or Reduction</li></ul>	<p>Date of Change: _____ <i>Month/Day/Year</i></p> <p>Individual with Change in Income: _____ <i>Student/Spouse</i></p> <p>Type of Untaxed Income: _____</p> <p>Reason for Change: _____</p>
<p>F <input type="checkbox"/> <b>Out of Pocket Medical Expenses NOT Covered by Insurance</b></p> <p><u><b>Supporting Documentation:</b></u></p> <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>	<p>Amount Paid in 2024: _____</p> <p>Amount Paid in 2026: _____</p>

**CONTINUE TO THE NEXT PAGE**



# VILLANOVA UNIVERSITY

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

Villanova University

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

(8 Digit Number)

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, 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 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<br>(include lump sum or early withdraw from an IRA or retirement fund) | \$ _____ |
| 11. Any other taxable income:<br>(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:<br>(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 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 2026-2027 financial aid application (including all 2024 tax documents) has been reviewed
- We reserve the right to request a copy of the 2025 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 2026-2027 academic year only.

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

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

\_\_\_\_\_  
Date