



2024-2025 Independent Student Request for Revision

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

Villanova University
Student ID Number: _____
(8 Digit Number)

Student's Name: _____

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.

Provide a detailed statement, which can be written on the lines provided below or include a separate statement, specifying the reasons your / your spouse's 2024 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 form is incomplete or documentation is missing.**

Amount of Additional Financial Assistance Requested to Meet 2024-2025 Educational Expenses \$ _____

CONTINUE TO THE NEXT PAGE

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"/>	Death of Spouse: <u>Supporting Documentation:</u> <ul style="list-style-type: none"> • Copy of Death Certificate 	Date of Death: _____ Month/Day/Year
B.	<input type="checkbox"/>	Divorce or Separation: <u>Supporting Documentation:</u> <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 	Date of Divorce or Separation: _____ Month/ Year
C.	<input type="checkbox"/>	Change in Student's / Spouse's Employment Status*: <u>Supporting Documentation</u> <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 employed <p style="font-size: small; margin-top: 10px;">*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: _____ Month/Day/Year Individual Who Experienced Change: _____ Student/Spouse Date Unemployment Benefits Began: _____ Month/Day/Year Was Severance Pay Received? _____ Yes or No If yes, what is the total amount of severance that was/will be received in 2024? _____ Total Amount Date of Retirement, if applicable: _____ Month/Day/Year
D.		Permanent and Total Disability: <u>Supporting Documentation:</u> <ul style="list-style-type: none"> • Confirmation of Disability from HealthCare Provider • Statement of Benefits from Workmen's Compensation • Statement from Social Security Disability 	Date of Disability: _____ Month/Day/Year Individual Who is Disabled: _____ Student/Spouse Date Disability Benefits Began: _____ Month/Day/Year
E.		Untaxed Income has Ceased or been Reduced: <u>Supporting Documentation:</u> <ul style="list-style-type: none"> • Proof of Cessation or Reduction 	Date of Change: _____ Month/Day/Year Individual with Change in Income: _____ Student/Spouse Type of Untaxed Income: _____ Reason for Change: _____
F.	<input type="checkbox"/>	Out of Pocket Medical Expenses NOT Covered by Insurance <u>Supporting Documentation:</u> <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. 	Amount Paid in 2022: _____ Amount Paid in 2024: _____

CONTINUE TO THE NEXT PAGE



Villanova University
Student ID Number:

Student's Name:

(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, 2024 until December 31, 2024.

DO NOT LEAVE BLANKS – IF NONE, ENTER ZEROS.

TOTAL 2024 GROSS TAXABLE INCOME (January 1, 2024 – December 31, 2024)

- 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 2024 – Gross Taxable Income \$ _____

TOTAL 2024 UNTAXABLE INCOME (January 1, 2024 – December 31, 2024)

- 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 2024 – Gross Untaxable Income \$ _____

- **Attach all supporting documentation where possible 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 student's original and complete 2024-2025 aid application (including all 2022 tax documents) has been reviewed**
- **We reserve the right to request a copy of the 2023 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 2024-2025 academic year only.

Name of Student Completing Form

Signature of Student Completing Form Date