



VILLANOVA UNIVERSITY

2011/2012 Parental Cash Flow Statement

Office of Financial Assistance
800 Lancaster Avenue - Villanova, PA 19085-1685
Phone: (610) 519-4010 Fax: (610) 519-7599
Email: finaid@villanova.edu Website: www.villanova.edu/enroll/finaid

Student's Name: _____ **Villanova University Number:** _____
(8 digit number)

The Office of Financial Assistance requires additional information in order to accurately assess your child's eligibility for financial assistance for the 2011/2012 academic year. Please complete the following information in blue or black ink regarding your 2010 income and expenses and return this form to the Villanova University Office of Financial Assistance. We cannot continue processing your request for assistance until this form is returned.

2010 RESOURCES (Calendar year 01/01/10-12/31/10) – Do not leave any items blank; enter '\$0' or N/A if not applicable.

	2010 Yearly Amount
Taxable income from employment (wages, salaries, tips)	\$
Interest / Dividends	\$
Rental Property Income	\$
Business / Farm Net Income	\$
Social Security Benefits (include amount received for all family members)	\$
Veteran's Benefits (educational and non-educational)	\$
Unemployment Compensation	\$
Child Support	\$
Loans (home equity, family members, business. Do not include Federal Stafford/Direct PLUS or Alternative Loans.)	\$
Alimony	\$
Other taxable or nontaxable income not listed above – list each source and amount on a separate line below:	
	\$
	\$
Other Resources (include cash, savings, investments) used to meet expenses below.	\$
	\$
Total 2010 Resources	\$

2010 EXPENSES (Calendar year 01/01/10-12/31/10) - Do not leave any item blank; enter '\$0' or N/A if not applicable.

	2010 Yearly Amount
Mortgage or Rent	\$
Food	\$
Automobile expenses (loan /gas /repairs / insurance)	\$
Utilities (heat / electric / water / gas / cable)	\$
Telephone (include cell)/ Internet Access	\$
Transportation – other than auto	\$
Health Insurance (your share)	\$
Medical Expenses – including prescriptions (not reimbursed by insurance)	\$
Clothing	\$
Child Care	\$
Personal (cleaning / toiletries / haircuts)	\$
Entertainment/Vacation	\$
Credit Cards	\$
Rental Property Expenses	\$
Other obligations (please explain):	\$
	\$
	\$
	\$
Total 2010 Expenses	\$

Total 2010 Resources Minus Total 2010 Expenses \$ _____

Signature of Custodial Parent or Stepparent: _____ **Date:** _____

Note: Consideration of Villanova University Grant assistance will not be given if this form is not completed and submitted to the Office of Financial Assistance.