



VILLANOVA UNIVERSITY

2007/2008 Student Cash Flow Statement

Office of Financial Assistance

Villanova University • 800 Lancaster Avenue • Villanova, PA 19085-1685

Phone: (610) 519-4010 Fax: (610) 519-7599

Email: finaid@villanova.edu Website: www.finaid.villanova.edu

The Office of Financial Assistance requires additional information in order to accurately assess your eligibility for financial assistance for the 2007/2008 academic year. Please complete the following information regarding your most recent income and expenses and return this form to the Villanova University Office of Financial Assistance by mail or fax. We cannot continue processing your request for assistance until this form is returned.

Student's Name:	Villanova University ID:
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2006 Resources (Calendar year 01/01/06-12/31/06) – Do not leave any items blank; enter '\$0' or N/A if not applicable.

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	\$
Unemployment Compensation	\$
Child Support	\$
Alimony	\$
Loans (home equity, family members, business. Do not include Federal Stafford, PLUS or Villanova Loans.)	\$
Other Income not listed above – taxable or nontaxable Please list each source:	\$
	\$
	\$
Total Resources	\$

2006 EXPENSES (Calendar year 01/01/06-12/31/06) – Do not leave any item blank; enter '\$0' or N/A if not applicable.

Mortgage or Rent	\$
Food	\$
Automobile expenses (loan /gas /repairs / insurance)	\$
Utilities (heat / electric / water / gas / cable)	\$
Telephone (include cell)	\$
Transportation – other than auto	\$
Health Insurance	\$
Medical Expenses – including prescriptions	\$
Clothing	\$
Child Care	\$
Personal (cleaning / toiletries / haircuts)	\$
Entertainment	\$
Credit Cards	\$
Rental Property Expenses	\$
Other obligations (please explain):	\$
	\$
	\$
	\$
Total Expenses	\$

Total 2006 Resources Minus Total Expenses \$ _____

Student's Signature: _____ Date: _____

Spouse's Signature (if applicable): _____ Date: _____