VILLANOVA UNIVERSITY

2026-2027 Parental Cash Flow Statement

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

Student's Name:_____ **Villanova University Student ID Number:**_____

Parent Completing This Form: ☐ Custodial Parent ☐ Noncustodial Parent

The Office of Financial Assistance requires additional information in order to accurately assess your child's eligibility for financial assistance for the 2026-2027 academic year. Please complete the following information regarding your 2024 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.

2024 RESOURCES (Calendar year 01/01/24 - 12/31/24) – Do not leave any items blank; enter '$0' or N/A if not applicable.

Report all income/resources as YEARLY amount	2024 Yearly Amount
Parent's taxable wages on tax return-**please indicate which parent:** ☐ Mother ☐ Father ☐ Stepparent	$
Parent's taxable wages on tax return-**please indicate which parent:** ☐ Mother ☐ Father ☐ Stepparent	$
Interest / Dividends	$
Rental Property Income	$
Net Income from Business, Farm, Rents, Partnerships, Estates, Trusts or Gains	$
Social Security Benefits (include amount received for all family members)	$
Veteran's Educational Benefits	$
Veteran's Non-Educational Benefits (such as Disability, Death, Pension, or Dependency & Indemnity Compensation (DIC) and/or VA Educational Work-Study allowances)	$
Unemployment Compensation	$
Child Support received for all children	$
Alimony	$
Payments from Pension or Retirement Savings Plan (annuity, IRA)	$
Housing, Food, and Other Living Allowances paid to members of the military, clergy, and others. Do not include the value of on-base military housing or the value of basic military allowance for housing	$
Money received or paid on the student's behalf (e.g., bills), not reported elsewhere on this form	$
Other Untaxed Income such as Workers' Compensation, disability, etc.	$
Resources or Benefits not listed on the FAFSA, i.e. In-Kind Support from a relative or a government agency	$
Other taxable or nontaxable income not listed above – **List each source and amount on a separate line below**:	$
	$
	$
Loans (home equity, family members, business. Do not include Federal Direct/Direct PLUS or Alternative Loans.) Also, indicate the source of the loan below. **Attach a copy of the loan document if the loan is from a family member or friend.**	$
Source of Loan:	
Other Resources (Include cash, savings, investments) used to meet expenses below. **Please indicate the resource and amount.**	$
	$
Total 2024 Resources	$

MUST COMPLETE ADDITIONAL INFORMATION ON THE NEXT PAGE

2024 EXPENSES (Calendar year 01/01/24-12/31/24) - Do not leave any item blank; enter '$0' or N/A if not applicable. Fields marked with * are required to have a numerical amount or explanation.

Report expenses as YEARLY amount	2024 Yearly Amount
*Mortgage or Rent (primary residence) **If no mortgage or rent - explain below**	$
Mortgage for other properties (Vacation or Rental - **Circle one and List Address:**) _____ _____	$
Homeowner's Insurance, if not included in mortgage	$
Real Estate or Property taxes	$
*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	$
Private Elementary or Secondary school tuition (not college) that is not covered by scholarship	$
Other Real Estate, Rental, Vacation Property Expenses	$
Other obligations (**please explain**):	$
Total 2024 Expenses	$

Total 2024 Resources Minus Total 2024 Expenses $_____

If the Total 2024 Resources Minus Total 2024 Expenses is a negative amount, you MUST explain (on the lines provided below) how you were able to pay for your expenses. If there is no explanation the form will be considered incomplete and returned to the sender.

_____

_____

_____

_____

_____

_____

_____

Signature of Parent:_____ **Date:**_____

Note: Consideration of Villanova University Grant assistance will not be given if this form is not completed in its entirety and submitted to the Office of Financial Assistance. A wet signature is required on this form.