VILLANOVA UNIVERSITY

2027-2028 Dependent Student Request for Revision

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

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

Villanova University provides special consideration for dependent applicants whose families 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 family's 2026 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 this form is incomplete or documentation is missing.**

- **All balances should be paid based on the current aid notice. Late fees may be assessed while the form is under review.**
- **Submission of this form does not guarantee additional aid.**

Amount of Additional Financial Assistance Requested to Meet 2027-2028 Educational Expenses $_____

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VILLANOVA UNIVERSITY

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

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

A. ☐ **Death of Parent:**

Supporting Documentation:
- Copy of Death Certificate

Date of Death: _____
Month/Day/Year

Relationship to Student:_____
Father/Mother/Stepparent

B. ☐ **Divorce or Separation:**

Supporting Documentation:
- 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

Non-Custodial Parent Contribution towards educational expenses for the student who will be enrolled at Villanova University:

_____
Dollar Amount

C. ☐ **Change in Parent's Employment Status*:**

*Loss of Bonus income is not considered

Supporting Documentation:
- 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

*Attach all supporting documents

Date of Change: _____
Month/Day/Year

Relationship to Student:_____
Father/Mother/Stepparent

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 2027?_____
Total Amount

Date of Retirement, if applicable:_____
Month/Day/Year

D. ☐ **Permanent and Total Disability:**

Supporting Documentation:
- Confirmation of Disability from Health Care Provider
- Statement of Benefits from Workmen's Compensation
- Statement from Social Security Disability

Date of Disability:_____
Month/Day/Year

Relationship to Student:_____
Father/Mother/Stepparent

Date Disability Benefits Began:_____
Month/Day/Year

E ☐ **Untaxed Income has Ceased or been Reduced:**

Supporting Documentation:
- Proof of Cessation or Reduction

Date of Change:_____
Month/Day/Year

Relationship to Student:_____
Father/Mother/Stepparent

Type of Untaxed Income:_____

Reason for Change:_____

F. ☐ **Out of Pocket Medical Expenses NOT Covered by Insurance**

Supporting Documentation:
- Must exceed 4% 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 2025:_____

Amount Paid in 2027:_____

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VILLANOVA UNIVERSITY

Villanova University

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

Complete both sections (Gross Taxable and Untaxable Income) below with income/resources (prior to exemptions, adjustments, or deductions) your family has received and expects to receive from January 1, 2027 until December 31, 2027.

DO NOT LEAVE BLANKS – IF NONE, ENTER ZEROS.

TOTAL 2027 GROSS TAXABLE INCOME (January 1, 2027 – December 31, 2027)

1. Wages, salaries, tips from Parent 1 – _____ *(indicate relationship to student, i.e. mother, father, stepparent.)*	$
2. Wages, salaries, tips from Parent 2 - _____ *(indicate relationship to student, i.e. mother, father, stepparent)*	$
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 2027 – Gross Taxable Income $_____

TOTAL 2027 UNTAXABLE INCOME (January 1, 2027 – December 31, 2027)

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 2027 – Gross Untaxable Income $_____

- **Attach all supporting documentation 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 original and complete 2027-2028 aid application (including all 2025 tax documents) has been reviewed.**
- **We reserve the right to request copies of the 2026 Federal Tax Return, W-2 forms and other necessary documents.**
- **We may contact the parent directly via email if clarification is needed.**
- ***We may request copies of the 2027 Federal Tax Return next academic year to verify that the projections were correct. If the projections were incorrect, we will not process another Request for Revision next academic year until we have a copy of the 2027 Federal Taxes.***

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 2027-2028 academic year only. The student and student's parent must provide a wet signature on this form, typed and electronic signatures cannot be accepted.

_____ _____ _____

Parent's Printed Name Email Address Student's Printed Name

(NO DIGITAL SIGNATURES)

_____ _____

Parent's Signature Date Student's Signature Date