

2023-2024 Parental Cash Flow Statement

Please Return To:

Office of Financial Assistance Dropbox https://www1.villanova.edu/villanova/enroll/finaid/forms.html

Student's Name:		Villanova UniversityStudent 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 2023-2024 academic year. Please complete the following information regarding your 2021 income and expenses and return this form to the Villanova University Office of Financial Assistance. Income and expenses reported should be from the parent(s)'/stepparent's that are listed on the FAFSA and Profile. We cannot continue processing your request for assistance until this form is returned.

2021 RESOURCES (Calendar year 01/01/21 - 12/31/21) - Do not leave any items blank; enter '\$0' or N/A if not applicable.

Report all income/resources as YEARLY amount	2021 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 Stepparent Stepparent	Ф.
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:	\$
Enst each source and amount on a separate fine below.	\$
	9
	\$
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 2021 Resources	\$

2021 EXPENSES (Calendar year 01/01/21-12/31/21) - 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.

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)	2021 Yearly Amount \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
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)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
*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)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
*Transportation – other than auto Health Insurance (your share) Medical Expenses – including prescriptions (not reimbursed by insurance)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
*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)	\$ \$ \$ \$
*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)	\$ \$ \$
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*Transportation – other than auto Health Insurance (your share) Medical Expenses – including prescriptions (not reimbursed by insurance)	\$
Health Insurance (your share) Medical Expenses – including prescriptions (not reimbursed by insurance)	
Medical Expenses – including prescriptions (not reimbursed by insurance)	\$
Clathing	\$
Clouming	\$
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 obligations (please explain):	\$
Total 2021 Expenses	\$
Total 2021 Expenses	Ψ

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.

Signature of Parent:_