



## DEBT TO INCOME RATIO WORKSHEET 2021-2022 Award Year

If your parent's Federal Direct PLUS Loan was approved, but based on extenuating circumstances your parent is unable to repay the loan, you can submit this request to be re-evaluated. Please complete this form, in its entirety, in order for your Financial Aid Counselor to use professional judgment to determine if you can be considered for an Additional Federal Direct Unsubsidized Loan. **Maximum academic year ELIGIBILITY AMOUNTS: Freshman/Sophomore: \$4,000 or Junior/Senior: \$5,000**

Student's Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

In addition to completing this form (front and back) you must also submit:

- Written-signed statement acknowledging your situation
- Proof of income (paycheck stub, alimony, child support income, etc.)
- Proof of **non-eligibility** for a PLUS (Proof/Legal Document required– i.e. Bankruptcy, Defaulted Loan, etc.)
- Proof of debt/monthly bill payments (copies of all bills/statements)
- Confirmation that your Parent Loan (PLUS) is approved and
- Non Co-Endorser Form.

**Please complete both sides of this form:**

### A. Monthly Income

**Amount**

Please outline this information on chart - see reverse side and enter total amount here.

- ✓ Monthly Net Salary or Pay (father/stepfather) \_\_\_\_\_
- ✓ Monthly Net Salary or Pay (mother/stepmother) \_\_\_\_\_
- ✓ Other Monthly Income (please list):  
\_\_\_\_\_

**TOTAL INCOME**

**A.**

### B. Fixed Monthly Debts

Please outline this information on the chart - see reverse side and enter total amount here.

**TOTAL RECURRING MONTHLY DEBT**

**B.**

### C. DEBT TO INCOME RATIO

Divide Total Debt by Total Income

**C.**

**Return to: Dillard University – 2601 Gentilly Blvd, Rosenwald Hall Room 126 – New Orleans, LA 70122**  
**FAX to: 504-816-5456**



## DEBT TO INCOME RATIO WORKSHEET

Monthly Expense Type (FAFSA 2019 - Base Year)	Student Amount of Current <u>Expenses</u> Paid out of Pocket	Parents of dependent student Amount of Current Monthly Expenses Paid out of Pocket	Current Monthly Income Type	Student Amount of Current <u>Monthly</u> <u>Income/</u> <u>Earnings</u>	Parents of dependent student Amount of current Monthly Income/ Earnings
Rent/Mortgage			Earnings from ALL Jobs		
Utilities (Electric, Gas, Water, etc.)			Unemployment Benefits		
Phone, Internet & Cable			Withdrawals from Savings		
Credit Card Payments			Social Security/Disability		
Car Note and Insurance			Welfare, AFDC, TANF		
Gas for the Vehicle			Child Support Received		
Laundry			Alimony		
Food			Total Financial Aid REFUND received in year 2019 (January – December)		
Entertainment			Cash received from family and/or friends		
Child Support/Alimony Paid			*Bills paid by someone else on your behalf		
Child Care			*Please explain any other support below. You may use this space to describe your current living situation		
Other:			Other:		
Other:			Other:		
Other:			Other:		
Other:			Other:		
<b>Total Monthly Expenses</b>			<b>Total Monthly Income</b>		

\_\_\_\_\_  
Signature: Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature: Student's Parent (If applicable)

\_\_\_\_\_  
Date

*The parent who applied for the PLUS must sign this form.*

**For Office Use Only:**

Professional Judgment:

Approved

Denied

Financial Aid Counselor's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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