



DEBT TO INCOME RATIO WORKSHEET 2022-2023 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



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| Monthly Expense Type (FAFSA 2020 - 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: | | |
| Total Monthly Expenses | | | Total Monthly Income | | |

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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