



Office of Student Financial Aid  
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## 2016-2017 PLUS LOAN APPROVAL: Debt To Income Ratio Worksheet

Your Federal Direct PLUS Loan was approved, however you have indicated due to extenuating circumstances you are not able to repay the loan. Please complete this form in its entirety in order for professional judgment to be used to determine if your dependent can be considered for an additional Federal Direct Unsubsidized Loan.

Student Name: \_\_\_\_\_

Student ID: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

### Monthly Income

#### Amount

Monthly Gross Salary or Pay (father/stepfather)

\_\_\_\_\_

Monthly Gross Salary or Pay (mother/stepmother)

\_\_\_\_\_

Monthly Alimony /Child Support

\_\_\_\_\_

Other Monthly Income (please list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TOTAL INCOME

A.

### Fixed Monthly Debts

Monthly Mortgage or Rent

\_\_\_\_\_

Monthly Auto Loan Payments

\_\_\_\_\_

Minimum Monthly Credit Card Payments

\_\_\_\_\_

Minimum Credit Line Payments (home equity)

\_\_\_\_\_

Monthly Alimony and Child Support Payments

\_\_\_\_\_

Average Monthly Utilities (i.e. water, electricity, gas)

\_\_\_\_\_

Other Monthly Debts (please list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TOTAL RECURRING MONTHLY DEBT

B.

DEBT TO INCOME RATIO (Divide Total Debt by Total Income)

C.

For Office Use Only:

Professional Judgment: ☐ Approved ☐ Denied

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