



DIRECT STUDENT LOAN BUDGET WORKSHEET

Student Name _____

ID# _____

Income

Monthly wages, unemployment benefits,
TANF, SSI, disability benefits, self employment,
assistance from family members

\$ _____

Expenses

Mortgage or Rent \$ _____

Savings/Investments \$ _____

Taxes \$ _____

Insurance (auto, home, life, health) \$ _____

Utilities \$ _____

Telephone \$ _____

Food \$ _____

Car payments/ transportation \$ _____

Gas \$ _____

Entertainment \$ _____

Personal & Clothing \$ _____

Medical/ Dental \$ _____

Child Care \$ _____

Tuition \$ _____

Books \$ _____

School Fees \$ _____

Miscellaneous \$ _____

NET INCOME (Income less Expenses)

\$ _____



Explain in detail any extenuating circumstances that you would like for us to consider:

Student Signature

Date

Financial Aid Office Use Only:

____ Approved for loan amount requested and/or eligible

____ Approved for adjusted loan amount using Professional Judgment for \$ _____

____ Denied loan amount requested

Financial Aid Specialist Signature: _____ Date: _____