



EXPENSES (Please list):

DEBTOR	ADDRESS	MINIMUM MONTHLY PAYMENT	TERM OF LOAN
House(s):			
_____	_____	_____	
_____	_____	_____	
Car(s)			
# _____ Make: _____ Year: _____		_____	_____
Make: _____ Year: _____		_____	_____
Medical Insurance			

Credit Cards:			
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Utilities (power, phone, waters, etc)			
_____	_____	_____	
_____	_____	_____	
_____	_____	_____	
Donation:			
Other:			
Other Exceptional Family Expenses:			



ADDITIONAL QUESTIONS:

Did you file taxes last year? If so please include your completed tax return with this packet. If you did not file taxes, please explain. _____

Please Circle all that apply:

I am on disability (if circled please include proof of disability income)

I or my spouse are unemployed

I do not have a bank account

If you circled any of the above statements, please explain.

I confirm that all information provided to Clarity in this application is correct.

Signature: _____

Date: _____