



CLARK BEHAVIORAL HEALTH FINANCING

510 South 18th Street - Coeur d'Alene, Idaho 83814 - Web: www.clarkbhf.com
 Phone: (888) 755-3080 - Fax: (208) 676-1702 - Email: team@clarkbhf.com

Please complete ALL questions.
 Failure to do so may delay processing.

- 1 PRINT the form
 2 FILL in your answers
 3 SIGN
 4 FAX

WARNING: Any person who knowingly makes a false statement or misrepresentation on this Application/Promissory Note is subject to penalties which may include fines or imprisonment under the United States Criminal Code.

Program Participant Information *Please Print*

1. Participant's Name <div style="display: flex; justify-content: space-between; width: 100%;"> Last _____ First _____ Middle _____ </div>			2. (FOR OFFICE USE) <div style="border-bottom: 1px solid black; height: 20px; width: 100%;"></div>		
3. Program to be attended <div style="display: flex; justify-content: space-between; width: 100%;"> Name _____ City _____ State _____ </div>			4. Enrollment Date & Expected Completion Date <div style="display: flex; justify-content: space-between; width: 100%;"> Month/Year _____ to Month/Year _____ </div>		
Requested Amount \$ <input style="width: 150px; height: 25px;" type="text"/>		5. Loan amount requested:			
6. Date of Birth - Month _____ Day _____ Year _____		7. Date funds are needed <div style="display: flex; justify-content: space-between; width: 100%;"> Month _____ Day _____ Year _____ </div>			

FAX APPLICATIONS TO CLARK BEHAVIORAL HEALTH FINANCING WHEN IT IS COMPLETED. **Fax #: (208) 676-1702** Web: www.clarkbhf.com

Applicant's and Co-Applicant's General Information

Please Print

	APPLICANT	CO-APPLICANT (optional)
8. Name	Title(optional) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> other _____ Last _____ First _____ MI _____	Title(optional) <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> other _____ Last _____ First _____ MI _____
9. Social Security Number	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
10. Driver's License Info.	# _____ State _____ Issued _____ Exp _____	# _____ State _____ Issued _____ Exp _____
11. Home Address <small>(If less than 3 years at this address, please list all addresses for the last three years on a separate sheet.)</small>	Street _____ City _____ State _____ Zip _____ Length of time at this address: Yrs. _____ Months _____	Street _____ City _____ State _____ Zip _____ Length of time at this address: Yrs. _____ Months _____
12. Telephone Numbers	Cell () _____ Home () _____ Business () _____	Cell () _____ Home () _____ Business () _____
13. Date of Birth	Month _____ Day _____ Year _____	Month _____ Day _____ Year _____
14. Bank Information	Name _____ Address _____ City _____ State _____ Zip _____ Phone () _____ Fax () _____	Name _____ Address _____ City _____ State _____ Zip _____ Phone () _____ Fax () _____
15. Citizenship	<input type="checkbox"/> U.S. Citizen or National <input type="checkbox"/> Eligible Non-Citizen or Permanent based Resident	<input type="checkbox"/> U.S. Citizen or National <input type="checkbox"/> Eligible Non-Citizen or Permanent based Resident



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16. Employment: job title/ occupation, current employer and length of employment	If less than 5 years at this employer, please list all employment for the last 5 years on a separate sheet. Job Title/Occupation _____ Employer _____ Yrs. _____ Mos. _____ Address _____ Phone _____ If retired, how long have you been retired? Yrs. _____ Mos. _____	If less than 5 years at this employer, please list all employment for the last 5 years on a separate sheet. Job Title/Occupation _____ Employer _____ Yrs. _____ Mos. _____ Address _____ Phone _____ If retired, how long have you been retired? Yrs. _____ Mos. _____
17. Self-Employed (as primary source of income)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
18. Gross MONTHLY income* (from ALL sources)	*You do not have to list income from alimony, child support or separate maintenance unless you want us to consider it as a basis of repayment for this loan. Wisconsin Residents Only: I am applying for an individual loan or applying for a joint loan with someone who is not my spouse. I will combine my spouse's financial information on this application. Employment Income _____ Other Income _____ Type of other income _____	*You do not have to list income from alimony, child support or separate maintenance unless you want us to consider it as a basis of repayment for this loan. Wisconsin Residents Only: I am applying for an individual loan or applying for a joint loan with someone who is not my spouse. I will combine my spouse's financial information on this application. Employment Income _____ Other Income _____ Type of other income _____
19. Have you ever declared BANKRUPTCY?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Housing (Check one)	<input type="checkbox"/> Rent <input type="checkbox"/> Own: Name of Mortgage Holder(s) _____ <input type="checkbox"/> Other: (please explain) _____	<input type="checkbox"/> Rent <input type="checkbox"/> Own: Name of Mortgage Holder(s) _____ <input type="checkbox"/> Other: (please explain) _____
21. Total Monthly Rent or Mortgage Payment(s) (include home equity)	If mortgage, please include mortgage payment, any home equity payment(s), tax and insurance. \$ _____ per month Time there: Yrs. _____ Mos. _____	If mortgage, please include mortgage payment, any home equity payment(s), tax and insurance. \$ _____ per month Time there: Yrs. _____ Mos. _____
22. Email Address	_____@_____	_____@_____
23. INITIAL & DATE	X _____ DATE _____	X _____ DATE _____
24. FEEDBACK, NOTES, QUESTIONS and/or COMMENTS	_____ _____ _____	_____ _____ _____

I (we) understand that (1) consumer reports (credit reports) may be obtained in connection with my (our) Loan Application, (2) if I (we) request, I (we) will be informed whether or not consumer reports are obtained, and (3) if reports are obtained, if I (we) request, I (we) will be informed of the names and addresses of the consumer reporting agencies (credit bureaus) that furnish the reports. If this application is approved, subsequent consumer reports may be requested or used in connection with an update, renewal, or extension of the credit for which I (we) have applied. I (we) have completed this application to obtain credit, and certify that the above statements are true and complete. I (we) authorize Clark Custom Education Loans, Inc. d.b.a. Clark Behavioral Health Financing (hereafter referred to as "You") to check my (our) credit references and to obtain credit report(s). I (we) also authorize You to provide information regarding the status of my (our) transaction to the facility listed above. I (we) authorize the facility listed above to release to the lending institution, subsequent holder or their agents, any requested information pertinent to this loan application (e.g. employment, enrollment status, prior loan history, current address). I (we) will refer to my (our) Promissory Note for notices to California, Ohio and Wisconsin residents. Even if I (we) have elected to opt out of information sharing or do so in the future, I (we) understand and agree this consent authorizes You to share this information for purposes of processing this application and servicing any resulting loan.

AUTHORIZATION TO SHARE INFORMATION

By signing below, I/we authorize and appoint **Clark Custom Educational Loans Inc.** d.b.a. **Clark Behavioral Health Financing** (the "Loan Advisor") as my agent and attorney-in-fact for the purposes of securing medical financing (a "Medical Loan"). Pursuant to this appointment I/we hereby empower and authorize the Loan Advisor to:

(1) Directly and/or indirectly provide any and all financial or other information about me, including (but not limited to) information that is considered to be non-public personal information under Title V of the Gramm-Leach-Bliley Act of 1999 (15 U.S.C. § 6801 et seq.) and its implementing regulations, or any information otherwise treated as personal and confidential information under other applicable law (collectively, the "Personal Information") to any bank, credit union, financial services company, or other lender (individually and collectively, the "Lender") to whom either the Loan Advisor, on my/our behalf, or I may submit an application for a Medical Loan; and (2) Directly and/or indirectly receive Personal Information about me from the Lender.

By signing this authorization, I/we also agree to release and to indemnify, defend, and hold harmless the Lender from any responsibility or liability for any claims, demands, and/or damages (including reasonable attorneys' fees and expenses) directly or indirectly related to or arising from the Loan Advisor providing or receiving Personal Information to or from the Lender. I/we understand that any dispute regarding the nature of the Personal Information provided and/or received by the Loan Advisor is solely between me/us and the Loan Advisor. I also understand and agree that the Lender may rely on this authorization, and shall gain the benefit of its protection and terms, until I/we inform such parties in writing that it is revoked.

IN WITNESS WHEREOF, I/we have hereunto signed my/our name(s) this _____ day
of _____, 20____.

BORROWER 1

BORROWER 2

Printed Name

Printed Name

Signature

Signature