



Fax Application and required forms to 248.404.6097

Liberty Debt Care Debt Settlement Application





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Required Documentation for our underwriting department to process your application:

- Current Monthly Statements (all unsecured debt you would like to include in the program)
- Current Paystubs
- 2007 – 2008 w2's
- Current Bank Statement
- Filled-out Pre-Qualification Application
- Hardship Letter

Fax or e-mail this application and supporting documents to

Fax 248.404.6097 Email: Underwriting@libertydebtcare.com

Liberty Debt Care Account Manager: _____



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List of unsecured debt that we can help you with;

Credit Cards	Collections/Attorney Accounts	Personal Loans
Auto Loan (Repo Only)	Medical Bills (Collection Only)	Utility Bills (Collection Only)

Creditor info

List all the unsecure debt you would like to include in the program.

1.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:

2.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:

3.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:

4.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:

5.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:



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6.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:

7.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:

8.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:

9.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:

10.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:

11.

Account No:	Balance:
Creditor Name:	Minimum Payment:
Address:	Telephone #:
City/State/Zip:	Type of Acct:



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Creditor Information

Are you current on your monthly payments? Y / N

If "No"....How many months behind are you? _____

If "Yes"....Are those payments a struggle for you moving forward? Y / N

If "Yes" Will you fall behind? Y / N

Interest rates, on average? Above 15% *or* Below 15%

Balance transfers in the last 90 days? Y / N

Cash advances in the last 90 days? Y / N

Homeowner? Y / N Married? Y / N Individual *or* Joint?

Credit score on scale 1 to 10? _____

What's more important? Credit score *or* Becoming debt free

Do you currently bank with any of your creditors? Y / N (If "Yes"Which creditor? _____)

