

Assistive Technology Loan Application

Loan Application Instructions

1. Please review the guidelines before completing your application.
2. If you are married, include your combined household information on the financial information form.
3. If you have a co-signor or guarantor, both you and the co-signor should complete a financial information form.
4. Please make sure that your application is filled out completely, signed and dated.
5. Please include the requested attachments:
 - a. An invoice, bid or other information showing cost of item together with description of the equipment or services to be provided
 - b. Verification of Income
 - c. Verification of Property Insurance Coverage

The Access Fund will conduct a credit check on each applicant.

RETURN COMPLETED APPLICATION TO:

WASHINGTON ACCESS FUND

100 South King St., Ste 280

Seattle, WA 98104

Phone: (206) 328-5116(V), or, (888) 808-8942 (TTY)

Toll-Free: (877) 428-5116

WASHINGTON ACCESS FUND PRIVACY POLICY & DISCLOSURE

The Gramm-Leach-Bliley Act requires us to tell you what steps we take to safeguard the privacy of the financial information you provide to us. Here is a summary of our privacy and disclosure policies.

Our Privacy Policy

We may collect non-public personal information about you from the following sources:

- Information we receive from you on your loan application
- People and organizations identified on your loan application
- Information about your transactions with us, our affiliates or others
- Information we receive from a consumer credit reporting agency

What We Disclose

We do not disclose any non-public personal information about our customers or former customers to anyone except as permitted by law.

Telling Your Story

We may use "your story" (for example, why you needed a loan, what equipment or technology you purchased and how it impacted your life) to explain and market our program to other borrowers and contributors. However, we will not identify you by name unless you give us permission to do so. **If you do not wish to have your story told, please let us know at the time of your application.** It will not affect loan eligibility.

Confidentiality & Security

The Access Fund takes every precaution to ensure that your personal information remains private. Accordingly, we restrict access to non-public personal information about you to employees and agents of the Washington Access Fund, members of our loan review committee and Board on a need-to-know basis and guarantors, co-signors, vendors and providers who need to know that information to provide products or services requested by you. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard your non-public personal information.

Questions

If you have any questions or concerns about our privacy and disclosure policies, please contact the Washington Access Fund.

100 South King Street, Suite 280
Seattle 98104
(206) 328-5116
kathy@washingtonaccessfund.org

PART I

ACCESS FUND ASSISTIVE TECHNOLOGY APPLICATION

Applicant Information

Application

Date: _____

Applicant 1

Name: _____
Birthdate: _____
SSN: _____
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip: _____
Phone: _____
Alternate
Phone: _____
Email: _____

Applicant 2

Name: _____
Birthdate: _____
SSN: _____
Address 1
(if different): _____
Address 2: _____
City: _____
State: _____
Zip: _____
Phone: _____
Alternate
Phone: _____
Email: _____
Relationship to
Applicant 1: _____

How did you hear about the Washington Access Fund? _____

Name of the person who will be using the Assistive Technology:

First: _____ Middle: _____ Last: _____

AT User's Disability: _____
(mm/dd/yy): _____

Birthdate

Relationship to Borrower(s):

List & describe equipment and services you want to purchase.
Include the name(s), addresses & phone number of the vendor(s) and the cost of each
item (including accessories, extended warranties, shipping & sales tax). *Please send
an invoice or bid from the vendor or other information showing cost.*

Please describe, in your own words, how these items will help you deal with a functional limitation related to your disability and otherwise benefit you in your daily life.

If applying for a hearing aid loan, have you seen an audiologist within the last year?
 Yes No *Please include the name and phone number of your audiologist.*

DEMOGRAPHIC INFORMATION ON THE AT USER

This background information helps us to determine who we are serving. We are requesting this information in accordance with the Equal Credit Opportunity Act and the requirements of the regulatory agencies. Providing the information is voluntary and it will not in any way be a factor in the application approval process.

Gender: Male Female

Ethnic/Racial Background:

Caucasian Hispanic Asian/Pacific Islander
 African American Native American

Other: _____

Language Spoken At Home:

English Spanish Chinese
 Korean Vietnamese

Other: _____

Marital Status:

Single with no dependent children Single with dependent children
 Married or Domestic Partnership Divorced
 Widowed Other (please describe)

Employment Status:

Employed Fulltime Employed Part-time Self-
employed Fulltime
 Self-employed Part-time Unemployed

Retired Retired on disability
 Student (Level completed

: _____)

Homemaker

Other: _____

Are you actively seeking work?

No Yes – Fulltime Yes - Part-time

Housing Status:

Subsidized Rental Unit Rent Own Home or Condo

Other (Please describe):

Veteran Status

None/Not Applicable Veteran

How did you hear about the Access Fund’s low interest loans?(check all that apply)

Advertising (e.g., TV, radio, newspaper) Information received in the mail

Information from the World Wide Web/Internet Friend

Professional (e.g., OT, PT, doctor, case manager) Disability-related agency:

State technology program Equipment vendor, supplier or dealer

Bank, credit union or lending institution Other:

Don’t know

I currently am covered by the following public/private programs.

<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare
<input type="checkbox"/> Private Health Insurance	<input type="checkbox"/> Disability Insurance
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Special Education or 504 Plan
<input type="checkbox"/> Division of Developmental Disabilities	<input type="checkbox"/> Other
<input type="checkbox"/> Vocational Rehabilitation or Department of Cap Waiver	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Services for the Blind (or Ticket to Work) Compensation	<input type="checkbox"/> Workers

PART II

FINANCIAL INFORMATION FORM

Type of Credit Requested:

___ Individual Account ___ Joint Account with Spouse ___ Joint Account with another person

Are you Married? No ___ Yes* ___

Net / "Take Home" Monthly Household Income \$ _____ (A)

Sources of Income	Applicant 1	Applicant 2
<input type="checkbox"/> Net / "Take Home" Employment Wages:	\$ _____	\$ _____
<input type="checkbox"/> Net / "Take Home" Self-Employment :		
\$ _____	\$ _____	
<input type="checkbox"/> Social Security:	\$ _____	\$ _____
<input type="checkbox"/> SSI:	\$ _____	\$ _____
<input type="checkbox"/> SSDI:	\$ _____	\$ _____
<input type="checkbox"/> Other Public Assistance (GAU, TANF, etc.)	\$ _____	\$ _____
<input type="checkbox"/> Pension/401K/Retirement:	\$ _____	\$ _____
<input type="checkbox"/> Savings/Investments:	\$ _____	\$ _____
<input type="checkbox"/> Trust:	\$ _____	\$ _____
<input type="checkbox"/> Food Stamps:	\$ _____	\$ _____
<input type="checkbox"/> Other Income (Describe): _____		\$ _____
\$ _____		

Names & ages of persons supported on this income:

Applicant 1 Employment:

Position: _____

Company Name: _____

Supervisor's Name: _____

Phone: _____

Email: _____

Address: _____

City: _____

State: _____

ZIP: _____

How long have you been at this job?

Applicant 2 Employment:

Position: _____

Company Name:

Supervisor's Name:

Phone: _____

Email:

Address:

City: _____

State: _____

ZIP:

How long have you been at this job?

*Include combined household information for both you and your spouse on the financial information form -- even if you are not relying on the spouse's income to repay this loan.

**Alimony, child support or separate maintenance income need not be listed unless you want it to be considered in granting credit.

Assets

Checking Account / Cash on Hand: \$ _____

Savings Account: \$ _____

IRA/Retirement Accounts: \$ _____

Stocks, Investments: \$ _____

Real Estate:

Home: _____ \$ _____
Address Appraised Value

Other: _____ \$ _____
Address Appraised Value

Personal Property (e.g., cars, boats, RV's)

Year, Make, Model: _____ \$ _____
(Current Value)

Year, Make, Model: _____ \$ _____
(Current Value)

Year, Make, Model: _____ \$ _____
(Current Value)

Year, Make, Model: _____ \$ _____
(Current Value)

Year, Make, Model: _____ \$ _____
(Current Value)

Other Assets (Please Describe): \$ _____

Debts

Mortgage(s) : _____ \$ _____
\$ _____ Bank, Account # Balance Monthly

Mortgage(s) : _____ \$ _____
\$ _____ Bank, Account # Balance Monthly

Car(1) : _____ \$ _____
\$ _____

Creditor, Account #	Balance	Monthly
Car(2) : _____ \$ _____		\$ _____

Creditor, Account #	Balance	Monthly
Student _____ \$ _____		\$ _____

Loans: Creditor, Account #	Balance	Monthly
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Credit Cards (attach list)	Total Owed:	\$ _____
	Total Monthly Payment:	\$ _____

Personal Loans / Other Debts (describe):

Balance:	\$ _____
Monthly Payment:	\$ _____

PART III
BUDGET WORKSHEET
Basic MONTHLY Expenses

Residential Expenses

Rent	\$ _____
Mortgage Payment	\$ _____
Homeowners/Renters Insurance	\$ _____
Homeowner Association Dues	\$ _____
Utilities	\$ _____
Property Taxes	\$ _____
Other Residential Expenses: _____	\$ _____

Transportation Expenses

Car Payment	\$ _____
Gas, Car Maintenance & Repair	\$ _____
Car Insurance	\$ _____
Public Transportation	\$ _____
Other Transportation Costs: _____	\$ _____

Insurance/Medical Expenses

Health/ Life Insurance	\$ _____
Unsubsidized Medical Expenses	\$ _____
Dental Expenses/ Insurance	\$ _____
Glasses/Contacts	\$ _____
Prescriptions	\$ _____
Other Medical Expenses: _____	\$ _____

Essential Expenses

Food	\$ _____
Household Products (toiletries, cleaning supplies, etc.)	\$ _____
Clothing	\$ _____
Haircuts	\$ _____
Child Care	\$ _____
Pet/ Service Animal Care	\$ _____

Entertainment Expenses

Dining Out	\$ _____
Cigarettes & Alcohol	\$ _____
Hobbies	\$ _____
Video Rentals & Movies	\$ _____
Birthday & Holiday Presents	\$ _____

Communication Expenses

Cable / Internet / Home Phone	\$ _____
Cell Phone	\$ _____

Other Monthly Expenses

Charitable Contributions/Memberships	\$ _____
Travel	\$ _____
Monthly Credit Card Payment	\$ _____
Student Loans	\$ _____
Other Expenses: _____	\$ _____

(B)	Total Expenses	\$ _____
(A)	Total Net Income (From Page 5)	\$ _____

Dollars Available for Loan Repayment (Net Income (A) – Total Expenses (B))
\$ _____

What dollar amount would you like your monthly loan payment to be?
\$ _____

PART IV

OTHER INFORMATION:

Have you ever declared bankruptcy?

No

Yes. If yes, please describe circumstances below or on a separate sheet of paper.

Are you a co-signer, co-maker or endorser on a note?

No

Yes. If yes, please describe circumstances below or on a separate sheet of paper.

Are you the defendant in a legal action or are there any outstanding judgments against you?

No

Yes. If yes, please describe circumstances below or on a separate sheet of paper

AUTHORIZATION/CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge. Authorization is hereby given for the release of any and all information concerning bank accounts, employment, credit or mortgage verification as requested by the Washington Access Fund. I understand that the Access Fund may need to contact other agencies and individuals to determine my eligibility and to verify my need for the support for which I am applying. I authorize the release of such confidential information.

Signature of Applicant #1

Date

Signature of Applicant #2

Date

Name & contact Information of person who assisted with application (if any):
