Assistive Technology Financing Loan Program

LOAN APPLICATION PACKAGE

Please take a moment to review these instructions for completing this application.

To ensure that your loan will be processed in a timely manner, be sure to submit **all the required documentation** listed below. **Note: Additional Documentation may be Required.**

If a question is not applicable **(N/A)**, draw a line through it or write "N/A" next to the question. This will indicate you have read the question and did not inadvertently skip the question.

- ✓ **Complete** all applicable sections of the **LOAN APPLICATION**.
- ✓ Bring, mail, email or fax **an official quote from your vendor**, providing a breakdown of costs and vendor's address and phone number. If you are purchasing a used ASSISTIVE TECHNOLOGY device from a private seller**,** please include a letter listing the price of the device.
- ✓ Bring, mail, email or fax **Proof of Income**—examples of income include:
  - Two current paystubs or statements from your Employer
  - IRS Tax Return for the past two years (if self-employed)
  - Supplemental Security Income (SSI) Award Letter
  - Social Security Disability (SSDI) Award Letter
  - Child Support/Alimony: You are not required to disclose income from alimony, child support, or separate maintenance payments **unless** you are using this as a basis for repayment
  - Co-applicant's proof of income (if applicable)
  - *Money order* in the amount of $30 for your credit report

Bring, mail, email or fax **two forms of identification**; must include at least one picture ID.

- Driver's License with current address (Picture ID)
- Non-driver's identification with current address (Picture ID)
- Passport (Picture ID)
- Utility bill with current address
- Medical card
- Social Security Card

- ✓ Review the attached "**Privacy Rights Notice,"** and initial on Page 8 that you received the notice.

If approved, the loan check will be made out to the borrower & retailer/vendor.
The borrower endorses the check, gives it to the retailer/vendor, who will deposit the check.

The application & supporting documents can be dropped-off, mailed, emailed or faxed.

If you have questions please contact: Sheena Jaffer
220 I Street, Suite 130,
Washington, DC, 20002

Phone: **202-547-0198, Ext 105**
Fax: **202-547-2662**
Email: **sjaffer@uls-dc.org**

Check Appropriate Box:

☐ You are applying for individual credit in your own name and are relying on your own income or assets for repayment of the credit requested.

☐ You are applying for joint credit with another person.

Diagnosis of Disability/Disabilities: _____

Loan Amount Requested: $** _____ ***(Note: DC FUND$ does NOT reimburse for items previously purchased.)*

Type of Assistive Technology Device/Service Requested_____

SECTION A – APPLICANT INFORMATION

Full Name: _____ Date of Birth: _____/_____/_____

Marital Status: Married:_____Divorced:_____ Unmarried (including single, widowed): _____

Current Street Address:_____

City: _____State: _____ Zip: _____ County_____

How Long At This Address: _____ Telephone Number_____

Email Address: _____Cell Phone Number:_____

Social Security Number_____

Number of People in Your Household (Related & Unrelated):_____

Driver's License or State ID No.: _____Issue Date: ___/____/____Exp.Date:___/_____/____

What is Your Country of Citizenship? _____

Immigration Status: _____ U.S. Citizen _____ Permanent Resident of U.S. _____ Other

Previous Street Address (if less than two years):_____

City: _____State: _____ Zip: _____

Current Employer: _____ Work Number: _____

Position or Title: _____Years/Months Employed: _____

Employer's Address: _____

Previous Employer (if less than two years):_____

Previous Employer's Address:_____

Name of Nearest Relative or Other Party Not Living With You:

Name:_____Relationship_____

Address:_____

Telephone Number:_____

SECTION B – CO-APPLICANT INFORMATION *(IF APPLICABLE)*

Full Name: _____Date of Birth: _____/_____/_____

Marital Status: Married_____ Divorced_____Unmarried (including single, widowed) _____

Current Street Address: _____

City: _____State:_____Zip: _____

Phone Number _____Email Address: _____

How Long at this Address: _____Social Security Number: _____

Driver's License or State ID #:_____Issue Date: ___/_____/___ Exp. Date: ___/____/____

What is Your Country of Citizenship? _____

Immigration Status:_____U.S. Citizen ____Permanent Resident of US:_____Other_____

Previous Street Address (if less than 2 years): _____

City: _____State: _____ Zip: _____

Current Employer: _____Work Number: _____

Position or Title: _____ Years / Months Employed: _____/_____

Employer's Address: _____

Previous Employer (if less than two years):_____

Previous Employer's Address: _____

Name of nearest relative not living with co-applicant:

Name: _____Relationship _____

Address: _____

Telephone Number: _____

SECTION C - APPLICANT INCOME, EXPENSE, ASSET & DEBT INFORMATION

Please complete separate income and expense information for each *applicant* and *co-applicant.*

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for paying this obligation.

Estimated **Monthly** Income. Please include all current sources of **monthly** income.

NET (Take home) Earned Income (Wages, Salary, Self- Employment)	$_____
Social Security Retirement (SSA)	$_____
Supplemental Security Income (SSI)	$_____
Social Security Disability Insurance (SSDI)	$_____
Pension, Retirement Income	$_____
Child Support and/or Alimony	$_____
General Assistance (i.e. money from family members to assist with payment of monthly bills)	$_____
Other Income (describe)_____	$_____
Total Monthly Income	**$_____**

Gross Income $ _____Week: _____ Month: _____ Year: _____ Income Source: _____

Do you have a checking account? Yes_____No_____

Do you have a savings account? Yes_____No_____

ASSETS *(Optional)*: Cash in Banks **$**_____Stocks/Bonds **$**_____Retirement Accounts $_____

CO-APPLICANT INCOME ***(If Applicable)***

Gross Income $_____Week_____ _Month_____ Year_____ Income Source _____

Do you have a checking account? Yes_____No_____

Do you have a savings account? Yes_____No_____

ASSETS *(Optional)*: Cash in Banks **$**_____Stocks/Bonds **$**_____Retirement Accounts **$**_____

APPLICANT EXPENSES AND DEBT STATEMENT

Please complete Estimated Average Monthly Expense Form Below and include all financial obligations and balances on any loans and credit cards.

Actual/Estimated Average Monthly Expenses & Debt

Residence:	**Monthly Payment**
Rent or House Mortgage Payment	
Homeowners or Renters Insurance (if paid separately)	
Utilities (water, sewer, garbage, electric, gas)	
Total Monthly Phone Bills (Home and Cell)	
Property Taxes (if paid separately from house payment)	
Total Residence	

Transportation:	**Monthly Payment**
Auto Loan	
Auto Insurance	
Gas (consider the high cost of gasoline)	
Vehicle Repairs, etc.	
Other Transportation Costs (taxi, bus, driver, etc.)	
Total Transportation	

Medical/Insurance:	
Health & Dental Insurance	
Medical/Dental Expenses Not Paid by Other Source (co-pays)	
Prescriptions	
Glasses/Contacts/Medical Equipment and Supplies	
Life Insurance	
Total Insurance/Medical	

Essentials:	
Groceries	
Clothing & Cleaning	
Household and Yard Items/Services	
Total Essentials	

Entertainment:	
Eating Out	
Cable TV/Satellite/Internet	
Movies/Theater/Cigarettes/Alcohol	
Hobbies (sports, pets, arts & crafts, etc.)	
Total Entertainment	

Other Monthly Expenses including Child Support/Alimony:	

OUTSTANDING DEBTS (*Include installment loans, credit cards, rent, mortgages etc.)*
Use separate sheet if necessary.

CREDITOR	Name on Account	Original Debt	Present Balance	Monthly Payment	Past Due? Yes/No
Rent/Mortgage		$	$	$	$
Credit Cards		$	$	$	$
Automobile		$	$	$	$
Auto Insurance		$	$	$	$
Student Loan (s)		$	$	$	$
Other		$	$	$	$
Total Debts		$	$	$	$
		$	$	$	$

Total Monthly Obligations **$_____**

Amount left over after all expenses paid $_____

Are you a co-applicant on any loan or contract? Yes No

If yes, for whom? _____

Are there any unsatisfied judgments against you? Yes No

If yes, to whom owed? _____Amount: $_____

Have you declared bankruptcy in the last 5 years? Yes No

If yes, what state? _____Year dismissed: _____

If you answered yes to the question above, please explain what caused you to have bad credit or why you filed for bankruptcy. Have you taken any steps to improve your credit or pay off your debts?

_____

_____

_____

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AUTHORIZATION

I/We understand and agree that the information in this application and otherwise collected by DC FUND$ may, depending upon the amount and type of credit requested, be provided to one or more Lenders (each, a "Lender") in connection with my/our request for financing.

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001 et seq., and liability for monetary damages to DC FUND$, any other lender, its agents, successors, assigns, insurers, and any other person who may suffer any loss due to reliance upon any misrepresentation I/we made in this application or in any other manner.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Co-Applicant (if applicable) Date

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PRIVACY NOTICE

Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations.

We are happy to provide this privacy policy notice, and we hope you will take a few minutes to read it. You will have a better understanding of what we do with the information you provide us and how we strive to keep it private and secure.

This notice explains how we collect, handle, and disclose personal information about you.

Information We Collect:

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on application and other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

Information We May Disclose:

We do not disclose nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

Confidentiality and Security of Nonpublic Personal Information

Confidentiality and security of your nonpublic personal information is of paramount importance to us. We maintain physical, electronic and procedural safeguards in compliance with all applicable laws and regulations to guard your nonpublic personal information from unauthorized access, alteration and destruction. We restrict access to your nonpublic personal information to those employees and other parties who must use the information to provide services to you.

Please initial that you received a copy of DC FUND$'s privacy statement._____

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CERTIFICATION

I/We understand that this is a request for funds that I/We will need to repay. I/We authorize the Assistive Technology Financing Loan Program to review all information provided and seek additional information from third parties required to verify the contents of this application. All information is true and correct and is provided to obtain the loan I/We are seeking. Any misrepresentation on any part of this application could result in rejection of this application or termination of the loan.

I/We further understand that issuance of a loan does not imply any type of warranty by DC FUND$ or any other lender regarding the suitability, condition, merchantability or safety of the device or equipment that I/we purchase with the loan. I/We understand that I/we alone are responsible for selecting the devices or equipment to be financed. Therefore, **I/WE CAN MAKE NO CLAIMS AGAINST DC FUND$ OR ANY LENDER OR ANY OF THEIR AGENTS, AND I/WE EACH HEREBY RELEASE DC FUND$ AND ANY OTHER LENDER, AND ALL OF THEIR RESPECTIVE AGENTS, FROM AND AGAINST ALL LIABILITY, FOR DEFECTS IN ANY DEVICE OR EQUIPMENT OR ANY ACCIDENT OR INJURY RESULTING FROM ITS USE**.

I/We hereby also authorize DC FUND$ and any lender to whom DC FUND$ may refer this application to disclose to DC FUND$ any information about any of us that the lender obtains or compiles that may be relevant to decisions DC FUND$ may make with respect to the application.

_____ _____

Signature of Applicant Date

_____ _____

Signature of Co-Applicant **(if applicable)** Date

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IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Why are we asking for this information? To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

____**Unless checked, no Applicant(s) with an interest in this account is either:**

(1) A senior military, governmental, or political official in a non-U.S country or (2) clearly associated with or an immediate family member of such an official. If checked, the identify, name of the official, office held, and country: _____
_____
_____
_____