



KENTUCKY ASSISTIVE TECHNOLOGY LOAN CORPORATION

**Providing Financial Loans for Assistive
Technology**

LOAN APPLICATION

KATLC
Mayo-Underwood Building
500 Mero St
4th FL NE
Frankfort KY 40601
877-675-0195
502-564-6745 (Fax)
www.katlc.ky.gov
edu.katlc@ky.gov

***This Loan Program is Operated Jointly With
FIFTH THIRD BANK, INC.***

PLEASE READ CAREFULLY BEFORE APPLYING

Thank you for requesting a loan application from the Kentucky Assistive Technology Loan Corporation. The information contained in this packet should help you complete the application process. Please feel free to call us if you need assistance or clarification.

How do I apply?

Complete and return the attached applications along with verification of disability, copy of photo ID, itemized price quote, proof of all income and power of attorney, if applicable.

Please remember to be as complete and accurate as possible to prevent any delay in processing. These documents are often transmitted via fax and can be hard to read, so please type or write legibly.

Submit the following:

- ☐ **Kentucky Assistive Technology Loan Program Application** (attached)
- ☐ **Bank Credit Application** (attached)
- ☐ **Photo ID (copy of a valid Kentucky driver's license or Kentucky ID including co-applicant, if applicable. Write driver's license number and date of expiration on copy.)**
- ☐ **Verification of disability** (see below)
- ☐ **Itemized price quote for the specific item to be purchased**
- ☐ **Proof of all sources of income to be considered by the lender including co-applicant, if applicable**
- ☐ **Provide copy of power of attorney, if applicable – The power of attorney must reflect that the individual has the legal right to apply for credit on the individual's behalf.**

NOTE: Applicant may supply other supporting documentation such as an assistive technology assessment, recommendations from professionals, etc. to explain a need for assistive technology.

Verification of Disability (Submit one of the following)

1. A statement from a licensed, medical professional indicating how the disability substantially affects one or more major life activities.
2. Proof of enrollment in one of the following:
 - a. State vocational rehabilitation program;
 - b. Social Security Disability Insurance (SSDI);
 - c. Medicare enrollment based on disability;
 - d. Medicaid enrollment based on disability;
 - e. Veterans Administration enrollment based on current disability;
 - f. Educational services enrollment under an individualized family service plan or individualized education plan, or

3. Other proof of a disability that affects a major life activity as required by KRS 151B.50(6).

NOTE: Supplemental Security Income (SSI) is not accepted for verification of disability. SSI may be used for verification of income.

What is the Kentucky Assistive Technology Loan Corporation (KATLC)?

KATLC is a program funded by both private and public money to assist Kentuckians with disabilities to obtain assistive technology to improve their independence or quality of life. The KATLC Board of Directors manages the program.

Who can apply for a loan?

Eligible individuals are residents of Kentucky for at least six consecutive months, who either have a disability that permanently affects a major life activity, or is a parent/guardian of an individual with a disability and have the ability to repay the loan. The purpose of the loan must be to purchase assistive technology to be used by the individual with a disability.

A nonprofit organization that provides assistive technology to individuals with disabilities may also apply if they can demonstrate how the adaptive equipment will be used for their potential customers.

What can I borrow money for?

Assistive technology is defined as "any item, piece of equipment or device that enables an individual with a disability to improve his or her independence and quality of life." Examples may include hearing aids, computers, home modifications, augmentative communication devices, wheelchair ramps and van lifts. If you are not sure if the item you need qualifies under the program's guidelines, please ask.

How much money can I borrow and for how long?

The minimum amount you can borrow is \$500 and the maximum amount is \$25,000, with the exception of home modifications, which has a maximum of \$15,000, and vehicles with modifications, which has a maximum of \$50,000. The length of the loan is determined by the type of assistive technology.

What if my credit record is poor, I don't have a job, or I receive funds from many sources?

KATLC, working in conjunction with their financial partner, is able to approve more loans than traditional loan programs because of our more lenient guidelines.

What is a price quote?

The price quote should contain the seller's contact information (name, address and telephone number). The quote must list the assistive technology device with price including tax and shipping, if applicable. In regards to a vehicle, the quote must contain the VIN number, year, make, model, mileage and signed by the seller and buyer.

How are loan decisions made?

KATLC initially determines eligibility based on disability and assistive technology. It then reviews financial information provided by the financial partner before deciding whether to approve the loan or not. Individuals will be notified within four to five days whether the

loan has been approved or denied, contingent upon a complete application.

What happens if I am approved?

You will receive a letter informing you of your approval. Either our financial partner will send the documents to you by UPS or you may complete the paperwork at one of our financial partner's branch offices. You must indicate on the application your preference. After the documents have been completed, funds will be released to the vendor. You will then make your monthly payments.

What happens if I am denied?

You will receive two letters informing you of your denial. One letter will be from our financial partner telling you which credit reporting bureau was used to obtain your credit report and you are entitled to a copy from the credit reporting bureau. You must follow the directions to obtain the report. The second letter will be from KATLC outlining the appeal process if you choose to appeal. Appeals are reviewed at the quarterly Board of Directors meetings.

Where do I send my payment?

Fifth Third Bank
Madisonville Operations Center
Cincinnati, OH 45263
*include loan number on the payment

Can I set up automatic payments? If so, what is the process?

You can use the billpay system for your respective bank. Include the loan number as the account number with the address listed above for Fifth Third Bank and set it up as a recurring autopay. You can also call 800-972-3030 and follow the instruction prompts for installment loan. You will need to obtain your bank routing number and your bank account number to set up the automatic payment.

Please mail the completed application and attachments to:

**Sarah Richardson
KATLC
Mayo-Underwood Building
500 Mero St
4th FL NE
Frankfort KY 40601 or you may FAX your application to (502)
564-6745**

If you need assistance filling out these forms, need the forms in an alternative format, or if you want to check on the status of your application, please contact KATLC at the above address, or call **toll free 1-877- 675-0195**.



Application for Loan

PLEASE PRINT (Use only blue or black ink)

Name of Applicant:

Address:

City:

If PO Box Address, please provide your street address:

County:

Zip:

E-Mail Address:

Home Phone:

Work Phone:

Cell Phone:

If you need replies in Braille, audio tape, or other special format, please indicate here:

FOR NONPROFIT ORGANIZATIONS ONLY:

Federal Employer ID# (9 digits): _____ *Include proof of 501(c)(3) status

If applicant does not have a disability, please describe applicant's relationship to the individual with a disability (e.g., parent, sibling, child, guardian, caretaker, etc.):

Name of individual who will be using the assistive technology, if different from applicant:

Is a third party paying for a portion of the assistive technology? ☐ Yes ☐ No
If yes, please provide contact information i.e. telephone number, counselor name, etc.

Has the third party approved the funding? ☐ Yes ☐ No
If not, please provide details as when funding is expected to be received:

If you are approved for a loan, do you prefer: (check one)

☐

Documents mailed to you by UPS

☐

Completing documents at a Fifth Third Bank branch. If so, provide address (street, city) of branch:

NATURE OF DISABILITY/NEED FOR ASSISTIVE TECHNOLOGY

Describe the nature of the disability of the individual who will be using the assistive technology and how that disability affects one or more major life activities (attach additional sheets if necessary):

Describe the device(s) and/or service(s) that will be purchased and how it/they will compensate for the limitations of the disability or improve the quality of life of the individual who will be using it (attach additional sheets if necessary):

I/We certify, under penalty of law, that the information given in this application packet is correct and complete to the best of my/our knowledge. I/We understand that this is a request for funds that I/we will need to repay. I/We authorize the Kentucky Assistive Technology Loan Corporation (KATLC) 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 am/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 the issuance of a loan does not imply any type of warranty by KATLC 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 KATLC, any lender or any of their agents, and I/we hereby release KATLC, any 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.

Signature of Applicant: X _____ Date: _____

Signature of Co Applicant: X _____ Date: _____

COMPLETION OF THIS SECTION IS VOLUNTARY. This information is collected for statistical reporting purposes only and will **NOT** be individually identified. Completion of this section is not necessary for consideration of the application.

Date of Birth of Individual with a Disability Who Will Be Using the Assistive Technology:

Gender: ☐ Male ☐ Female **Primary Language:** _____

Race: ☐ American Indian/Alaskan Native ☐ African-American ☐ Asian
☐ Asian Indian ☐ Caucasian ☐ Hispanic/Latino ☐ Native Hawaiian
☐ Pacific Islander ☐ Other

The Commonwealth of Kentucky and the Kentucky Assistive Technology Loan Corporation do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the access to, application for, or approval of assistive technology loans.

FIFTH THIRD BANK, INC.
APPLICATION FOR KENTUCKY ASSISTIVE TECHNOLOGY LOAN PROGRAM

(Use only blue or black ink)

Amount of Loan Applied for		Length of Loan (# of months)	Purchase price of Assistive Technology
Applicant Last Name		First Name	Middle Initial
Street Address		How Long?	Yrs Mos
City	County		Zip Code
Previous Address (If Less Than 2 Years At Present Address)			
Birthdate	Social Security Number	Phone Number	Number of Dependents
Name and Location of Bank Where You Maintain Your Primary Account Relationship			
(If Applicable) Employer	Address		Phone Number
Position	Supervisor	Length of Employment	
Previous Employer	Phone Number	Length of Employment	
Name of Nearest Relative Not Living With You		Phone Number	
Co-Applicant Last Name		First Name	Middle Initial
Street Address		How Long?	Yrs Mos
City	County		Zip Code
Previous Address (If Less Than 2 Years At Present Address)			
Birthdate	Social Security Number	Phone Number	Number of Dependents
(If Applicable) Employer	Address		Phone Number
Position	Supervisor	Length of Employment	
Applicant Housing Information (select one):			
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Lives with family member(s)			
		Amount of Monthly Mortgage or Rent Payment	\$ _____
Name and Phone Number of Landlord or Mortgage Holder			
(If Owned) Purchase Price	Date of Purchase	Balance	Estimate of Current Value
Gross Annual Income (Child support, alimony or separate maintenance need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.)			
Applicant Salary		Co-Applicant Salary	
Bonus & Commission		Other Income (List Source) 1.	
Interest / Dividend Income		2.	
Rental Income		3.	
Total Gross Annual Income, Applicant & Co-Applicant.....\$			
Credit References (List All Obligations, Including Utilities If Applicable; Attach Separate Page If Necessary)			
Name of Creditor	Balance		Monthly Payment
1.			
2.			
Are you obligated to pay child support, alimony or separate maintenance?			
No <input type="checkbox"/>	Yes <input type="checkbox"/>	Monthly Amount \$	
Have you ever had a car or other merchandise repossessed? No <input type="checkbox"/> Yes <input type="checkbox"/>			
If Yes, Name of Company			
Have you ever filed bankruptcy? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please attach separate sheet with complete explanation & dates.			

NOTE: By signing below, Applicant and Co-Applicant agree that FIFTH THIRD BANK, INC. may share with the KENTUCKY ASSISTIVE TECHNOLOGY LOAN CORPORATION the contents of this application and information concerning Applicant's payment performance with regard to any loan that may be granted as a result of this application.

Applicant's Signature, Date

Co-Applicant Signature, Date

FIFTH THIRD BANK, INC.
APPLICATION FOR KENTUCKY ASSISTIVE TECHNOLOGY LOAN PROGRAM

PERSONAL FINANCIAL STATEMENT

IMPORTANT: Check box "J" if assets are owned, or liabilities are owed, jointly.
 Indicate how the asset is titled and how much you own or owe in the appropriate schedules below.
 If additional space is needed, please attach a separate sheet.

ASSETS	AMOUNT	J	LIABILITIES	AMOUNT	J
Cash on Hand & in Bank (Schedule 1)	\$	<input type="checkbox"/>	Loans Against Real Estate (Schedule 4)	\$	<input type="checkbox"/>
Savings Certificates (Schedule 1)	\$	<input type="checkbox"/>	Notes payable to Banks	\$	<input type="checkbox"/>
Stocks and Bonds (Schedule 2)	\$	<input type="checkbox"/>	Credit cards & Other Liabilities:		
Cash Value of Life Insurance (Schedule 3)	\$	<input type="checkbox"/>	1.	\$	<input type="checkbox"/>
Automobiles / Other Vehicles	\$	<input type="checkbox"/>	2.	\$	<input type="checkbox"/>
Real Estate (Schedule 4)	\$	<input type="checkbox"/>	3.	\$	<input type="checkbox"/>
Interest in Business Owned	\$	<input type="checkbox"/>	4.	\$	<input type="checkbox"/>
Other Assets	\$	<input type="checkbox"/>	TOTAL LIABILITIES	\$	
TOTAL ASSETS	\$	<input type="checkbox"/>	NET WORTH (ASSETS MINUS LIABILITIES)	\$	

SCHEDULE 1 – CASH ON DEPOSIT

Name and Location of Bank	Balance	Type of Account	In Name Of

SCHEDULE 2 – STOCKS AND BONDS

# of Shares	Description	Title in Name Of	Market Value	Pledged to Whom

SCHEDULE 3 – LIFE INSURANCE

Name of Insurance Company	Name of Insured	Face Amount	Cash Value

SCHEDULE 4 – REAL ESTATE

Description and Location	Market Value	Balance Owed	Mortgage Holder	Mo. Pmt.	Purchase Price

DO NOT COMPLETE THE INFORMATION IN THIS BLOCK UNLESS THE PURPOSE OF THIS LOAN IS HOME IMPROVEMENT.

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the Lender's compliance with Equal Credit Opportunity, Fair Housing, and Home Mortgage Disclosure laws. You are not required to furnish this information, but you are encouraged to do so. The law provides that a Lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under Federal Regulations the Lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check below.

APPLICANT

☐ I do not wish to furnish this information.

Sex:

Female ☐ Male ☐

Race / National origin:

American Indian or Alaskan Native ☐
 Asian or Pacific Islander ☐
 Black ☐
 Hispanic ☐
 White ☐
 Other (please specify) _____

CO-APPLICANT

☐ I do not wish to furnish this information.

Sex:

Female ☐ Male ☐

Race / National origin:

American Indian or Alaskan Native ☐
 Asian or Pacific Islander ☐
 Black ☐
 Hispanic ☐
 White ☐
 Other (please specify) _____

Applicant's Initials, Date

Co-Applicant's Initials, Date

Number of Pages Attached _____ (Note: Applicant and any Co-Applicant must initial each page of attachment.)