



LOAN APPLICATION CHECKLIST

The following is required for both applicants and co-applicants. Additional documents may be required.

You can mail or fax the following items to complete your application. **The mailing address, fax, and email are at the bottom of the page.** A DocuDrop link can also be emailed so that you can securely upload supporting documents.

Two copies of identification; one must be a Photo ID

Examples include:

- Valid driver's license with current address (Photo ID)
- Valid non-driver's ID with current address
- Valid passport (Photo ID)
- Utility bill with current address
- Medical insurance card
- Social Security card

Proof of income

Examples include:

- Two current paystubs and two most recent W-2s
- IRS Tax Return for the past two years (if self-employed)
- Current Supplemental Security Income (SSI) benefit verification letter
- Current Social Security Disability Insurance (SSDI) benefit verification 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 of your loan.
- Additional documentation may be required.

Official vendor quote for the assistive technology (AT) being purchased

The quote should include the following:

- A breakdown of costs
- Vendor contact information

AATLF loan application (all pages must be completed and submitted)

If you have a representative payee (rep-payee), be sure to read the section regarding rep-payee guidelines on page 9.

PLEASE NOTE: We do NOT reimburse for previously purchased items.

SECTION A - PRIVACY STATEMENT AND NOTICE

_____ **Initial that you have read and understand AATLF's Privacy Statement and 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 non-public personal information about you from the following sources:

- Information we receive from you on applications and other forms;
- Information about your transactions with us or others; and,
- Information we receive from a consumer credit reporting agency (i.e., credit bureaus).

Information We May Disclose

We do not disclose non-public personal information about our applicants or borrowers or former applicants or borrowers to anyone, except to our partner banks, the credit bureaus and as required by law.

Confidentiality and Security of Non-Public Personal Information

Confidentiality and security of your non-public 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 non-public personal information from unauthorized access, alteration, and destruction. We restrict access to your non-public personal information to those employees and other parties who must use the information to provide services to you.

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 indicate below.** It will not affect your loan eligibility.

Yes, you may use my story

No, please do not use my story

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SECTION B – LOAN REQUEST

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.

Required information for AATLF to process your application:

Amount Requested: \$ _____

What are you purchasing? _____

SECTION C – APPLICANT INFORMATION

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

Current Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

How Long at This Address: _____ Home Phone Number: _____

Email Address: _____ Cell Phone Number: _____

Social Security Number: _____

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

Driver's or Non-Driver's ID No.: _____ Issue Date: ____/____/____ Exp. Date: ____/____/____

What is Your Country of Citizenship? _____

Citizenship 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: _____

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Employer's Address: _____

Previous Employer (if less than two years): _____

Previous Employer's Address: _____

Nearest relative or other party not living with you:

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

SECTION D – CO-APPLICANT INFORMATION (IF APPLICABLE)

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

Current Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

How Long at This Address: _____ Home Phone Number: _____

Email Address: _____ Cell Phone Number: _____

Social Security Number: _____

Driver's or Non-Driver's ID No.: _____ Issue Date: ____/____/____ Exp. Date: ____/____/____

What is Your Country of Citizenship? _____

Citizenship 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: _____

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Previous Employer (if less than two years): _____

Previous Employer's Address: _____

Nearest relative or other party not living with you:

Name: _____ Relationship: _____

Address: _____

Telephone Number: _____

SECTION E – MARITAL STATUS

APPLICANT

Married Separated Unmarried (single, divorced, widowed)

Are you head of household? Yes No

Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on this income as a basis for repayment of this obligation, please complete the information below. Documentation verifying income will be required.

Payment Received Pursuant to: Court Order Written Agreement

Alimony per Month: \$ _____ Child Support per Month: \$ _____

Separate Maintenance Payment per Month: \$ _____

CO-APPLICANT: (if applicable)

Married Separated Unmarried (single, divorced, widowed)

Are you head of household? Yes No

Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on this income as a basis for repayment of this obligation, please complete the information below. Documentation verifying income will be required.

Payment Received Pursuant to: Court Order Written Agreement

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Alimony per Month: \$ _____ Child Support per Month: \$ _____

Separate Maintenance Payment per Month: \$ _____

SECTION F – INCOME & EXPENSES
(Documentation verifying income will be required)

APPLICANT INCOME

Gross Income \$ _____ Weekly Monthly Yearly

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 Accts \$ _____

CO-APPLICANT INCOME (If Applicable)

Gross Income \$ _____ Weekly Monthly Yearly

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 Accts \$ _____

MONTHLY EXPENSES

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

Creditor	Name on Account	Original Balance	Current Balance	Monthly Payment	Past Due? Yes/No
Rent/Mortgage		\$	\$	\$	
Credit Cards		\$	\$	\$	
Automobile		\$	\$	\$	
Auto Insurance		\$	\$	\$	
Student Loan		\$	\$	\$	
Other		\$	\$	\$	
Total		\$	\$	\$	

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If you are a homeowner, please list an estimated annual amount for the property taxes and homeowner's insurance. The amounts can be combined into one figure: \$ _____

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: _____

SECTION G – ASSISTIVE TECHNOLOGY AND USER

INDIVIDUAL WITH DISABILITY

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

Relationship to Applicant: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

What is your disability or health condition? _____

DISABILITY/ASSISTIVE TECHNOLOGY INFORMATION

Device/Equipment/Service for which the loan is requested: _____

Explain how this assistive technology will assist you with your disability. How will this device or service improve your independence, productivity, or quality of life?

How did you determine that this is the assistive technology you need? (Check all that apply.)

Evaluation by a Doctor/Therapist Recommended by: _____

Tried this Device Other (specify): _____

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Total cost of device/equipment/service: \$ _____ Amount of loan request: \$ _____
(YOU MUST attach quote with detailed information about the product, cost, and name of vendor/seller).

How much could you afford to pay each month for this equipment? \$ _____

How did you hear about PATF? _____

Have you tried any other sources of funding to purchase this assistive technology? Yes No

If YES, check all funding sources you tried, and describe the outcome:

Medical Assistance School District Vocational Rehabilitation Insurance Medicare
 Other: _____

Describe outcome: _____

DEMOGRAPHIC INFORMATION OF THE ASSISTIVE TECHNOLOGY USER

This background information helps us understand who we are serving. Providing the information is voluntary and it will not in any way affect our provision of services to you and your family.

Please complete this information about the person who would use the purchased assistive technology.

Gender: Male Female Gender Non-conforming Prefer not to Say

Racial Background (please check all that apply):

White / Caucasian Asian
 Black / African American / Caribbean Native American / Aleut / Native Alaskan
 Native Hawaiian / Pacific Islander Other: _____

Hispanic or Latino origin? Yes No

Language Primarily Spoken at Home:

English Spanish Mandarin Chinese Vietnamese Arabic Other: _____

Are you currently in the Military, or a Veteran of the U.S. Armed Forces?

Current Military Veteran Neither

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SECTION H – REVIEW AND SIGN

AUTHORIZATION

I/We understand and agree that any information provided to or otherwise collected by Pennsylvania Assistive Technology Foundation (PATF) or its wholly owned subsidiary, Appalachian Assistive Technology Loan Fund (AATLF) may be provided to one or more lenders (each, a “Lender”) in connection with my/our request for financing. I/We authorize PATF to share any and all information with any Lender, and also authorize such Lender to share any and all information regarding me/us, any loan application and any loan (including, without limitation, loan status) referred to such Lender by PATF with PATF and its representatives.

I/We acknowledge and agree that each Lender, its agents, successors and assigns are third-party beneficiaries having the right to enforce the authorizations and certifications contained within this Application, and to exercise any rights and remedies to which they may be entitled at law or in equity.

CREDIT REPORT AUTHORIZATION

As part of your application for an extension of credit (“loan”) through Pennsylvania Assistive Technology Foundation (PATF) or its wholly owned subsidiary, Appalachian Assistive Technology Loan Fund (AATLF), an approved PATF Lender requests your authorization to pull your credit report, including, but not limited to, your personal credit profile and other information on file at one or more consumer reporting agencies (“credit report”). You understand you are providing “written instructions” to the approved PATF Lender under the Fair Credit Reporting Act which authorizes the Lender to procure your credit report from one or more consumer reporting agencies. You authorize the Lender to verify information in your application and agree that the Lender may contact third parties to verify such information. The Lender may use your credit report(s) to authenticate your identity, to make credit decisions, and for related purposes.

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

***IMPORTANT: If you have a Representative Payee and the Representative Payee is a family member, that person **must** be a co-applicant on the loan. By signing as a co-applicant, the rep-payee agrees that he/she is responsible for making the loan payments as he/she would make any payment on behalf of the beneficiary. If the applicant is no longer able to repay the loan the co-applicant would be responsible for paying the remainder of the loan balance.**

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SECTION I – CERTIFICATION

I/We understand that this is a request for funds that I/We will need to repay. I/We authorize Pennsylvania Assistive Technology Foundation (PATF) or its wholly owned subsidiary, Appalachian Assistive Technology Loan Fund (AATLF) 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 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 PATF, 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.

I/We further understand that issuance of a loan does not imply any type of warranty by PATF 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 PATF OR ANY LENDER OR ANY OF THEIR AGENTS, AND I/WE EACH HEREBY RELEASE PATF 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 PATF or its wholly owned subsidiary AATLF and any lender to whom PATF may refer this application to disclose to PATF any information about any of us that the lender obtains or compiles that may be relevant to decisions PATF may make with respect to the application.

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

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, identify the name of the official, office held, and country:
