**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:
6. An invoice, bid or other information showing cost of item together with description of the equipment or services to be provided
7. Verification of Income
8. Verification of Property Insurance Coverage

**Northwest Access Fund will conduct a credit check on each applicant.**

**RETURN COMPLETED APPLICATION TO:**

**NORTHWEST ACCESS FUND**

**1437 South Jackson St., Suite 302**

**Seattle, WA 98144**

**E-mail: kathy@nwaccessfund.org**

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

**Toll-Free: (877) 428-5116**

northwest 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

Northwest 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 Northwest 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 Northwest Access Fund.

1437 South Jackson Street, Suite 302

Seattle, WA 98144

(206) 328-5116

kathy@nwaccessfund.org

**PART I**

**northwest access fund assistive technology application**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applicant Information Application Date:** | | | |
| **Applicant 1** | | **Applicant 2** | |
| Name: |  | Name: |  |
| Birthdate: |  | Birthdate: |  |
| SSN: |  | SSN: |  |
| Address 1: |  | Address 1  (if different): |  |
| Address 2: |  | Address 2: |  |
| City: |  | City: |  |
| State: |  | State: |  |
| Zip: |  | Zip: |  |
| Phone: |  | Phone: |  |
| Alternate Phone: |  | Alternate Phone: |  |
| Email: |  | Email: |  |
|  | | Relationship to Applicant 1: |  |

How did you hear about Northwest Access Fund?

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

First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AT User’s Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate (mm/dd/yy):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 technology 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 on disability

\_\_\_ Retired \_\_\_ 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 Northwest 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.

\_\_\_ Medicaid \_\_\_ Medicare

\_\_\_ Private Health Insurance \_\_\_ Disability Insurance

\_\_\_ Food Stamps \_\_\_ Special Education or 504 Plan

\_\_\_ Division of Developmental Disabilities \_\_\_ Other

\_\_\_ Vocational Rehabilitation or Department of \_\_\_ Medicaid Cap Waiver

Services for the Blind (or Ticket to Work) \_\_\_ Workers Compensation

**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

* Net / “Take Home” Employment Wages: $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
* Net / “Take Home” Self-Employment : $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
* Social Security: $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
* SSI: $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
* SSDI: $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
* Other Public Assistance (GAU, TANF, etc.) $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
* Pension/401K/Retirement: $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
* Savings/Investments: $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
* Trust: $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
* Food Stamps: $\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_
* 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

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 Northwest Access Fund. I understand that Northwest 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):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_