



**NorthwestAccessFund**

*Independence is priceless. We make it affordable.*

# **Assistive Technology Loan Application**

## **Loan Application Instructions**

1. Please review the guidelines before completing your application.
2. If you are married, each spouse should complete a 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

**Northwest Access Fund will conduct a credit check on each individual who completes a financial information form.**

**RETURN COMPLETED APPLICATION TO:**

**NORTHWEST ACCESS FUND**

**1437 South Jackson St**

**Suite 302**

**Seattle, WA 98144**

**Phone: (206) 328-5116 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 Washington 98144

(206) 328-5116  
[info@nwaccessfund.org](mailto:info@nwaccessfund.org)

# PART I

## ASSISTIVE TECHNOLOGY LOAN APPLICATION

**Application Date:** \_\_\_\_\_

### Applicant Information

#### Applicant 1

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

#### Applicant 2

Name: \_\_\_\_\_  
Birth Date: \_\_\_\_\_  
SSN: \_\_\_\_\_  
Address 1  
(if different): \_\_\_\_\_  
Address 2: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

Relationship  
to Applicant

1: \_\_\_\_\_

How did you hear about the Northwest Access Fund?

Name of Assistive Technology (AT) User: \_\_\_\_\_

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 attach 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.

Do you have insurance to cover loss or damage to equipment?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

## 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.

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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

Divorced

Single with dependent children

Other

Married or Domestic Partnership

(Please describe)

Widowed

Employment Status:

Employed Fulltime

Unemployed

Employed Part-time

Retired on disability

Self-employed Fulltime

Retired

Self-employed Part-time

Homemaker

Student (Level completed: \_\_\_\_\_)

Other: \_\_\_\_\_

Are you actively seeking work?

No  Yes: Full-time  Yes: Part-time

Housing Status:

- Subsidized Rental Unit
- Rent
- Buying or 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?  
(Please 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
- Vocational Rehabilitation or Department of Services for the Blind (or Ticket to Work)
- Medicaid Cap Waiver
- Workers Compensation
- Other

# PART II

## FINANCIAL INFORMATION FORM

Please complete a financial information form for each borrower

Type of Credit Requested:

- Individual Account
- Joint Account with Spouse
- Joint Account with another person

Are you Married? No  Yes\*

Gross Monthly Household Income\*\*

\$ \_\_\_\_\_

Net Monthly Household Income

\$ \_\_\_\_\_ (A)

### Sources of Income

- Employment:
  - Self-Employment
  - Social Security:
  - SSI:
  - SSDI:
  - Other Public Assistance (GAU, TANF, etc.)
  - Pension/401K/Retirement:
  - Savings/Investments:
  - Trust:
  - Other Income
- (Describe): \_\_\_\_\_

\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Names & ages of persons supported on this income:

Employment:

Position: \_\_\_\_\_

Company Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ ZIP: \_\_\_\_\_

How long have you been at this job?

- \* Both you and your spouse should complete a 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: \$ \_\_\_\_\_

Savings Account: \$ \_\_\_\_\_

IRA/Retirement Accounts: \$ \_\_\_\_\_

Stocks, Investments: \$ \_\_\_\_\_

Life Insurance (Cash Surrender Value): \$ \_\_\_\_\_

Real Estate:

Home: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Personal Property (e.g. cars, boats, RVs)

#1: \_\_\_\_\_ \$ \_\_\_\_\_ (Current Value)

#2: \_\_\_\_\_ \$ \_\_\_\_\_ (Current Value)

#3: \_\_\_\_\_ \$ \_\_\_\_\_ (Current Value)

#4: \_\_\_\_\_ \$ \_\_\_\_\_ (Current Value)

#5: \_\_\_\_\_ \$ \_\_\_\_\_ (Current Value)

Other Assets (Please describe): \$ \_\_\_\_\_

**Debts**

Mortgage(s): \$ \_\_\_\_\_

- Lender: \_\_\_\_\_
- Balance: \_\_\_\_\_
- Monthly Payment: \_\_\_\_\_
- Account #: \_\_\_\_\_

Mortgage(s): \$ \_\_\_\_\_ (Balance)

- Lender: \_\_\_\_\_
- Monthly Payment: \_\_\_\_\_
- Account #: \_\_\_\_\_

Mortgage(s): \$ \_\_\_\_\_ (Balance)

- Lender: \_\_\_\_\_
- Monthly Payment: \_\_\_\_\_
- Account #: \_\_\_\_\_

Car #1: \$ \_\_\_\_\_ (Balance)

- Lender: \_\_\_\_\_
- Monthly Payment: \_\_\_\_\_
- Account # \_\_\_\_\_

Car #2: \$ \_\_\_\_\_ (Balance)

- Lender: \_\_\_\_\_
- Monthly Payment: \_\_\_\_\_
- Account # \_\_\_\_\_

Car #3: \$ \_\_\_\_\_ (Balance)

- Lender: \_\_\_\_\_
- Monthly Payment: \_\_\_\_\_
- Account #: \_\_\_\_\_

Student Loans: \$ \_\_\_\_\_ (Balance)

- Lender(s): \_\_\_\_\_
- Monthly Payment: \_\_\_\_\_
- Account #: \_\_\_\_\_
- Status: \_\_\_\_\_

Credit Cards (attach list)	Total Owed:	\$ _____
	Total Monthly Payment:	\$ _____

Other Debts (describe):	Balance:	\$ _____
	Monthly:	\$ _____

# PART III

## BUDGET WORKSHEET

### Basic Monthly Expenses Itemized

#### Residential Expenses

Rent or Mortgage \$ \_\_\_\_\_  
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 goods \$ \_\_\_\_\_  
Clothing \$ \_\_\_\_\_

Haircuts & Make-up \$ \_\_\_\_\_  
Child Care \$ \_\_\_\_\_  
Pet/ Service Animal Care \$ \_\_\_\_\_

**Entertainment Expenses**

Dining Out \$ \_\_\_\_\_  
Cable TV \$ \_\_\_\_\_  
Cigarettes & Alcohol \$ \_\_\_\_\_  
Hobbies \$ \_\_\_\_\_  
Video Rentals & Movies \$ \_\_\_\_\_  
Birthday & Holiday Presents \$ \_\_\_\_\_

**Communication Expenses**

Internet Connection \$ \_\_\_\_\_  
Telephone \$ \_\_\_\_\_  
Cell Phone: \$ \_\_\_\_\_

**Other Monthly Expenses**

Charitable Contributions/Memberships \$ \_\_\_\_\_  
Travel \$ \_\_\_\_\_  
Monthly Credit Card Payment \$ \_\_\_\_\_  
Student loans \$ \_\_\_\_\_  
Movies \$ \_\_\_\_\_  
Other Expenses: \$ \_\_\_\_\_

Dollars Available for Loan Repayment (Income – Total Expenses) \$ \_\_\_\_\_

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 the 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.*

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**Signature of Applicant #1**

**Date**

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**Signature of Applicant #2**

**Date**

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