



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. If you are married and a resident of Washington, your spouse must be listed as a co-applicant.
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, if available.
 - b. Verification of Income.
 - c. Identity documentation such as a copy of your driver's license, passport, or other identification card.

If you have any questions, please contact us at (206) 328-5116. Our office can also be reached at: (877) 425-5116 (Toll-Free) or (888) 808-8942 (TTY).

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**

Email: kathy@nwaccessfund.org

FAX: (206) 328-5126

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.

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Seattle, WA 98144
(206) 328-5116
kathy@nwaccessfund.org

PART I
NORTHWEST ACCESS FUND
ASSISTIVE TECHNOLOGY APPLICATION

Applicant Information

Applicant 1

Applicant 2

Name: _____

Name: _____

Birthdate: _____

Birthdate: _____

SSN: _____

SSN: _____

Address 1: _____

Address 1: _____

Address 2: _____

Address 2: _____

City: _____

City: _____

State: _____

State: _____

Zip: _____

Zip: _____

Phone: _____

Phone: _____

Alternate
Phone: _____

Alternate
Phone: _____

Email: _____

Email: _____

Relationship
to Applicant
1: _____

What Assistive Technology (AT) item(s) do you want to purchase with this loan?

Please list the total cost of each item, including accessories, extended warranties, shipping, and taxes.

Item 1: _____ Total Cost: \$ _____

Item 2: _____ Total Cost: \$ _____

Item 3: _____ Total Cost: \$ _____

How much would you like to borrow from Northwest Access Fund?

\$ _____

What vendor/company do you wish to purchase from?

Please include a quote for the item(s), if available.

Who will be using the AT? Applicant 1 Applicant 2
 Other – please list:

Name: _____

Birthday (MM/DD/YYYY): ____/____/____

Relationship to borrower(s): _____

What disability or health condition will the AT help with?

DEMOGRAPHIC INFORMATION ON THE PRIMARY LOAN APPLICANT

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 Another Gender

Are you of Hispanic or Latino origin? Yes No

Racial Background (please check all that apply):

White / Caucasian

Asian

Black / African American / Caribbean

Native American

Native Alaskan

Native Hawaiian

Other Pacific Islander

Other: _____

Language Spoken At Home:

English Spanish Russian

Vietnamese Arabic Other: _____

Marital Status:

- Single with no dependent children
- Single with dependent children
- Married
- Other: _____

Employment Status:

- Employed Fulltime
- Employed Part-time
- Self-employed Full-time
- Self-employed Part-time
- Unemployed
- Retired on disability
- Retired
- Student (Level completed: _____)
- Homemaker
- Other: _____

Housing Status:

- Rent Subsidized Rental Unit / Section 8
- Own Home or Condo
- Other (Please describe): _____

Are you a Veteran of the U.S. Armed Forces?

Yes

No

How did you hear about Northwest Access Fund? (Please check all that apply.)

Equipment vendor, supplier, or dealer

Disability-related agency

WATAP

Access Technologies, Inc.

A friend or family member

Internet search

Medical professional (OR, PT, doctor)

Other: _____

Are you covered by any of the following public/private programs?
(Please check all that apply.)

Medicaid

Medicare

Private Health Insurance

Disability Insurance

Food Stamps

Special Education or 504
Plan

Division of Developmental
Disabilities

Vocational Rehabilitation,
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

Please note: if you are married and are a Washington resident, you must apply for a Joint Account with Spouse.

Net / "Take Home" Monthly Household Income \$ _____

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): _____

Do you have any dependents?

Yes – If so: How many? _____

What are their ages? _____

No

Employment (if applicable):

Position: _____

Company Name: _____

Supervisor's Name: _____

Phone: _____ Email: _____

Address: _____

City: _____

State: _____ ZIP: _____

How long have you been at this job? _____

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): \$ _____ (Balance)

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

Entertainment Expenses

Dining Out \$ _____
Cable TV \$ _____
Cigarettes & Alcohol \$ _____
Hobbies \$ _____
Video Rentals, Movies & Streaming Services \$ _____
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 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

If anyone assisted with your application, please give their contact information here:

Name: _____

Phone Number: _____

Email: _____

Application Checklist

To aid us in processing your application, please ensure that you have done the following:

- Filled out the application as fully as possible.
- Included a quote from the service provider / vendor if available.
- Included verification of your income.
- Included a copy of your identification.
- Signed and dated the application.

Once we receive your application, we will check it for completeness and begin the loan underwriting process. Our loan officer will be in touch with you with any questions and will keep you updated as to the progress of your application. Loan requests above \$1,500 are determined by a Loan Review Committee, which meets twice a month.

Thank you for submitting your application to Northwest Access Fund.