



## **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**

**PO Box 55759**

**Shoreline, WA 98133**

**Email: [kathy@nwaccessfund.org](mailto: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.

PO Box 55759  
Shoreline, WA 98133  
(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.

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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 #: \_\_\_\_\_



**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.

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**Signature of Applicant #1**

**Date**

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**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.