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 98155

Email: kathy@nwaccessfund.org

FAX: (206) 328-5126
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 98155
(206) 328-5116
kathy@nwaccessfund.org
PART I
NORTHWEST ACCESS FUND
ASSISTIVE TECHNOLOGY APPLICATION

Applicant Information

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<th>Applicant 1</th>
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<td>Relationship to Applicant 1:</td>
<td>Relationship to Applicant 1:</td>
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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
O Employment: $__________
O Self-Employment: $__________
O Social Security: $__________
O SSI: $__________
O SSDI: $__________
O Other Public Assistance (GAU, TANF, etc.) $__________
O Pension/401K/Retirement: $__________
O Savings/Investments: $__________
O Trust: $__________
O 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):** $\underline{\text{__________________}}$(Balance)
- Lender: $\underline{\text{__________________}}$
- Balance: $\underline{\text{__________________}}$
- Monthly Payment: $\underline{\text{__________________}}$
- Account #: $\underline{\text{__________________}}$

**Mortgage(s):** $\underline{\text{__________________}}$(Balance)
- Lender: $\underline{\text{__________________}}$
- Monthly Payment: $\underline{\text{__________________}}$
- Account #: $\underline{\text{__________________}}$

**Mortgage(s):** $\underline{\text{__________________}}$(Balance)
- Lender: $\underline{\text{__________________}}$
- Monthly Payment: $\underline{\text{__________________}}$
- Account #: $\underline{\text{__________________}}$

**Car #1:** $\underline{\text{__________________}}$(Balance)
- Lender: $\underline{\text{__________________}}$
- Monthly Payment: $\underline{\text{__________________}}$
- Account #: $\underline{\text{__________________}}$

**Car #2:** $\underline{\text{__________________}}$(Balance)
- Lender: $\underline{\text{__________________}}$
- Monthly Payment: $\underline{\text{__________________}}$
- Account #: $\underline{\text{__________________}}$

**Car #3:** $\underline{\text{__________________}}$(Balance)
- Lender: $\underline{\text{__________________}}$
- Monthly Payment: $\underline{\text{__________________}}$
- Account #: $\underline{\text{__________________}}$
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 & 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.