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) 428-5116 (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

Applicant 1

Name: ____________________________
Birthdate: _________________________
SSN: _____________________________
Address 1: _________________________
Address 2: _________________________
City: ______________________________
State: _____________________________
Zip: ______________________________
Phone: ____________________________
Alternate Phone: ____________________
Email: ____________________________

Applicant 2

Name: ____________________________
Birthdate: _________________________
SSN: _____________________________
Address 1: _________________________
Address 2: _________________________
City: ______________________________
State: _____________________________
Zip: ______________________________
Phone: ____________________________
Alternate Phone: ____________________
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 Hawaiian □ Native Alaskan
□ 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 □ Other
□ Vocational Rehabilitation, Department of Services for the Blind, or Ticket to Work □ Medicaid Cap Waiver
□ Workers Compensation

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PART II
FINANCIAL INFORMATION FORM

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.

If you are married, please include combined household information for both you and your spouse on this form, even if you are not relying on the spouse’s income to repay this loan.

Net / “Take Home” Monthly Household Income $_________ (A)

Sources of Income

- 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): ____________________ $_________ $_________

Do you have any dependents? □ Yes – If so: How many? ________________
What are their ages? ________________
□ No

Applicant 1 Employment (if applicable):
- Position: __________________________ Company Name: __________________________
- Supervisor’s Name: __________________________
- Phone: __________________________ Email: __________________________
- Address: ___________________________________________________________________
- City: __________________________ State: __________________________ ZIP: __________________________
- How long have you been at this job? __________________________

Applicant 2 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 / 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) : ________________________________ $__________ $__________

Creditor      Balance   Monthly

Mortgage(s) : ________________________________ $__________ $__________

Creditor      Balance   Monthly

Car(1) : ________________________________ $__________ $__________

Creditor      Balance   Monthly

Car(2) : ________________________________ $__________ $__________

Creditor      Balance   Monthly

Student Loans: ________________________________ $__________ $__________

Creditor      Balance   Monthly

Credit Cards

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 & Streaming Services
- Birthday & Holiday Presents

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**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)**: $___________


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.