



# 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](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 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.

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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):

- |   |  |
|---|--|
| <input type="checkbox"/> White / Caucasian                    | <input type="checkbox"/> Asian           |
| <input type="checkbox"/> Black / African American / Caribbean | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Native Hawaiian                      | <input type="checkbox"/> Native Alaskan  |
| <input type="checkbox"/> Other Pacific Islander               | <input type="checkbox"/> Other: _____    |

Language Spoken At Home:

- |                                     |                                  |                                       |
|-------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> English    | <input type="checkbox"/> Spanish | <input type="checkbox"/> Russian      |
| <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Arabic  | <input type="checkbox"/> Other: _____ |

Marital Status:

- |  |   |
|--|---|
| <input type="checkbox"/> Single with no dependent children | <input type="checkbox"/> Single with dependent children |
| <input type="checkbox"/> Married                           | <input type="checkbox"/> Other: _____                   |

Employment Status:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Employed Fulltime       | <input type="checkbox"/> Employed Part-time               | <input type="checkbox"/> Self-employed Full-time |
| <input type="checkbox"/> Self-employed Part-time | <input type="checkbox"/> Unemployed                       | <input type="checkbox"/> Retired on disability   |
| <input type="checkbox"/> Retired                 | <input type="checkbox"/> Student (Level completed: _____) |  |
| <input type="checkbox"/> Homemaker               | <input type="checkbox"/> Other: _____                     |  |

Housing Status:

- |  |   |
|--|---|
| <input type="checkbox"/> Rent              | <input type="checkbox"/> Subsidized Rental Unit / Section 8 |
| <input type="checkbox"/> Own Home or Condo | <input type="checkbox"/> 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.)

- |  |  |
|--|--|
| <input type="checkbox"/> Equipment vendor, supplier, or dealer | <input type="checkbox"/> Disability-related agency |
| <input type="checkbox"/> WATAP                                 | <input type="checkbox"/> Access Technologies, Inc. |
| <input type="checkbox"/> A friend or family member             | <input type="checkbox"/> Internet search           |
| <input type="checkbox"/> Medical professional (OR, PT, doctor) | <input type="checkbox"/> Other: _____              |

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

- |   |  |
|---|--|
| <input type="checkbox"/> Medicaid   | <input type="checkbox"/> Medicare                      |
| <input type="checkbox"/> Private Health Insurance   | <input type="checkbox"/> Disability Insurance          |
| <input type="checkbox"/> Food Stamps  | <input type="checkbox"/> Special Education or 504 Plan |
| <input type="checkbox"/> Division of Developmental Disabilities   | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Vocational Rehabilitation, Department of Services for the Blind, or Ticket to Work | <input type="checkbox"/> Medicaid Cap Waiver           |
|   | <input type="checkbox"/> Workers Compensation          |



**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	\$ _____

**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)** \$ \_\_\_\_\_

Dollars Available for Loan Repayment (Net Income [A] – Total Expenses [B]) \$ \_\_\_\_\_

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: \_\_\_\_\_

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### 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.