



## Assistive Technology Financial Loan Application

Independence Is Priceless, We Make It Affordable

### PERSON WITH DISABILITY

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

**APPLICANT INFORMATION** – if this is the person with the disability, please disregard this section.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Relationship to the person with a disability: \_\_\_\_\_

\_\_\_\_\_

CO-APPLICANT INFORMATION (If this is the person with the disability,  
please disregard this section)

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

County: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Occupation: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Employer: \_\_\_\_\_

Years Employed: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Relationship to the person with a disability: \_\_\_\_\_

\_\_\_\_\_

## INFORMATION REGARDING PERSON WITH DISABILITY

Describe the disability:

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Tasks the individual is unable to do or has difficulty doing without the requested equipment:

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**Device(s) Recommendation and Cost** (you must attach written quotes on vendor letterhead or purchase order with detailed and itemized information about the item and prices):

Amount Requested: \$ \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

**How did you determine that this is the technology that you need? Did you have an assessment or did someone help you?** Please attach all pertinent reports.

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**Did you try other similar devices? If so, what were they?**

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Will you need training or assistance with installation, customization, or other services to begin using this assistive technology device? If yes, please state what you will need and whether you have resources to cover the costs.

YES \_\_\_\_\_

NO \_\_\_\_\_

Have you tried any other sources of funding to purchase this assistive technology?

Yes \_\_\_\_\_

No \_\_\_\_\_

If yes, please check all that apply and results.

Medicaid \_\_\_\_\_

Medicare \_\_\_\_\_

Insurance \_\_\_\_\_

School District \_\_\_\_\_

Vocational Rehabilitation \_\_\_\_\_

Veterans Administration \_\_\_\_\_

Private funds and/or donations \_\_\_\_\_

If no, would you like help in finding other funding sources before taking out a loan?

Yes \_\_\_\_\_

No \_\_\_\_\_

### **AUTHORIZATION AND RELEASE OF INFORMATION**

I \_\_\_\_\_, authorize the Assistive program and its employees, assistants, credit reporting companies, financial institution and other similarly authorized individuals to share all financial, credit, and other pertinent information with First International Bank for loan approval and loan maintenance purposes. INITIALS: \_\_\_\_\_

I have read and understood this application. Everything that I have stated is correct to the best of my knowledge. I understand that any misrepresentation on any part of this application could result in rejection of this application or termination of the loan. I understand that the Assistive program will retain this application whether or not it is approved. I agree to notify the Assistive program in writing, of any change of name, address, or employment. I understand that there may be other sources of funding available. INITIALS: \_\_\_\_\_

I further understand the issuance of the loan doesn't not imply any type of warranty of the device or equipment that I purchase with the loan. Therefore, I can make no claims

against the Assistive program for defects in the device or any accident or injury resulting from its use. INITIALS: \_\_\_\_\_

The Assistive program is authorized to check my credit and to make all inquiries necessary to verify the accuracy of the information provided. Information obtained will be used to review and approve or deny the application for credit. By signing below, I authorize all persons inquired of to respond in full to the Assistive program; also I authorize you to answer questions. INITIALS: \_\_\_\_\_

\_\_\_\_\_ DATE: \_\_\_\_\_  
Applicant signature (please sign in ink)

\_\_\_\_\_ DATE: \_\_\_\_\_  
Co-Applicant (please sign in ink)

## **FINANCIAL INFORMATION – MONTHLY INCOME**

### **Person with Disability**

Employment (net salary) Income: \_\_\_\_\_

Social Security Supplemental Income (SSI) Income: \_\_\_\_\_

Social Security Disability Insurance Income: \_\_\_\_\_

Pension/Retirement Income: \_\_\_\_\_

Disability Benefits Income: \_\_\_\_\_

Interest Income: \_\_\_\_\_

Fuel and/or Housing Assistance Income: \_\_\_\_\_

Spouse's Net Salary Income: \_\_\_\_\_

Other: Specify Income: \_\_\_\_\_

Other: Specify Income: \_\_\_\_\_

Other: Specify Income: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Applicant**

Employment (net salary) Income: \_\_\_\_\_

Social Security Supplemental Income (SSI) Income: \_\_\_\_\_

Social Security Disability Insurance Income: \_\_\_\_\_

Pension/Retirement Income: \_\_\_\_\_

Disability Benefits Income: \_\_\_\_\_

Interest Income: \_\_\_\_\_

Fuel and/or Housing Assistance Income: \_\_\_\_\_

Spouse's Net Salary Income: \_\_\_\_\_

Other: Specify Income: \_\_\_\_\_

Other: Specify Income: \_\_\_\_\_

Other: Specify Income: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Co-Applicant**

Employment (net salary) Income: \_\_\_\_\_

Social Security Supplemental Income (SSI) Income: \_\_\_\_\_

Social Security Disability Insurance Income: \_\_\_\_\_

Pension/Retirement Income: \_\_\_\_\_

Disability Benefits Income: \_\_\_\_\_

Interest Income: \_\_\_\_\_

Fuel and/or Housing Assistance Income: \_\_\_\_\_

Spouse's Net Salary Income: \_\_\_\_\_

Other: Specify Income: \_\_\_\_\_

Other: Specify Income: \_\_\_\_\_



Other: Specify Income: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**FINANCIAL INFORMATION – MONTHLY PAYMENTS**

**Person with Disability**

Car Loan Monthly Payments: \_\_\_\_\_

Mortgage/Rent Monthly Payments: \_\_\_\_\_

Phone: Cell/Landline Monthly Payments: \_\_\_\_\_

Cable/Internet Monthly Payments: \_\_\_\_\_

Utilities Monthly Payment: \_\_\_\_\_

Car insurance Monthly Payments: \_\_\_\_\_

Health Insurance Monthly Payments: \_\_\_\_\_

Childcare/Child Support Monthly Payments: \_\_\_\_\_

Food Monthly Payments: \_\_\_\_\_

Medical/Dental Monthly Payments: \_\_\_\_\_

Loan/Credit Card Monthly Payments: \_\_\_\_\_

Property Taxes Monthly Payment: \_\_\_\_\_

Other: Specify Monthly Payment: \_\_\_\_\_

Other: Specify Monthly Payment: \_\_\_\_\_

Other: Specify Monthly Payment: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Applicant**

Car Loan Monthly Payments: \_\_\_\_\_

Mortgage/Rent Monthly Payments: \_\_\_\_\_

Phone: Cell/Landline Monthly Payments: \_\_\_\_\_

Cable/Internet Monthly Payments: \_\_\_\_\_

Utilities Monthly Payment: \_\_\_\_\_

Car insurance Monthly Payments: \_\_\_\_\_

Health Insurance Monthly Payments: \_\_\_\_\_

Childcare/Child Support Monthly Payments: \_\_\_\_\_

Food Monthly Payments: \_\_\_\_\_

Medical/Dental Monthly Payments: \_\_\_\_\_

Loan/Credit Card Monthly Payments: \_\_\_\_\_

Property Taxes Monthly Payment: \_\_\_\_\_

Other: Specify Monthly Payment: \_\_\_\_\_

Other: Specify Monthly Payment: \_\_\_\_\_

Other: Specify Monthly Payment: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Co-Applicant**

Car Loan Monthly Payments: \_\_\_\_\_

Mortgage/Rent Monthly Payments: \_\_\_\_\_

Phone: Cell/Landline Monthly Payments: \_\_\_\_\_

Cable/Internet Monthly Payments: \_\_\_\_\_

Utilities Monthly Payment: \_\_\_\_\_

Car insurance Monthly Payments: \_\_\_\_\_

Health Insurance Monthly Payments: \_\_\_\_\_

Childcare/Child Support Monthly Payments: \_\_\_\_\_

Food Monthly Payments: \_\_\_\_\_

Medical/Dental Monthly Payments: \_\_\_\_\_

Loan/Credit Card Monthly Payments: \_\_\_\_\_

Property Taxes Monthly Payment: \_\_\_\_\_

Other: Specify Monthly Payment: \_\_\_\_\_

Other: Specify Monthly Payment: \_\_\_\_\_

Other: Specify Monthly Payment: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Applicant:**

Can you afford a monthly payment?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, how much? \_\_\_\_\_

**Co-Applicant**

Can you afford a monthly payment?

Yes \_\_\_\_\_

No \_\_\_\_\_

If Yes, how much? \_\_\_\_\_

**Please return completed financial information with loan application to:**

ND ASSISTIVE

3240- 15<sup>th</sup> Street South, Suite B

Fargo, ND 58104

(701) 365-4728 or 1-800-895-4728

ndassistive.org