



Assistive Technology Financial Loan Application
Independence Is Priceless, We Make It Affordable

PERSON WITH DISABILITY

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:

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

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.

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

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: _____

Applicant signature (please sign in ink)

Date: _____

Co-Applicant (please sign in ink)

Date: _____

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: _____

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 Payments: _____

Car Insurance Monthly Payments: _____

Health Insurance Monthly Payments: _____

Childcare/Child Support Monthly Payments: _____

Food Monthly Payments: _____

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 Payments: _____

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 Payments: _____

Other: Specify Monthly Payments: _____

Other: Specify Monthly Payments: _____

Other: Specify Monthly Payments: _____

TOTAL: _____

Applicant

Car Loan Monthly Payment: _____

Mortgage/Rent Monthly Payments: _____

Phone: Cell/Landline Monthly Payments: _____

Cable/Internet Monthly Payments: _____

Utilities Monthly Payments: _____

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 Payments: _____

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 Payments: _____

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: _____

Loan/Credit Card Monthly Payments: _____

Property Taxes Monthly Payments: _____

Other: Specify Monthly Payments: _____

Other: Specify Monthly Payments: _____

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- 15th Street South,

Suite B Fargo, ND 58104

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

ndassistive.org

