



ASSISTIVE TECHNOLOGY FINANCIAL LOAN
INDEPENDENCE IS PRICELESS, WE MAKE IT AFFORDABLE

LOAN APPLICATION

Person with the Disability

Date _____

Name _____ Date of Birth _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ County _____

US Citizen: _____ YES _____ NO

SSN _____ Occupation _____

E-Mail Address _____

Income Source: _____ Employed _____ Disability _____ Retirement _____ Other (please specify) _____

If Employed: Name of Employer _____ Years Employed _____

Employer Address _____ Phone _____

City _____ State _____ Zip _____

Additional Source of Income (if any): _____

Applicant Information

If this is the person with the disability, please disregard this section.

Name _____ Date of Birth _____

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ County _____

US Citizen: _____ YES _____ NO

SSN _____ Occupation _____

E-Mail Address _____

Income Source: _____ Employed _____ Disability _____ Retirement _____ Other (please specify) _____

If Employed: Name of Employer _____ Years Employed _____

Employer Address _____ Phone _____

City _____ State _____ Zip _____

Additional Source of Income (if any): _____

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 _____ Daytime Phone _____

City _____ State _____ Zip _____ County _____

US Citizen: _____ YES _____ NO

SSN _____ Occupation _____

E-Mail Address _____

Income Source: _____ Employed _____ Disability _____ Retirement _____ Other (please specify) _____

If Employed: Name of Employer _____ Years Employed _____

Employer Address _____ Phone _____

City _____ State _____ Zip _____

Additional Source of Income (if any): _____

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: \$ _____

Term Requested: _____ months or _____ years

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? Yes No

If yes, please state what you will need and whether you have resources to cover these costs.

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

School District

Insurance

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 have read and understood this application. Everything that I have stated is correct to the best of my knowledge and is to obtain credit. 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. **INITIALS:** _____

If this is an application for joint credit, Applicant and Co-Applicant each agree that we intend to apply for joint credit. **INITIALS:** _____

The applicant understands a condition of guaranty loan is to have the monthly payment electronically transferred from an account with a financial institution. If the applicant does not currently have an account with a financial institution, you understand and agree to open an account with a financial institution. **INITIALS:** _____

The loan cannot be used to refinance a previous purchase. **INITIALS:** _____

For Approved Borrowers:

Repossessions:

The Loan Coordinator will evaluate delinquent loans for potential repossession once the account is 90 days past due, or earlier, if voluntary or payment viability is deemed unlikely and the potential realized value of the sale exceeds the cost of repossession. If the repossession is voluntary, ND Assistive will make arrangements to take possession of the assistive technology or equipment. ND Assistive will also make arrangements to sell the assistive technology or equipment for fair market value and have the proceeds of the sale (less cost of repossession) go towards payoff of the note. If the borrower

does not agree to arrange for the transfer of the assistive technology or equipment and its title, the borrower is in default with ND Assistive. ND Assistive may turn the past due loan over for external collections and seek all legal means available for repayment including repossession and or other legal remedies. **INITIALS:** _____

_____ DATE: _____
Applicant signature (please sign in ink)

_____ DATE: _____
Co-Applicant (please sign in ink)

Do I Need To Complete the Income/Expense Worksheet Below?

For all loans over \$1,000 and loans under \$1,000 that answer "Yes" to the following:

- Do you have past credit problems (6 months ago or more)? _____ Yes _____ No
- Do you have credit problems in the last 6 months? _____ Yes _____ No

OR

If your credit score is less than 650 or debt-to-income (DTI) ratio is greater than 45%, you will be asked to complete the following section.

*ND Assistive staff will advise you of your credit score and DTI ratio to determine if you need to complete.

DETAILED INCOME/EXPENSE WORKSHEET

Person with Disability Monthly Income

Employment (net salary) Monthly Income \$ _____

Social Security Supplemental Monthly Income \$ _____

Social Security Disability Insurance (SSDI) Monthly Income \$ _____

Pension/Retirement Monthly Income \$ _____

Disability Benefits Monthly Income \$ _____

Interest Monthly Income \$ _____

Fuel and/or Housing Assistance Monthly Income \$ _____

Spouse's Net Salary Monthly Income \$ _____

Other Monthly Income (specify) \$ _____

Other Monthly Income (specify) \$ _____

Other Monthly Income (specify) \$ _____

Person with Disability Total Monthly Income \$ _____

Applicant Monthly Income

Employment (net salary) Monthly Income \$ _____

Social Security Supplemental Monthly Income \$ _____

Social Security Disability Insurance (SSDI) Monthly Income \$ _____

Pension/Retirement Monthly Income \$ _____

Disability Benefits Monthly Income \$ _____

Interest Monthly Income \$ _____
Fuel and/or Housing Assistance Monthly Income \$ _____
Spouse's Net Salary Monthly Income \$ _____
Other Monthly Income (specify) \$ _____
Other Monthly Income (specify) \$ _____
Other Monthly Income (specify) \$ _____
Applicant Total Monthly Income \$ _____

Co-Applicant Monthly Income

Employment (net salary) Monthly Income \$ _____
Social Security Supplemental Monthly Income \$ _____
Social Security Disability Insurance (SSDI) Monthly Income \$ _____
Pension/Retirement Monthly Income \$ _____
Disability Benefits Monthly Income \$ _____
Interest Monthly Income \$ _____
Fuel and/or Housing Assistance Monthly Income \$ _____
Spouse's Net Salary Monthly Income \$ _____
Other Monthly Income (specify) \$ _____
Other Monthly Income (specify) \$ _____
Other Monthly Income (specify) \$ _____
Co-Applicant Total Monthly Income \$ _____

Person with Disability Monthly Payments

Car Loan Monthly Payments \$ _____
Mortgage 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 Monthly Payment (specify) \$ _____

Other Monthly Payment (specify) \$ _____

Other Monthly Payment (specify) \$ _____

Medical Monthly Payments \$ _____

Person with Disability Total Monthly Payments \$ _____

Applicant Monthly Payments

Car Loan Monthly Payments \$ _____

Mortgage 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 Monthly Payment (specify) \$ _____

Other Monthly Payment (specify) \$ _____

Other Monthly Payment (specify) \$ _____

Medical Monthly Payments \$ _____

Applicant Total Monthly Payments \$ _____

Co-Applicant Monthly Payments

Car Loan Monthly Payments \$ _____

Mortgage 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 Monthly Payment (specify) \$ _____
Other Monthly Payment (specify) \$ _____
Other Monthly Payment (specify) \$ _____
Medical Monthly Payments \$ _____
Co-Applicant Total Monthly Payments \$ _____

Can Applicant afford a monthly payment?

Yes _____ No _____

If Yes, how much \$ _____

Can Co-Applicant afford a monthly payment?

Yes _____ No _____

If Yes, how much \$ _____

Please return completed financial information with loan application to:

ND Assistive
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Fargo, ND 58104
(701) 365-4728 • 1-800-895-4728
www.ndassistive.org