



**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?

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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.

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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  
3240 15<sup>th</sup> Street South, Suite B  
Fargo, ND 58104  
(701) 365-4728 • 1-800-895-4728  
[www.ndassistive.org](http://www.ndassistive.org)