



## Assistive Technology Financing Loan Program

### LOAN APPLICATION PACKAGE

Please take a moment to review these instructions for completing this application.

To ensure that your loan will be processed in a timely manner, be sure to submit **all the required documentation** listed below. **Note: Additional documentation may be required.**

If a question is not applicable (**N/A**), draw a line through it or write "N/A" next to the question. This will indicate you have read the question and did not inadvertently skip the question.

- ✓ **Complete** all applicable sections of the **LOAN APPLICATION**.
- ✓ Bring, mail, email or fax **an official quote from your vendor**, providing a breakdown of costs and vendor's address and phone number.
- ✓ Bring, mail, email or fax **Proof of Income**—examples of income include:
  - Two current paystubs or statements from your Employer
  - IRS Tax Return for the past two years (if self-employed)
  - Supplemental Security Income (SSI) Award Letter
  - Social Security Disability (SSDI) Award Letter
  - Child Support/Alimony: You are not required to disclose income from alimony, child support, or separate maintenance payments **unless** you are using this as a basis for repayment
  - Co-applicant's proof of income (*if applicable*)
  - **Money order** in the amount of \$27.00 for your credit report

Bring, mail, email or fax **two forms of identification**; must include at least one picture ID.

- Driver's License with current address (Picture ID)
- Non-driver's identification with current address (Picture ID)
- Passport (Picture ID)

- Utility bill with current address
- Medical card
- Social Security Card

✓ Review the attached “**Privacy Rights Notice,**” and initial on Page 8 that you received the notice.

If approved, the loan check will be made out to the borrower & retailer/vendor. The borrower endorses the check, gives it to the retailer/vendor, who will deposit the check.

**Check Appropriate Box:**

- You are applying for individual credit in your own name and are relying on your own income or assets for repayment of the credit requested.
- You are applying for joint credit with another person.

**Diagnosis of Disability/Disabilities:** \_\_\_\_\_

**Loan Amount Requested: \$** \_\_\_\_\_

**Type of Assistive Technology Device/Service Requested** \_\_\_\_\_

**Note:** DC FUND\$ does NOT reimburse for items previously purchased

The application and supporting documents can be dropped-off, mailed, emailed or faxed to:

Alicia Johns  
220 I Street NE Suite 130  
Washington, DC 20002  
Phone: 202-547-0198 Ext 134  
Fax: 202-547-2662  
[ajohns@uls-dc.org](mailto:ajohns@uls-dc.org)

This form can also be downloaded from the Assistive Technology Program [website](#).

**SECTION A – APPLICANT INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Unmarried (including single, widowed):  
\_\_\_\_\_

Current Street Address: \_\_\_\_\_ Ward: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County \_\_\_\_\_

How Long At This Address: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Number of People in Your Household (Related & Unrelated): \_\_\_\_\_

Driver's License or State ID No.: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp.Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is Your Country of Citizenship? \_\_\_\_\_

Immigration Status: \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Permanent Resident of U.S. \_\_\_\_\_ Other

**Previous Street Address (if less than two years):** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years/Months Employed: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Previous Employer (if less than two years): \_\_\_\_\_

Previous Employer's Address: \_\_\_\_\_

**Name of Nearest Relative or Other Party Not Living With You:**

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

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

Telephone Number: \_\_\_\_\_

**SECTION B – CO-APPLICANT INFORMATION (IF APPLICABLE)**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Unmarried (including single, widowed) \_\_\_\_\_

Current Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address: \_\_\_\_\_

How Long at this Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Driver's License or State ID #: \_\_\_\_\_ Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

What is Your Country of Citizenship? \_\_\_\_\_

Immigration Status: \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ Permanent Resident of US: \_\_\_\_\_ Other \_\_\_\_\_

Previous Street Address (if less than 2 years): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years / Months Employed: \_\_\_\_/\_\_\_\_

Employer's Address: \_\_\_\_\_

Previous Employer (if less than two years): \_\_\_\_\_

Previous Employer's Address: \_\_\_\_\_

**Name of nearest relative not living with co-applicant:**

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

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

Telephone Number: \_\_\_\_\_

**SECTION C - APPLICANT INCOME, EXPENSE, ASSET & DEBT INFORMATION**

**Please complete separate income and expense information for each applicant and co-applicant.**

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for paying this obligation.

Estimated **Monthly** Income. Please include all current sources of **monthly** income.

NET (Take home) Earned Income  
(Wages, Salary, Self- Employment) \$ \_\_\_\_\_

Social Security Retirement (SSA) \$ \_\_\_\_\_

Supplemental Security Income (SSI) \$ \_\_\_\_\_

Social Security Disability Insurance (SSDI) \$ \_\_\_\_\_

Pension, Retirement Income \$ \_\_\_\_\_

Child Support and/or Alimony \$ \_\_\_\_\_

General Assistance (i.e. money from family members to assist with payment of monthly bills) \$ \_\_\_\_\_

Other Income (describe) \_\_\_\_\_ \$ \_\_\_\_\_

**Total Monthly Income** \$ \_\_\_\_\_

Gross Income \$ \_\_\_\_\_ Week: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_ Income Source: \_\_\_\_\_

Do you have a checking account? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a savings account? Yes \_\_\_\_\_ No \_\_\_\_\_

**ASSETS (Optional):** Cash in Banks \$ \_\_\_\_\_ Stocks/Bonds \$ \_\_\_\_\_ Retirement Accounts \$ \_\_\_\_\_

**CO-APPLICANT INCOME (If Applicable)**

Gross Income \$ \_\_\_\_\_ Week \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Income Source \_\_\_\_\_

Do you have a checking account? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a savings account? Yes \_\_\_\_\_ No \_\_\_\_\_

**ASSETS (Optional):** Cash in Banks \$ \_\_\_\_\_ Stocks/Bonds \$ \_\_\_\_\_ Retirement Accounts \$ \_\_\_\_\_

**APPLICANT EXPENSES AND DEBT STATEMENT**

***Please complete Estimated Average Monthly Expense Form Below and include all financial obligations and balances on any loans and credit cards.***

<b>Actual/Estimated Average Monthly Expenses &amp; Debt</b>	
<b><u>Residence:</u></b>	<b>Monthly Payment</b>
Rent or House Mortgage Payment	
Homeowners or Renters Insurance (if paid separately)	
Utilities (water, sewer, garbage, electric, gas)	
Total Monthly Phone Bills (Home and Cell)	
Property Taxes (if paid separately from house payment)	
<b>Total Residence</b>	
<b><u>Transportation:</u></b>	<b>Monthly Payment</b>
Auto Loan	
Auto Insurance	
Gas (consider the high cost of gasoline)	
Vehicle Repairs, etc.	
Other Transportation Costs (taxi, bus, driver, etc.)	
<b>Total Transportation</b>	
<b><u>Medical/Insurance:</u></b>	
Health & Dental Insurance	
Medical/Dental Expenses Not Paid by Other Source (co-pays)	
Prescriptions	
Glasses/Contacts/Medical Equipment and Supplies	
Life Insurance	
<b>Total Insurance/Medical</b>	
<b><u>Essentials:</u></b>	
Groceries	
Clothing & Cleaning	
Household and Yard Items/Services	
<b>Total Essentials</b>	
<b><u>Entertainment:</u></b>	
Eating Out	
Cable TV/Satellite/Internet	
Movies/Theater/Cigarettes/Alcohol	
Hobbies (sports, pets, arts & crafts, etc.)	
<b>Total Entertainment</b>	
<b>Other Monthly Expenses including Child Support/Alimony:</b>	



**OUTSTANDING DEBTS (Include installment loans, credit cards, rent, mortgages etc.)**  
*Use separate sheet if necessary.*

<b>CREDITOR</b>	<b>Name on Account</b>	<b>Original Debt</b>	<b>Present Balance</b>	<b>Monthly Payment</b>	<b>Past Due? Yes/No</b>
Rent/Mortgage		\$	\$	\$	\$
Credit Cards		\$	\$	\$	\$
Automobile		\$	\$	\$	\$
Auto Insurance		\$	\$	\$	\$
Student Loan (s)		\$	\$	\$	\$
Other		\$	\$	\$	\$
Total Debts		\$	\$	\$	\$
		\$	\$	\$	\$

**Total Monthly Obligations** \$ \_\_\_\_\_

**Amount left over after all expenses paid** \$ \_\_\_\_\_

Are you a co-applicant on any loan or contract?      Yes      No

If yes, for whom? \_\_\_\_\_

Are there any unsatisfied judgments against you?      Yes      No

If yes, to whom owed? \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Have you declared bankruptcy in the last 5 years?**      Yes      No

If yes, what state? \_\_\_\_\_ Year dismissed: \_\_\_\_\_

**If you answered yes to the question above, please explain what caused you to have bad credit or why you filed for bankruptcy. Have you taken any steps to improve your credit or pay off your debts?**

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## Assistive Technology Financing Loan Program

### **AUTHORIZATION**

I/We understand and agree that the information in this application and otherwise collected by DC FUNDS\$ may, depending upon the amount and type of credit requested, be provided to one or more Lenders (each, a “Lender”) in connection with my/our request for financing.

### **Certification:**

I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001 et seq., and liability for monetary damages to DC FUNDS\$, any other lender, its agents, successors, assigns, insurers, and any other person who may suffer any loss due to reliance upon any misrepresentation I/we made in this application or in any other manner.

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Signature of Applicant

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Date

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Signature of Co-Applicant (if applicable)

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Date



## PRIVACY NOTICE

Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations.

We are happy to provide this privacy policy notice, and we hope you will take a few minutes to read it. You will have a better understanding of what we do with the information you provide us and how we strive to keep it private and secure.

This notice explains how we collect, handle, and disclose personal information about you.

### **Information We Collect:**

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on application and other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

### **Information We May Disclose:**

We do not disclose nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

### **Confidentiality and Security of Nonpublic Personal Information**

Confidentiality and security of your nonpublic personal information is of paramount importance to us. We maintain physical, electronic and procedural safeguards in compliance with all applicable laws and regulations to guard your nonpublic personal information from unauthorized access, alteration and destruction. We restrict access to your nonpublic personal information to those employees and other parties who must use the information to provide services to you.

Please initial that you received a copy of DC FUND\$'s privacy statement. \_\_\_\_\_



## CERTIFICATION

I/We understand that this is a request for funds that I/We will need to repay. I/We authorize the Assistive Technology Financing Loan Program to review all information provided and seek additional information from third parties required to verify the contents of this application. All information is true and correct and is provided to obtain the loan I/We are seeking. Any misrepresentation on any part of this application could result in rejection of this application or termination of the loan.

I/We further understand that issuance of a loan does not imply any type of warranty by DC FUND\$ or any other lender regarding the suitability, condition, merchantability or safety of the device or equipment that I/we purchase with the loan. I/We understand that I/we alone are responsible for selecting the devices or equipment to be financed. Therefore, **I/WE CAN MAKE NO CLAIMS AGAINST DC FUND\$ OR ANY LENDER OR ANY OF THEIR AGENTS, AND I/WE EACH HEREBY RELEASE DC FUND\$ AND ANY OTHER LENDER, AND ALL OF THEIR RESPECTIVE AGENTS, FROM AND AGAINST ALL LIABILITY, FOR DEFECTS IN ANY DEVICE OR EQUIPMENT OR ANY ACCIDENT OR INJURY RESULTING FROM ITS USE.**

I/We hereby also authorize DC FUND\$ and any lender to whom DC FUND\$ may refer this application to disclose to DC FUND\$ any information about any of us that the lender obtains or compiles that may be relevant to decisions DC FUND\$ may make with respect to the application.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

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Signature of Co-Applicant (if applicable) \_\_\_\_\_ Date \_\_\_\_\_



## IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

**Why are we asking for this information?** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will be asked for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

\_\_\_\_ Unless checked, no applicant(s) with an interest in this account is either:

- (1) A senior military, governmental, or political official in a non-U.S country or
- (2) clearly associated with or an immediate family member of such an official.

If checked, please provide the name of the official, office held, and country:

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