



Dear Consumer:

Thank you for your interest in a loan to purchase assistive technology through the *Arizona Loans for Assistive Technology Program (AzLAT)*. Enclosed, you will find the loan application. Answer each question completely, attach any additional documentation as necessary, and mail the application to our office. The AzLAT Review Board will *not* consider incomplete or faxed applications.

Keep in mind that in order to be eligible for a loan, applicants must meet the following requirements:

1. Be a legal Arizona resident.
2. Be a person with a disability or a family member/significant other on behalf of a person with a disability and legally able to enter into a contract.
3. Provide assurance that the loan will be used to purchase assistive technology devices and/or services. (The assistive technology can be for a person with a disability regardless of age or type of disability as long as its use is intended to improve the individual's functional capabilities).
4. Document sufficient creditworthiness and ability to repay the loan.
5. Request a loan in an amount ranging from \$500 - \$20,000.
6. Have a valid checking or savings account from which our financial institution may be authorized to make monthly debits for the repayment of the loan.
7. Pay a \$10.00 application fee to the Clearinghouse CDFI, upon approval of the loan.

The Review Board meets once a month. For a loan to be reviewed at that time, the completed application with proof of income, invoice from the vendor(s) for the total purchase price of the assistive technology, must be received by the **first Tuesday of the month**. Loan decisions may take up to 45 days from the time the application is received in our office.

If you have any questions or feel that you require assistance or an alternative format to complete the application form, please contact me at 602-776-4670, 800-477-9921 (toll-free) or 602-728-9536 (TTY).

Sincerely,  
Martha Lewis

Enclosures

## Arizona Loans for Assistive Technology

300 W Clarendon Ave., Suite 475 Phoenix, AZ 85013 (Voice) 602-776-4670 (Toll-Free) 800-477-9921  
(TTY) 602-728-9536 Website: [www.aztap.org](http://www.aztap.org)



**AZLAT**  
ARIZONA LOANS for ASSISTIVE TECHNOLOGY

“Independence is priceless. We make it affordable.”

**ARIZONA MULTIBANK**  
A Division of Clearinghouse CDFI



Date Received: _____
ID Number: _____
_____
_____
_____

## Loan Application

All information on this application form is strictly confidential and will only be used to determine your need for and ability to repay this loan. Borrowers must demonstrate the ability to repay the loan. **Completion of this form does not guarantee that a loan will be granted.**

Please print or type:

- Name of person with a disability: \_\_\_\_\_ Age: \_\_\_\_\_
- Please check the box that best describes the relationship between the person with a disability and the borrower(s):  SELF  SPOUSE  PARENT  CHILD  GUARDIAN  SIGNIFICANT OTHER (specify): \_\_\_\_\_
- Describe the disability of the person who will be using the assistive technology: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Explain how the assistive technology devices/equipment will affect independence, education, and/or employment (**please be specific**): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Please complete information regarding the borrow and co-borrower (if applicable):

	Borrower	Co-Borrower
a. Name		
b. Social Security Number		
c. Date of Birth	Month/day/year / /	Month/day/year / /
d. Mailing Address		
e. City/State/Zip		
f. County		
g. Phone	( )	( )
h. Email		
i. Are you a current legal Arizona Resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. Please complete information regarding the employment for the borrower and co-borrower (if applicable):

	<b>Borrower</b>	<b>Co-Borrower</b>
a. Employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Occupation:		
c. How long in this current position?		
d. Primary Employer:		
e. Employer's address:		
f. City/State/Zip:		
d. Secondary Employer:		
e. Employer's address:		
f. City/State/Zip:		

7. Please include a list of **all** current sources of **monthly income**. Printed verification of income must be attached to the application.

	<b>Borrower</b>	<b>Co-Borrower</b>
a. Employment (gross income)	\$	\$
b. Temporary Assistance for Needy Families	\$	\$
c. Social Security	\$	\$
d. Social Security Supplemental Income (SSI)	\$	\$
e. Social Security Disability Insurance (SSDI)	\$	\$
f. Pension/Retirement	\$	\$
g. Disability Benefits (Private/Worker's Compensation)	\$	\$
h. Unemployment Compensation	\$	\$
i. Rental Income	\$	\$
j. Child Support (Need not be revealed if you do not want it considered as income for repayment of this obligation)	\$	\$
k. Alimony (Need not be revealed if you do not want it considered as income for repayment of this obligation)	\$	\$
l. Interest Income	\$	\$
m. General Assistance (GA)	\$	\$
n. Veteran Benefits	\$	\$
o. Other: Specify	\$	\$
p. Other: Specify	\$	\$
<b>Total Combined Monthly Gross Income for Borrower and Co-Borrower</b>	\$	

8. Please provide verification of income sources of the borrower and co-borrower (if applicable):

	<b>Borrower</b>	<b>Co-Borrower</b>
a. SSI/SSDI Benefits Statement or award letter attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Alimony - copy of court order attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Child Support - copy of court order attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Spousal Maintenance - copy of court order attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. If employed, please attach copy of pay stubs for the last three (3) months	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. If no other income documentation is available, please attach copy of tax returns for the past two (2) years	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Other income (specify) _____ - documentation attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

9. Have you ever filed for Bankruptcy?  YES  NO

10. If so, please state when and under what circumstances did you file for bankruptcy? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11. List total monthly payments of all your financial obligations including all credit card and department store charges. If necessary, use an additional sheet of paper.

12. **A. Borrower's financial obligations:**

<b>Obligation</b>	<b>Creditor and Account Number</b>	<b>Balance</b>	<b>Monthly Payment</b>
Car Loan			
Car Loan			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Leases			
Personal Loans			
Rent/Mortgage			
Liens			
Judgments			
Other Loans			
Other Loans			
<b>Total Monthly Debt Payment</b>			<b>\$</b>

**B. Co-borrower's financial obligations:**

Obligation	Creditor and Account Number	Balance	Monthly Payment
Car Loan			
Car Loan			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Leases			
Personal Loans			
Rent/Mortgage			
Liens			
Judgments			
Other Loans			
Other Loans			
<b>Total Monthly Debt Payment</b>			<b>\$</b>

13. List the name(s) and locations of your financial institution(s) and the account number(s) of your checking, savings, or other account(s):

<b>Bank Name</b>	
<b>Location</b>	
<b>Type of Account</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)_____
<b>Account Number</b>	
<b>Balance</b>	\$

<b>Bank Name</b>	
<b>Location</b>	
<b>Type of Account</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)_____
<b>Account Number</b>	
<b>Balance</b>	\$

<b>Bank Name</b>	
<b>Location</b>	
<b>Type of Account</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)_____
<b>Account Number</b>	
<b>Balance</b>	\$

14. If you do not have an account with a financial institution, you understand and agree to open an account with a financial institution for the electronic transfer of funds as a condition for receiving a loan from this program: **Initials:** \_\_\_\_\_

15. Is there any other information about your finances that you would like to provide? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

16. Do you  RENT or  OWN your residence, or  Other: (please specify) \_\_\_\_\_
17. How long have you resided at current address? \_\_\_\_\_ Years \_\_\_\_\_ Months  
 a. If you have lived at this address for less than one year, please explain: \_\_\_\_\_
18. Please include the name and phone number of landlord/mortgagee:  
 a. Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
19. Describe the type of assistive technology equipment/service that you plan to purchase (include specific item brand names): \_\_\_\_\_
20. Total dollar amount requested for the assistive technology loan:

	AzLAT	OTHER SOURCE
Equipment	\$	\$
Installation	\$	\$
Insurance	\$	\$
Service Agreements	\$	\$
Maintenance and Repair	\$	\$
Evaluation and/or Training Services	\$	\$
Applicable Taxes	\$	\$
Other (Specify)	\$	\$
<b>TOTAL AMOUNT REQUESTED</b>	<b>\$</b>	






21. Will this equipment be attached to a vehicle?  YES  NO
- a. Is the vehicle in your name?  YES  NO
- b. Is there a lien holder?  YES  NO  
 If yes, specify the name of the lender and the amount of the outstanding balance.
- c. Lender: \_\_\_\_\_ \$ \_\_\_\_\_
- d. What is the year, make and model of the vehicle?  
 Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_
22. What is the total cost of the equipment and services you intend to purchase? (this amount may exceed your loan request) \$ \_\_\_\_\_
- a. Do you have another source of funding contributing toward the purchase of the equipment?  YES  NO
23. If yes, specify the source and amount of funding:
24. Source: \_\_\_\_\_ \$ \_\_\_\_\_
25. In order to verify the cost of the assistive technology, you must attach an itemized price quote from each vendor regarding the device(s) you intend to purchase with this loan.  
**Initials:** \_\_\_\_\_

26. Home modifications in excess of one thousand dollars (\$1000) require submission of three bids from licensed contractors who (a) have demonstrated experience providing the type of modification requested, (b) provide a firm, fixed price quote and (c) provide a turnkey service. **Initials:** \_\_\_\_\_

27. How did you learn about the AzLAT program?

- Arizona Technology Access Program (AzTAP)
- Brochure or publication
- Centers for Independent Living
- Disability-Related Organizations: \_\_\_\_\_
- Friend/Relative
- State Agency/Service Provider: \_\_\_\_\_
- World Wide Web
- Other: \_\_\_\_\_

**Before mailing your application, did you...**

-  Complete *all parts* of the application?
-  Sign and date the application *in ink* where signatures are required
-  Attach copies of all required income verifications such as SSI/SSDI Benefits Statement or award letter, copy of court ordered Alimony, child support, or maintenance, tax returns, or pay stubs?
-  Attach vendor price quotes for the equipment you want to purchase.
-  Attach three bids, if applicable, from licensed contractors for home modifications in excess of \$1,000.00?

Mail the completed application to: Martha Lewis  
Arizona Loans for Assistive Technology  
NAU IHD AzTAP  
300 W Clarendon Ave., Suite 475  
Phoenix, AZ 85013

**APPLICATION CERTIFICATION, AUTHORIZATION and RELEASE**

The undersigned, being duly authorized agent(s), principal(s), and officer(s) of the proposed borrower, \_\_\_\_\_ collectively referred to as "Applicant", authorizes Arizona Loans for Assistive Technology ("AzLAT Program") to provide Clearinghouse Community Development Financial Institution ("Clearinghouse CDFI") the loan Application for review and loan consideration. Applicant hereby acknowledges that the "Application" includes all the information Applicant previously provided and/or subsequently provides to the AzLAT Program and/or Clearinghouse CDFI (the "Lenders"). Applicant understands that any material misstatement or misleading statement therein is cause for denial or rescission of any approval or assistance received in connection with this Application. Applicant certifies that the Application is accurate and complete and hereby authorizes the Lenders to obtain one or more credit reports on Applicant.

Initials: \_\_\_\_\_ Initials: \_\_\_\_\_

Applicant further authorizes the Lenders to provide each other any and all additional information produced by the Clearinghouse CDFI and AzLAT Program, including but not limited to checking Applicant's credit history to make all necessary inquiries on behalf of Applicant in order to verify the accuracy of the information Applicant provided to the AzLAT Program. As between the Lenders, any information shared shall be provided on an "as is" basis without any representation or warranty. Initials: \_\_\_\_\_ Initials: \_\_\_\_\_

**Because the AzLAT Program guarantees Applicant's loan from Clearinghouse CDFI, should Applicant default on the loan, and the AzLAT Program makes a payment on Applicant's behalf, either partial or in full, Applicant understands that Applicant is obligated to repay that amount of money to the AzLAT Program. Initials: \_\_\_\_\_ Initials: \_\_\_\_\_**

Applicant further authorizes the Lenders, as they may individually or collectively deem appropriate, to obtain or to furnish and release all or any portion of the Application to all sources for financial or technical assistance, in an effort to promote and make a determination on the Application. Applicant agrees that the Lenders shall not be held liable for any assistance or advice given by any such referral entity. It is further understood that the Lenders are held without liability for any loss whatsoever that might be incurred by Applicant in any business or personal relationship that may be established in any activity Applicant should hereinafter undertake.

Initials: \_\_\_\_\_ Initials: \_\_\_\_\_

Applicant acknowledges that the Lenders, their respective directors, officers, employees, auditors, counsel, agents, including, but not limited to, loan and investment committee members ("Representatives") are in possession of, or may access financial or other information concerning Applicant, or any of Applicant's principals, guarantors, subsidiaries or affiliates, and that such information may be shared in the consideration of this Application. The Representatives also include consultants, advisors and others that the Lenders may individually or collectively use to analyze the Applicant for the purpose of attracting potential investors. Applicant consents to the disclosure of such information among Representatives and releases the Lenders and their Representatives from any and all claims and causes of action that Applicant may have against Clearinghouse CDFI, AzLAT Program or Representatives arising out of such disclosure and the consideration and disposition of this Application. Initials: \_\_\_\_\_ Initials: \_\_\_\_\_





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Applicant hereby acknowledges that Clearinghouse CDFI and the AzLAT Program are separate legal entities, will make separate and independent credit decisions regarding this Application, do not guarantee any specific performance and that any approval(s) will be subject to terms and conditions set forth in writing.    Initials: \_\_\_\_\_    Initials: \_\_\_\_\_

**Proposed Borrower Name (Please Print):**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Proposed Co-Borrower Name (Please Print):**

\_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_