

Arizona Loans for Assistive Technology
Arizona Technology Access Program
300 W. Clarendon Ave., Suite 475, Phoenix, AZ 85013
(Voice) 602-728-9534 (Toll-Free) 800-477-9921
(TTY) 602-728-9536 (Fax) 602-728-9535 Website: www.aztap.org



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 supporting documentation as necessary and mail the application to our office. The AzLAT Review Board will *not* consider incomplete 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 account from which our financial institution will be authorized to make monthly debits for the repayment of the loan.
7. If your loan is approved, you will establish an account with MariSol Federal Credit Union with a \$25 membership deposit.

Our Loan Review Committee meets monthly. For a loan to be reviewed at that time, the completed application with supporting documentation must be received by the **first Tuesday of the month**. The completed application can be faxed to (602) 728-9535 or via mail to AzLAT 300 W Clarendon Ave., Suite 475, Phoenix, AZ 85013.

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

Sincerely,

Clayton Guffey
Interim AzTAP Program Director

Enclosures



Date Received _____

MariSol Federal Credit Union 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.

1. Name of person with a disability: _____ Age: _____
Describe the disability of the person who will be using the assistive technology:
2. Please check the box that best describes the relationship between the person with a disability and the borrower(s): SELF SPOUSE/PARTNER PARENT CHILD GUARDIAN Other (specify)
3. Explain how the assistive technology devices/equipment will affect independence, education, and/or employment (**please be specific**):
4. Describe the type of assistive technology equipment or service to be purchased (use specific item brand names):
5. Total Loan amount requested \$ _____. You must attach an itemized price quote from each vendor regarding the device(s) you intend to purchase with this loan. **Initials:**
6. Specify the loan request below:

Vendor Name	AzLAT Loan	Other funding source(s):
Equipment	\$	\$
Installation	\$	\$
Insurance	\$	\$
Service Agreements	\$	\$
Maintenance and Repair	\$	\$
Evaluation and/or Training Services	\$	\$
Applicable Taxes	\$	\$
Other (Specify)	\$	\$

Total loan amount requested from AzLAT	\$	
Total funding from other source(s)		\$

7. For home modifications in excess of \$1,000 it is strongly recommended that you submit two (2) bids from licensed, bonded contractors. **Initials:**

8. Will this equipment be attached to an auto? YES NO
- a. Is the vehicle in your name? YES NO
- b. Is there a lien holder? YES (enter lender information below) NO
- Lender _____ Loan balance \$ _____
- c. Provide the following information for the vehicle:
- Year: _____ Make: _____ Model: _____ Mileage _____

9. Provide the information requested below for the borrower and co-borrower (if applicable):

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

Co-Borrower	
a. Name	
b. Social Security #	
c. Date of Birth	Month/day/year / /
d. Mailing Address	
e. City/State/Zip	
f. Phone	

g. Email	
h. Are you a legal Arizona Resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO

10. Provide employment information for the borrower and co-borrower (if applicable):

	Borrower	Co-Borrower
a. Employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Occupation:		
c. Date employed:		
d. Employer & address:		
e. Work phone #		
f. Secondary Employer & address:		
g. Work phone #		

11. Include a list of **all** current sources of **monthly income**. Printed verification of income must be attached to the application.

	Borrower	Co-Borrower
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. Private Disability Benefits	\$	\$
h. Rental Income (2 years tax returns required)	\$	\$
i. Child Support and or Alimony (Include if to be considered for repayment of this obligation)	\$	\$
j. General Assistance (GA)	\$	\$
k. Veteran Benefits	\$	\$

1. Other: Specify	\$	\$
TOTALS	\$	\$

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

	Borrower	Co-Borrower
a. SSI/SSDI Benefits Statement or award letter:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Alimony - copy of court order	<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, 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

13. Have you ever filed for Bankruptcy? YES NO

When and why did you file for bankruptcy?

14. List total monthly payments of all your financial obligations: If necessary, use an additional sheet of paper.

Borrower's financial obligations:

Obligation	Creditor	Balance	Monthly Payment
Rent (Attach lease)		\$	\$
Mortgage (attached statement)		\$	\$
Car loan		\$	\$
Car Loan		\$	\$
Car Loan		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$

Personal Loan		\$	\$
Personal Loan		\$	\$
Personal Loan		\$	\$
Title loan		\$	\$
Other Loans		\$	\$
	Total Monthly Debt Payment		\$

Co-borrower's financial obligations:

Obligation	Creditor	Balance	Monthly Payment
Rent (Attach lease if different than borrower's)		\$	\$
Mortgage (attach statement if different than borrower's)		\$	\$
Car loan		\$	\$
Car Loan		\$	\$
Car Loan		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Personal Loan		\$	\$
Personal Loan		\$	\$
Personal Loan		\$	\$
Title Loan		\$	\$
Other Loans		\$	\$
	Total Monthly Debt Payment		\$

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

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

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

16. There is no loan application fee. However, if your loan is approved and you accept it, you agree to open an account at MariSol with a \$25 membership deposit. **Initials:**

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

*** You are **not** required to repay your loan through your account at MariSol; an existing account at another financial institution for electronic transfer of funds is acceptable.*

18. Please provide an explanation of any credit issues or problems that you have.

19. 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:

Application Disclosures

Individual Credit:

You must complete the applicant section about yourself and the Co-borrower section about your spouse if:

1. You live in or the property pledged as collateral is located in a community property state (Arizona, California, Idaho, Louisiana, New Mexico, Nevada, Texas, Washington or Wisconsin)
2. Your spouse will use the account or
3. You are relying on your spouse's income as a basis of repayment. If you are relying on income from alimony, child support or separate maintenance, complete the Co-borrower section to the extent possible about the person whose payment you are relying on.

Joint Credit:

If you are applying with another person, complete the applicant and Co-applicant sections.

If there are important changes, you will notify MariSol in writing immediately. You will also agree to notify us of any change in your name, address or employment within a reasonable time thereafter. You also promise that everything you have stated in this application is correct to the best of your knowledge and that the above information is complete listing of your debts and obligations. You authorize MariSol Federal Credit Union to obtain credit reports and share these reports with AzLAT in connection with this application for credit and for any update, renewal or extension of the credit received. If you request, MariSol will tell you the name and address of any credit bureau from which it received a credit report on you. You understand that it is **a Federal Crime to willfully and deliberately provide incomplete and incorrect information on loan application made to the Federal Credit Unions or State Charter Credit union insured by NCUA.**

Borrower Signature

Date

Co-Borrower Signature

Date

APPLICATION CHECKLIST

Before submitting your application, make sure to...

- Complete *all parts* of the application.
- Initial where required, sign and date the application *in ink* where 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 a legible copy of your AZ Driver's License or State ID Card.
- Attach most current bank statement.
- Attach lease agreement if renting or mortgage statement if you own the home.
- Attach vendor price quotes for the Assistive Technology equipment or services you want to purchase.
- Attach two (2) bids, if applicable, from licensed contractors for home modifications in excess of \$1,000.00.

Mail the completed application to:

Gaye Champine
Arizona Loans for Assistive Technology
c/o AzTAP
300 W Clarendon Ave., Suite 475
Phoenix, AZ 85013

Or

Fax the completed application to:

(602) 728-9535

If you have questions or need assistance completing the application, contact Gaye Champine at 602.776.4670, 800.477.9921 or gaye.champine@nau.edu.