

**Arizona Loans for Assistive Technology**  
Arizona Technology Access Program  
300 West Clarendon Avenue, Suite 475, Phoenix, AZ 85013  
(Voice) 602-728-9534 (Toll-Free) 800-477-9921  
(TTY) Relay 711 (Fax) 866.463.9390 Website: [www.aztap.org](http://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.

Please answer each question completely, attach any additional supporting documentation as necessary, and return the application to our office. The AzLAT Loan Review Committee *will not* be able to consider incomplete applications.

Keep in mind 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 if 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 \$100 - \$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 (\$50 with Co-Borrower).

Our AzLAT 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 866.463.9390, emailed to [AskAzLAT@nau.edu](mailto:AskAzLAT@nau.edu) or sent via US Mail to AzLAT - 300 West Clarendon Avenue, Suite 475, Phoenix, AZ 85013.

If you have any questions or feel that you require assistance to complete the application form or need the application in an alternative format, please contact Gaye Champine at [AskAzLAT@nau.edu](mailto:AskAzLAT@nau.edu); (602) 776-4670, or toll-free 800-477-9921 or (TTY) Relay 711.

Sincerely,

Clayton Guffey  
AzTAP Program Director

Enclosures



Date Received: \_\_\_\_\_

AzLAT Loan #: \_\_\_\_\_

## 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 contributing funding source(s): _____
Equipment	\$	\$
Installation	\$	\$
Insurance	\$	\$
Service Agreements	\$	\$
Evaluation and/or Training Services	\$	\$

Applicable Taxes	\$	\$
Other (Specify)	\$	\$
<i>Total loan amount requested from AzLAT</i>	\$	
<i>Total funding from other source(s)</i>		\$

7. For home modifications more than \$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 (if no, continue to #9)

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. Do you have permission from the lienholder to modify or adapt the vehicle?  YES  NO

a. 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	Co-Borrower
a. Name		
b. Social Security #		
c. Date of Birth (month/day/year)		
d. Residential Street Address		
e. City/State/Zip		
f. Years at this residence		
g. Mailing Address		
h. Phone		
i. Email Address		
j. Are you a U.S. Citizen or permanent resident alien?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
k. List <b>two</b> emergency contacts (friends or relatives)	Name: _____ Phone: _____ Name: _____ Phone: _____	Name: _____ Phone: _____ Name: _____ Phone: _____

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 #		

11. List all current sources of monthly income **to be considered** for repayment of this obligation. **All income verification** must be attached to the application. **Initials:** \_\_\_\_\_

	Borrower	Verification included?	Co-Borrower	Verification included?
a. Employment (gross income)	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Social Security Retirement (SSA benefits)	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Social Security Supplemental Income (SSI)	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Social Security Disability Insurance (SSDI)	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. Veteran Benefits	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. Private Pension/Retirement	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Private Disability Benefits	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	4	<input type="checkbox"/> YES <input type="checkbox"/> NO
h. Rental Income	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
i. Child support and/or alimony	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
j. Unemployment Insurance	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
k. Temporary Assistance for Needy Families (TANF/TPEP)	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
l. Other income: Specify _____	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>TOTALS</b>	<b>\$</b>		<b>\$</b>	

a. Have you ever filed for Bankruptcy?  YES  NO

If yes, when and under what circumstances necessitated you to file for bankruptcy? Attach additional sheets if necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Borrower's** financial obligations:

Obligation	Creditor	Balance	Monthly Payment
Home <input type="checkbox"/> RENT <input type="checkbox"/> OWN		\$	\$
Car loan		\$	\$
Car Loan		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Personal Loan		\$	\$
Title Loan		\$	\$
Other Loans		\$	\$
<b>Total Monthly Obligations:</b>			<b>\$</b>

**Co-Borrower's** financial obligations:

Obligation	Creditor	Balance	Monthly Payment
Home <input type="checkbox"/> RENT <input type="checkbox"/> OWN		\$	\$
Car loan		\$	\$
Car Loan		\$	\$
Credit Card		\$	\$
Credit Card		\$	\$
Personal Loan		\$	\$
Title Loan		\$	\$
Other Loans		\$	\$
<b>Total Monthly Obligations:</b>			<b>\$</b>

12. List the name(s) of the financial institution(s), account type and current balance of the borrower and co-borrowers checking, savings, or other account(s). **Initials:** \_\_\_\_\_

**Borrower:** (If necessary, use an additional sheet)

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

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

**Co-Borrower:** (If necessary, use an additional sheet)

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

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

a. There is no loan application fee. However, if your loan is approved and you accept it, you agree to open an account at MariSol Federal Credit Union with a \$25 membership deposit (\$50 with Co-Borrower). **Initials:** \_\_\_\_\_

b. 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.*

c. Please provide an explanation of any known credit issues or problems that you have. Attach additional sheet if necessary:

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**How did you learn about the AzLAT program?**

- Arizona Technology Access Program (AzTAP) staff
- Brochure or publication
- Center for Independent Living
- Disability Related Service Organization: \_\_\_\_\_
- Friend/Relative
- State Agency/Service Provider: \_\_\_\_\_
- Internet search
- Vendor/retailer
- Other: \_\_\_\_\_

## Application Disclosures

### Individual Credit:

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

1. You live in 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 borrower and co-borrower 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 a 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 applications made to Federal Credit Unions or State Charter Credit Union insured by NCUA.**

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Borrower Signature

Date

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Co-Borrower Signature

Date



## APPLICATION SUBMITTAL CHECKLIST

Before submitting your application, make sure to:

- Complete all parts of the application.
- Attach copies of all income verifications such as SSI/SSDI benefits statement or award letters, copy of court ordered alimony, child support, tax returns, or employment pay stubs.
- Attach a legible copy of your Az Driver's License or State ID card.
- Attach vendor price quotes for the Assistive Technology equipment and/or services you want to purchase.
- Attach two (2) bids, if applicable, from licensed contractors for home modifications in excess of \$1,000.00.
- Initial where required, sign and date the application in blue or black ink where required.

**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: 866.463.9390

OR

**Email** the completed application to: [AskAzLAT@nau.edu](mailto:AskAzLAT@nau.edu)

If you have questions or need assistance completing the application, contact Gaye Champine at 602.776.4670, 800.477.9921, (TTY) Relay 711 or email [AskAzLAT@nau.edu](mailto:AskAzLAT@nau.edu).