

The Connecticut Tech Act Project's Assistive Technology Loan Program

LOAN APPLICATION PACKET



CT Tech Act Project, AT Loan Program
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www.CTtechact.com

PLEASE READ THIS SECTION CAREFULLY BEFORE APPLYING

Thank you for requesting a loan application from the Connecticut Tech Act Project's **Assistive Technology Loan Program (ATLP)**. Please feel free to contact us if you need assistance or clarification.

What is the Connecticut Tech Act Project's Assistive Technology Loan Program?

The Connecticut Tech Act Project's Assistive Technology Loan Program assists Connecticut citizens with disabilities and older citizens to obtain the assistive technology they need to enhance independence and productivity in the community, education and employment with an improved quality of life.

Who can apply for a loan?

An individual with a disability or older adult who has been a resident of the State of Connecticut for at least one year may apply for a loan. The individual must have a disability that permanently affects a major life activity. A borrower may also be a parent, guardian, family member or legal representative of the person with the disability. They are not required to live with the individual.

What can I borrow money for?

Loans are provided to purchase a broad range of assistive technology devices and services. Examples include, but are not limited to, the following:

- * Wheelchairs and scooters
- * Braille note takers / equipment
- * Assistive listening devices
- * Augmentative communication devices
- * Electronic aids to daily living
- * Visual aids with voice output or magnifying features
- * Computers and adaptive peripherals
- * ramps
- * Motor vehicles that have been adapted or need adaptations
- * Assistance / Service Animals

How much can I borrow and for how long?

Loan amounts generally are approved from \$500 to \$30,000. Approval of loans that do not fall within this range may only occur in rare situations, as outlined in the Program's Policies and Procedures. Loan repayment periods will range from one (1) year to (10) years depending upon the amount of the loan, the borrower's repayment capacity, and the type of assistive technology obtained through the loan. The period of a loan is based on the expected useful life of the assistive technology device to be purchased.

Who approves my loan?

The Program Manager and the Loan Committee will approve loans. The Loan Committee includes individuals with disabilities / older adults, family members and advocates who work with individuals with disabilities / older adults. Initial review of the application is completed by the Program Manager. Once an application is complete, further approval by the Loan Committee may be required.

How do I apply?

Complete and return this application along with all the items specified on the checklist found on pages 14 & 15.

Assistive Technology 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.

BACKGROUND INFORMATION

Applicant's Information:

Applicant's Name: _____

Social Security #: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Length of Time at this residence: _____

Name of Person with a Disability Who Will Benefit from Assistive Technology (if different from applicant / co-applicant information):

Name: _____

Social Security #: _____ Date of Birth: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Specify relationship between the person with a disability and the applicant(s):

Describe the disability of the person who will be using the assistive technology: _____

The Primary Purpose for AT device or service is related to: *(choose only one)*

Education

Community Living

Employment

Co-Applicant's Information:

Co-Applicant's Name: _____

Social Security #: _____ Date of Birth: _____

Mailing Address _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Length of Time at this residence: _____

Additional Contact Person:

In the event you cannot be reached, please provide the name and contact information of a contact person who **is not living in your household**:

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

ASSISTIVE TECHNOLOGY INFORMATION

Describe the AT device/equipment the loan is for?: _____

How will this help with independence, education, and or employment? _____

****Cost of Device / Equipment / Service: \$_____ (Required)**

****Amount of Loan Requested: \$_____ (Required)**

Please attach quote with detailed information about the product, cost and name of vendor / seller.

Have you been evaluated for this device/equipment?

No

Yes

Would you like additional support in determining if this assistive technology device or equipment will meet your needs prior to purchasing equipment? If yes, please describe further below:

- No Yes (provide details below)

Will you need training, assistance with installation, customization or other services that apply to this assistive technology device or equipment? State what resources will be needed to cover these costs. *(If you are including these costs in the loan, please include quotes from vendor, provider, etc. in this application.)*

Please describe in detail what service is needed above and attach quote(s):

Do you have another source of funding contributing toward the purchase of the device or equipment including out of pocket down payments?

- No Yes (provide details below)

What is the source? _____

What are they providing? Please specify amount they will be providing and include verification of payment from this source. \$ _____

- | | |
|---|--|
| <input type="checkbox"/> Cost towards device or equipment | <input type="checkbox"/> Evaluation and/or Training Services |
| <input type="checkbox"/> Installation | <input type="checkbox"/> Other (specify) _____ |
| <input type="checkbox"/> Service Agreements | |

Have you previously applied to the CT Tech Act Project's Assistive Technology Loan Program?

- Yes Date: _____ No

Have you previously been denied funding by the CT Tech Act Project's Assistive Technology Loan Program?

- Yes Date: _____ No

Have you explored other sources of funding prior to request for this loan. Please complete below:

Financing Option	Explored	Applied	Denied	N/A
Self Pay				
Medicare				

Medicaid				
Medicaid Waiver				
Private Insurance				
Vocational Rehabilitation Services				
Early Childhood (Birth to 3) Funding				
School System Funding (K-12)				
Employer Funding				
Worker's Compensation				
Social Security (PASS Program)				
Traditional Bank Loan				
Loan or Gift from Family Member or Friend				
Foundation or Community Agency				
Other (specify)				

FINANCIAL INFORMATION

A Personal Financial Statement subtracts your liabilities (contract debt including mortgages, credit card balances, loans, etc.) from your assets (cash, savings, cash value of vehicle, etc.) to determine your personal financial net worth.

Assets: Please complete all information below as applicable for both the applicant and co-applicant.

Assets	Applicant	Co-Applicant
Savings Account / Name of Bank:	\$	\$
Checking Account / Name of Bank:	\$	\$
IRA & Retirement Accounts	\$	\$
Life Insurance (Cash Surrender Value)	\$	\$
IDA Account	\$	\$
Real Estate	\$	\$
Automobile(s) – current market value	\$	\$
Special Needs Trust	\$	\$
Other (specify)	\$	\$
A. Total Assets	\$	\$

Liabilities: Please complete all information below as applicable for both the applicant and co-applicant.

Liabilities	Applicant	Co-Applicant
Mortgage	\$	\$
Auto Loan	\$	\$
Student Loan	\$	\$
Other/Personal Loan	\$	\$

Credit Cards (combined balances due)	\$	\$
Unpaid Taxes	\$	\$
Other Debt (specify)	\$	\$
Other Debt (specify)	\$	\$
Other Debt (specify)	\$	\$
B. Total Liabilities	\$	\$

Subtract your total Liabilities from your total Assets:

Total Assets (Line A.) \$ _____

Total Liabilities (Line B.) \$ _____

Personal Net Worth \$ _____

Have you ever filed for bankruptcy?

- No Yes (date of closure) _____

Describe under what circumstances did you file for bankruptcy? (Examples may include medical, divorce, loss or employment, etc.)

Your Personal Budget reflects your regular, reliable monthly income (wages from employment, Social Security, etc.) and subtracts your regular monthly living expenses (rent, monthly mortgage payment, cable television, etc.).

Monthly Income: Please include all current sources of **current net (after taxes) monthly income** for both the applicant and co-applicant (if applicable).

Income Source	Applicant Amount	Co-Applicant Amount
Wages / Earnings from Employer	\$	\$
Wages / Earnings from Self-Employment	\$	\$
Supplemental Social Security Income (SSI)	\$	\$
Social Security Disability Insurance (SSDI)	\$	\$
General Assistance (i.e. money from family)	\$	\$
Temporary Assistance for Needy Families (TANF)	\$	\$
State Supplement	\$	\$
Supplemental Nutrition Assistance Program (SNAP)	\$	\$
<input type="checkbox"/> Alimony / <input type="checkbox"/> Child Support (specify)	\$	\$
Other Income (specify)	\$	\$
Other Income (specify)	\$	\$
Other Income (specify)	\$	\$
Total Monthly Income	\$	\$

Monthly Expenses: Please include all current sources of **monthly expenses** for both the applicant and co-applicant (if applicable).

Monthly Expenses	Applicant	Co-Applicant
<input type="checkbox"/> Rent or <input type="checkbox"/> Mortgage Payment	\$	\$
Utilities (Water, Electric, Gas, Oil)	\$	\$
Home Phone & Cell Phone	\$	\$
Property Taxes	\$	\$
Auto Loan	\$	\$
Gas / Vehicle Repairs	\$	\$
Auto Insurance	\$	\$
Other transportation Expenses (Parking, bus fares, driver, etc.)	\$	\$
<input type="checkbox"/> Health <input type="checkbox"/> Life Insurance <input type="checkbox"/> Both	\$	\$
Dental Expenses / Insurance	\$	\$
Glasses / Contacts / Exams	\$	\$
Prescriptions	\$	\$
Other Unsubsidized Medical Expense (this may include personal assistance costs not covered by insurance/waiver, service animal, etc)	\$	\$
Groceries **if on SNAP-include amount spent per month	\$	\$
Clothing	\$	\$
Dining Out / Take out	\$	\$
<input type="checkbox"/> Cable <input type="checkbox"/> Internet <input type="checkbox"/> Both	\$	\$
Pet Care	\$	\$
Other Entertainment	\$	\$
<input type="checkbox"/> Personal Loan or <input type="checkbox"/> Educational Loan	\$	\$
Credit Card name	\$	\$
Credit Card name	\$	\$
Credit Card name	\$	\$
Credit Card name	\$	\$
Other Monthly Expenses (ie; tobacco, hobbies, liquor)	\$	\$
Other Monthly Expenses (specify)	\$	\$
Total Monthly Expenses	\$	\$

Subtract your total monthly expenses from your total monthly income:

Total Monthly Income \$ _____

Total Monthly Expenses (subtract) \$ _____

Monthly Balance of Discretionary Income \$ _____

CERTIFICATION AND SIGNATURES

I/We certify that I/We have read and understood this loan application. I/We understand that this is a request for funds and that I/We will need to repay the loan with interest on a monthly basis. Failure to repay will result in further action and collection proceedings which may result in repossession of equipment or other action determined during time of collection. I/We certify that the information contained in the application is accurate and

complete. I/We understand that any incorrect or misleading information on the application and/or attachments could result in rejection of the loan request or termination of the loan.

I/We understand the information contained in the application will be used to review and approve or deny the loan request. I/We hereby authorize the CT Tech Act Project's Assistive Technology Loan Program, the loan committee (if required) and Berkshire Bank (the servicing institution) to verify that the information contained in the loan application is correct.

I/We acknowledge that the CT Tech Act Project's Assistive Technology Loan Program and Berkshire Bank (the servicing institution) have access to this application and any other information attached to the application or obtained in reviewing the loan request. I/We understand that these two entities have the right to exchange personal information with each other relating to the application, credit reports, or any other information pertinent to processing the loan request.

I/We give Berkshire Bank (the servicing institution) and/or the CT Tech Act Project's Assistive Technology Loan Program authorization to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned.

I/We understand that the CT Tech Act Project's Assistive Technology Loan Program and Berkshire Bank (the servicing institution) are not responsible if the requested assistive technology does not function or is not suitable to my needs. I/We understand it is my/our responsibility for repairs, maintenance and insurance (if applicable) unless specified elsewhere during the loan approval process.

Applicant's Signature

Applicant's Name (Please Print)

Date

Co-Applicant's Signature

Co-Applicant's Name (Please Print)

Date

CT Tech Act Project's Assistive Technology Loan Program

AUTHORIZATION TO OBTAIN CREDIT REPORT

Applicant's Name / Information

Name: _____
Last First Middle Initial

Social Security Number: _____ Date of Birth: _____

Current Address: _____

Previous Address if less than three years: _____

Purpose for Credit Information

The report is used to review the applicant's loan request to the CT Tech Act Project's Assistive Technology Loan Program.

Applicant's Authorization

I hereby authorize the CT Tech Act Project's Assistive Technology Loan Program and its servicing institution, Berkshire Bank, to obtain a credit report for the purposes indicated above and authorize its release. I authorize these two entities to make all inquiries deemed necessary to determine the credit-worthiness of the undersigned. I authorize any person or consumer reporting agency to give you any information it may have on me as the undersigned.

Applicant's Signature

Applicant's Name (Please Print)

Date

CT Tech Act Project's Assistive Technology Loan Program

AUTHORIZATION TO OBTAIN CREDIT REPORT

Co-Applicant's Name / Information (If applicable)

Name: _____
 Last First Middle Initial

Social Security Number: _____ Date of Birth: _____

Current Address: _____

Previous Address if less than three years: _____

Purpose for Credit Information

The report is used to review the applicant’s loan request to the CT Tech Act Project’s Assistive Technology Loan Program.

Applicant’s Authorization

I hereby authorize the CT Tech Act Project’s Assistive Technology Loan Program and its servicing institution, The Berkshire Bank to obtain a credit report for the purposes indicated above and authorize its release. I authorize these two entities to make all inquiries deemed necessary to determine the credit-worthiness of the undersigned. I authorize any person or consumer reporting agency to give you any information it may have on me as the undersigned.

Co-Applicant’s Signature

Co-Applicant’s Name (Please Print)

Date

The following checklist is a reference for you to assure you have a complete application packet. An application cannot be considered until it is complete.

A completed application packet will contain the following: **Included**

1.	CT Tech Act Project’s AT Loan Program Loan Application	
2.	Photo ID (copy of valid driver’s license or Connecticut State ID)	
3.	Verification of disability (see further description below)	

4.	Verification of all income to be considered for this loan	
5.	Itemized price quote for the specific item to be purchased	
6.	If a third party is paying for a portion of the assistive technology, verification of payment is required. This includes grants or donations.	

Verification of Disability (Submit one of the following)

- A statement from a licensed, treating medical professional or social worker / caseworker indicating how the disability substantially affects one or more major life activity; **or**
- Proof of enrollment in one of the following:
 - State Vocational Rehabilitation Services Program
 - Social Security Disability Insurance (SSDI)
 - Medicare or Medicaid enrollment based on disability
 - Veterans Administration enrollment based on disability
 - Educational services enrollment under an individualized family service plan (birth to three) or individualized education plan (IEP);

Verification of Income (Include all of the following that apply)

- Paystubs from your employer for the past three pay periods
- IRS Tax Return for the past two years (only if self-employed)
- SSI or SSDI award or verification letter
- Child Support / Alimony (optional for consideration)

For Vehicle Loans Only

- Sales quote that includes adaptive equipment or modifications in addition to the cost of the vehicle (if applicable)
- Insurance quote that includes fully adapted vehicle coverage
- Inspection report by certified mechanic for vehicle and modifications (if vehicle is used)

For Ramps Only

- Quote for ramps and proof that the contractor is licensed and bonded to do the work
- If you are a renter who wants a ramp the property you rent, you must include a letter from your landlord agreeing to the modifications.

For Assistance / Service Animal Only

- A Copy of a signed contract from the organization that trains / monitors the assistance animal partners

- Documentation that follow-up from the organization will occur at least annually through the life of the loan with the assistance animal partners.

For Other Used Equipment

- Inspection report by a certified professional that the equipment is in good, working condition.

Please mail the completed application to:

CT Tech Act Project
AT Loan Program (ATLP)
55 Farmington Avenue, 12th floor
Hartford, CT 06105

If you need assistance filling out this application, require an alternative format, or if you want to check on the status of your application, please contact us at the above address, by phone at (800) 537-2549 or (860) 424-5619 or via e-mail muriel.aparo@ct.gov.