

The Connecticut Tech Act Project's Assistive Technology Loan Program

LOAN APPLICATION PACKET



CT Tech Act Project, AT Loan Program
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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 15 & 16.

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: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Length of time at this residence: _____ Rent Own

If less than 2 years, previous address _____ Rent Own

Driver's license State: _____ License # _____

Issued Date: _____ Expiration Date: _____

Are you a: U.S. Citizen Permanent Resident* Non-Permanent Resident*

*Please submit copy of your resident card

Current Employer: _____ Employer Address: _____

Job Title: _____ Length of employment: _____

If less than 2 years, previous employer: _____

Address: _____ Job Title: _____

Length of employment _____

Co-Applicant's Information:

Co-Applicant's Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Date of Birth: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Length of time at this residence: _____ Rent Own

If less than 2 years, previous address _____

Rent Own

Driver's license State: _____ License # _____

Issued Date: _____ Expiration Date: _____

Are you a: U.S. Citizen Permanent Resident* Non-Permanent Resident*

*Please submit copy of your resident card

Current Employer: _____ Employer Address: _____

Job Title: _____ Length of employment: _____

If less than 2 years, previous employer: _____

Address: _____ Job Title: _____

Length of employment _____

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

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Social Security #: _____ Date of Birth: _____

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

Self Spouse Child Other _____

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

Additional Contact Person: (Must be completed)

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: _____

Length of time at this residence: _____

If less than 2 years previous address: _____

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) Max \$30,000**

Loan Term (years) you are requesting_____

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. \$ _____

- Cost towards device or equipment
- Installation
- Service Agreements
- Evaluation and/or Training Services
- Other (specify) _____

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

1.	Do you currently have any outstanding judgements or had a debt adjustment plan confirmed under Chapter 13, had Property Foreclosed Upon or Repossessed in the last 7 years or been a party in a lawsuit?	Circle Answer Yes No
2.	Have you ever filed for bankruptcy?	Yes No
	Describe under what circumstances did you file for bankruptcy? (Examples may include medical, divorce, loss or employment, etc.) _____	Year Filed? _____
3.	Have you any obligations not listed?	Yes No
4.	Are you a Co-maker, Co-signer or Guarantor on any loan?	Yes No
5.	Are you obligated to make Alimony, Support or Maintenance Payments?	Yes No

FINANCIAL INFORMATION

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)				

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 \$ _____

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	\$ _____	\$ _____

Please submit proof of all income sources. (See page 13 for checklist).

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)	\$	\$
Cell phone	\$	\$
Property Taxes	\$	\$
Auto Loan	\$	\$
Gas / Vehicle Repairs	\$	\$
Auto Insurance	\$	\$
Other transportation Expenses (Parking, bus fares, driver, etc.)	\$	\$
Health Insurance	\$	\$
Life Insurance	\$	\$
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	\$	\$
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 (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 two years: _____

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 two years: _____

Consent to Obtain Consumer Credit Report

I/We authorize Berkshire Bank to order a consumer credit report and verify other credit information. I/We agree that the Bank may exchange credit information about me/us with other affiliates, credit bureaus and agencies. I/We agree that the Bank may also request any information necessary to process this request, such as income/employment and assets. It is understood that a photocopy of this form will also serve as authorization.

The information the Lender obtains is to be used in the processing of my/our CT Tech application or in conjunction with quality control review of the file after the loan has closed. The Lender may further, request such credit information at any time after the extension of credit has been approved for the purpose of review or collection of the account.

Applicant Signature

Date

Co-Applicant Signature

Date

Acknowledgment of Intent to Apply for Joint Credit

Signature required by each applicant when the application is joint.

We certify that we each intend to apply jointly for credit and the income or assets of each person will be used as a basis for loan qualification.

Applicant Signature

Date

Co-Applicant Signature

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 (3-4 paychecks).	
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 <u>grants</u> or <u>donations</u> .	

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)
- Proof of Family Gift or Grant donation.

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.