

KeyBank Application



Low Interest Loans for People with Disabilities

IDAHO ASSISTIVE TECHNOLOGY PROJECT
FINANCIAL LOAN PROGRAM

1187 Alturas Drive
MOSCOW ID 83843
1-800-432-8324



Thank you for your request for KeyBank Credit Application Information

There are a few questions that do not appear on the application form that are very important to the success of your application. Please answer the following and submit with the KeyBank Credit Application.

1. Please tell us the state you were born in: _____
2. Spouse's first and middle name (last if different than yours)

3. Spouse's Social Security Number: _____
4. Your driver's license number: _____
Expiration date: _____
5. A copy of a 2nd piece of ID is helpful.
6. Phone number: _____
7. Best time to reach you: _____

Thank you for your cooperation. When your application is received at IATP, it will be screened and sent on to KeyBank. This process should not take more than a few days. Feel free to call us if you wish to check on the progress of your application.

Loan Program Coordinator
Idaho Assistive Technology Project
1187 Alturas Drive
Moscow, Idaho 83843
1-800-432-8324



IDAHO ASSISTIVE TECHNOLOGY LOAN APPLICATION
PLEASE COMPLETE AND RETURN TO THE IATP

Idaho Assistive Technology
Financial Loan Program
1187 Alturas Drive
Moscow, ID 83843

To Whom It May Concern,

I have applied for a loan under the Idaho Assistive Technology Loan Program, which is administered by the Idaho Assistive Technology Project and supported through the Idaho Assistive Technology Fund at the Idaho Community Foundation. I understand that pursuant to this application I will be referred to a participating bank for the purpose of obtaining financing for the purchase of assistive technology. Current participating banks include Zions Bank and KeyBank N.A. - Idaho District (KeyBank). I understand that the Idaho Assistive Technology Loan Program is an independent organization, not related to any of the aforementioned banks.

In connection with this application, I consent and agree that Zions Bank, KeyBank, the Idaho Assistive Technology Project, and the Idaho Community Foundation, and cooperating assistive technology vendors may communicate to one another any and all information in their possession relating to me, my loan application, and any loan made in connection with the application. I hereby waive any and all right I may have to object to such disclosure of otherwise confidential information.

I further understand that this application is subject to credit approval according to credit standards established by the participating banks. Should my application be denied by either bank, I understand that I have the option of appealing their decision to the Idaho Assistive Technology Loan Program.

Sincerely,

Applicant

Date: _____

Co-Applicant

Date: _____



KeyBank NA Credit Application

BANK USE ONLY

Sales Short ID _____

New Cash Reserve Credit Line

New Preferred Credit Line

Installment Loan

Checking Account # _____

Increase Preferred Credit Line

Amount Requested \$ _____

Relationship: Key Privilege KPB

Increase Cash Reserve Credit Line

Account # _____

Term _____ Purpose _____

Key Advantage

Account # _____

Current Line Amount \$ _____

Secured with _____
Complete collateral section on next page

Other _____

Employee: Job Grade _____

Date Application Received _____

KeyCenter # _____

Telephone application. Consumer Insurance Disclosures and Privacy Statement read to applicant.

Mortgage Originator ID _____

Please complete if application is joint or secured, or if you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, WI). Marital Status: Married Unmarried Separated

APPLICANT/CO-APPLICANT INFORMATION

I am cosigning for _____

We intend to apply for joint credit _____

Applicant

Co-Applicant

Applicant Name		Date of Birth	Social Security No.		Phone Number ()	No. of Dependents (including self)
Co-Applicant Name		Date of Birth	Social Security No.		Phone Number ()	No. of Dependents (including self)
Applicant ID 1		Applicant ID 2		Co-Applicant ID 1		Co-Applicant ID 2
E-Mail Address Applicant				E-Mail Address Co-Applicant		
Applicant Current Address		City & State		Zip	County	How Long? YEARS _____ MONTHS _____
<input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	Date Purchased	Purchase Price	Market Value	Monthly Payment	Load Balance	
Applicant Previous Address		City & State		Zip	How Long? YEARS _____ MONTHS _____	
Co-Applicant Current Address		City & State		Zip	County	How Long? YEARS _____ MONTHS _____
Co-Applicant Previous Address		City & State		Zip	How Long? YEARS _____ MONTHS _____	
Applicant Employer		Phone Number ()	How Long? YEARS _____ MONTHS _____	Position	FT <input type="checkbox"/> PT <input type="checkbox"/>	Salary (Gross Per Month) \$
Applicant Previous Employer		Position		How Long? YEARS _____ MONTHS _____		
Co-Applicant Previous Employer		Phone Number ()	How Long? YEARS _____ MONTHS _____	Position	FT <input type="checkbox"/> PT <input type="checkbox"/>	Salary (Gross Per Month) \$
Co-Applicant Previous Employer		Position		How Long? YEARS _____ MONTHS _____		
OTHER INCOME	You do not have to disclose income from alimony, child support or separate maintenance payments unless you want us to consider it for obtaining this loan.			Source	Amount (Gross per Month)	

If you pay alimony, child support or separate maintenance, please include them as obligations. Obligation \$ _____ (per month) Years Remaining _____

CONSUMER INSURANCE DISCLOSURES: The bank may not condition an extension of credit on either the purchase of an insurance product or annuity from the bank or its affiliates or on your agreement not to obtain, or a prohibition on you from obtaining, an insurance product or annuity from an unaffiliated entity.

Insurance products and annuities are not a deposit or other obligation of, or guaranteed by, the bank or an affiliate of the bank.

Insurance products and annuities are not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States, the bank, or an affiliate of the bank.

Disclosure of Account Information: We may share information within the KeyCorp family of companies as well as with unaffiliated third parties external to Key as described in our Privacy Policy. **You specifically consent to us sharing information within the KeyCorp Family of companies and with external unaffiliated third parties.** NOTE: You may elect to opt out of information sharing, or may be automatically opted-out under your state law, as described in our Privacy Policy. If you are opted out, that election will override this consent to share, except for those instances in which we are otherwise permitted to share by law without your consent.

Wireless Express Consent – By providing a telephone number for a cellular telephone, other wireless device, or a landline number that was later converted to a wireless device, I/we am expressly consenting to receiving communications at that number, including, but not limited to, prerecorded or artificial voice message calls, text messages, and calls made by an automatic telephone dialing system from KeyBank National Association and its affiliates and agents. This express consent applies to each such telephone number that I/we provide to you now or in the future and permits such calls regardless of their purpose. I/we acknowledge that these calls and messages may incur access fees from my cellular provider.

Note: Applicant(s) for a line of credit, request a line of credit up to the maximum amount which is available and for which the Applicant(s) qualify.

By signing this application, I/we acknowledge receipt of the Consumer Insurance Disclosures, above, which have been read to me (us). Everything stated in this application is correct to the best of my knowledge. I understand that you will retain this application, whether or not credit is approved. I agree and understand that a credit report may be requested from one or more consumer reporting agencies (credit bureaus) in connection with this application. If I request, I will be informed of (1) whether or not a consumer report was requested and (2) if it was, the name and address of the consumer reporting agency that furnished the report. I am further notified that subsequent consumer reports may be requested or utilized in connection with any update, renewal, or extension of credit I am requesting if it is determined that a subsequent consumer report is appropriate. You are authorized to check my employment history and to provide information to others about your credit experience with me. Any co-applicant acknowledges the foregoing, and agrees to be jointly and severally liable with the applicant for any indebtedness to the Bank.

Request for a Credit Card: I understand my application for the Preferred Credit Line Account includes my request for a credit card to access this Preferred Credit Line Account.

OHIO RESIDENTS ONLY: The Ohio law against discrimination requires that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

Signature of Applicant _____

Date _____

Signature of Co-Applicant _____

Date _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES. Complete for all home or mobile home purchase applications, home improvement applications (secured or unsecured) or applications to refinance loans which are secured by a 1 – 4 family residential dwelling. Do not complete for Line of Credit Applications.

The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the lender's compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for "Race." The law provides that a lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under federal regulations the lender is required to note ethnicity, race and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check below.

APPLICANT: I do not wish to furnish this information _____ (Initial)

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

SEX: Female Male

CO-APPLICANT: I do not wish to furnish this information _____ (Initial)

ETHNICITY: Hispanic or Latino Not Hispanic or Latino

RACE: American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or Other Pacific Islander White

SEX: Female Male



EF-71-9300X
Rev. 6/14



IDAHO ASSISTIVE TECHNOLOGY PROJECT
ALTERNATIVE FINANCE PROGRAM

Financial Statement

Applicant's First Name	M.I.	Last Name	Sr., Jr. or III	Co-Applicant's First Name	M.I.	Last Name	Sr., Jr. or III

ASSETS		TITLED OWNERS	DEBTS		ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT
DESCRIPTION	VALUE		MONTHLY PAYMENT	(Place an * next to PAID TO WHOM			
Home	\$		1 ST Mortgage /Rent		\$	\$	\$
	\$		2 nd Mortgage		\$	\$	\$
Automobiles	\$		Vehicle Loans		\$	\$	\$
Other Real Estate	\$		Other Mtge.		\$	\$	\$
Cash in Financial Institutions	\$		Credit Cards (List)		\$	\$	\$
Marketable Securities	\$				\$	\$	\$
Other Assets (List)	\$				\$	\$	\$
	\$				\$	\$	\$
	\$				\$	\$	\$
	\$		Other		\$	\$	\$
	\$		Alimony/ Child Support		\$	\$	\$
TOTAL ASSETS	\$		TOTAL LIABILITIES		\$	\$	\$

Applicant's Signature _____ Date _____

Co-Applicant's Signature _____ Date _____

Acknowledged by: _____



KeyBank

CUSTOMER IDENTITY VERIFICATION FORM

	Applicant Name	Co-Applicant Name
SSN:		
E-Mail Address:		
Date of Birth	(Month/Day/Year)	(Month/Day/Year)
US Citizen	Yes _____ No _____	Yes _____ No _____
ID Type & ID Number DLIC- Drivers License PASP- Passport MILID- Military ID STID- State Issued ID GOVID- Federal, State or Local TRBID- Tribal ID ALN- Alien ID (green card) FID- Foreign ID	Type of ID: _____ ID#: _____	Type of ID: _____ ID#: _____
Date Issued & Expiration Date	Date of Issue: _____ Date of Expiration: _____	Date of Issue: _____ Date of Expiration: _____
Address	Street Address: _____ City: _____ State: _____ Zip: _____ # _____ Country: _____	
APO or FPO, if no Street Address	Box Number: _____ City: _____ State: _____ Zip: _____ Country: _____	