

LATAN Assistive Technology Loan Program
READ THIS FIRST!!! APPLICATION CHECKLIST

Before mailing your application, did you...

- Complete all parts of the application and include your \$50.00 application fee or pay online.
- Attach a legible copy of driver's license or other state issued identification (both sides)
- Include proof of NET income on LATAN application (pay stubs, award letter, bank statement)
- Complete, sign and attach the Regions Bank Consumer Loan Application, including GROSS income and information on the vehicle or other assistive technology in COLLATERAL section.
- Include any documentation or information to verify your disability or how the assistive technology that you are requesting a loan for will benefit you (*See page 4*)
- Complete the detailed description of the assistive technology you need (*See page 5*)
- Attach a formal, written, itemized quote on your vendor's company letterhead or purchase order (*If loan request is for a vehicle with modifications, the quote for the vehicle must include tax, title, and license fees and a separate quote for the modifications*) *Applications cannot be processed until this is received.* (*page 5*)
- Attach a written prescription from your physician for the Assistive Technology you wish to purchase. If you are seeking to purchase a vehicle, you will need a prescription for the modification on the vehicle (wheelchair lift or hand controls),
- If you have been approved for funding from another source, provide a statement from that source on their company letterhead with a full description of the funds for which you have been approved (*See page 6*)
- Fill in the amount you can afford to pay back each month (*See page 9*)
- If loan request is for a vehicle, attach quote on full-coverage insurance for vehicle, with the modifications listed as being covered

Attach an explanation of any adverse credit history and/or bankruptcy (*See page 7*)

In order to qualify for a guarantee loan the applicant must have:

- A Credit Score of at least 575;
- No more than 70% of your income, including the AT Financial Loan, can go towards monthly expenses;

After meeting all your expenses, including the AT Financial Loan, at least \$500.00 must be left over.

Definition of Co-Borrower – If the co-borrower is a spouse or domestic partner, then their joint income is considered when determining if they meet the requirements regarding credit score, percentage amount of income consumed by expenses, and amount left over after all expenses are paid.

If the co-borrower is the child of the other borrower and has their own income, such as disability benefits or a trust, the joint income is treated the same as a married couple.

If the co-borrower is not a spouse or child of the other borrower, then at least one borrower must meet all three requirements regarding credit score, percentage amount of income consumed by expenses, and amount left over after all expenses are paid.

Sign and date the application *in ink* where signatures are required for Applicant (Borrower), Joint Applicant (Co-Borrower) and Individual with a disability (*See page 11*)



Louisiana Assistive Technology Access Network
P.O. Box 14115 • Baton Rouge, LA 70898
(800) 270-6185 • (225) 925-9500 • Fax (225) 925-9560
Email: atflp@latan.org Website: www.latan.org

ASSISTIVE TECHNOLOGY LOAN PROGRAM 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. Applicants must document the ability to repay the loan. The applicant may be someone other than the individual with a disability. Completion of this form does not guarantee that a loan will be approved. The Regions Bank Consumer Loan Application must also be completed.

PART I - ABOUT YOU / YOUR CO-BORROWER

Please type or print clearly.

APPLICANT (BORROWER)

First Name _____ MI ___ Last Name _____
Physical Address _____ Apt _____
City _____ State _____ Zip Code _____
SSN: _____ Parish _____
Mailing Address (If different from physical address) _____
City _____ State _____ Zip Code _____
Home Phone () _____ Work Phone () _____ Email _____
Employer _____ Your Occupation _____
Employer's Street Address _____
City _____ State _____ Zip Code _____
Employer's Telephone No. () _____ Years Employed there _____
Ethnic Background of Borrower (optional) _____
Drivers License or State Issued ID # _____
Issue Date of ID _____ Expiration Date of ID _____
Date of Birth _____ AT User? () Yes () No

JOINT APPLICANT (CO-BORROWER)

First Name _____ MI ___ Last Name _____
Physical Address _____ Apt _____
City _____ State _____ Zip Code _____
SSN: _____ Parish _____
Mailing Address (If different from physical address) _____
City _____ State _____ Zip Code _____
Home Phone () _____ Work Phone () _____ Email _____
Employer _____ Your Occupation _____
Employer's Street Address _____
City _____ State _____ Zip Code _____
Employer's Telephone No. () _____ Years Employed there _____

Describe the type of assistive technology equipment or home modification being requested. Include specific brands if applicable. Attach a separate piece of paper if you need more space. If vehicle, give year, make and model.

Please explain how the assistive technology for which you are applying for a loan will improve your /user independence, productivity, or quality of life. _____

Give total cost of the item/s, including extended warranty, Service agreement, insurance and maintenance and repair. \$ _____

Amount of loan request if different from cost of item/s \$ _____
Reason for difference _____

(YOU MUST ATTACH WRITTEN QUOTES ON VENDOR LETTERHEAD OR PURCHASE ORDER WITH DETAILED AND ITEMIZED INFORMATION ABOUT THE ITEM/S WITH SEPARATE PRICES FOR VEHICLES AND MODIFICATIONS)

How did you determine that this is the assistive technology you need?

Evaluation by a doctor/therapist (name) _____
 Self OT PT SLP Hospital Rehabilitation Center
 Tried this device Other expert: _____

Are you/user presently using the device or similar device, or have you previously used the device or similar device?

Yes _____ No _____

Do you/user feel competent to use the device in a correct and safe manner?

Yes _____ No _____

Have you/user been trained to use the device?

Yes _____ No _____

Will you/user need training or assistance with installation, customization, or other services to begin using this assistive technology in a correct and safe manner?

Yes _____ No _____ If yes, what is needed? _____

Do you have resources to cover these training or assistance costs?

Yes _____ No _____

Do you want to include the cost of training or assistance in your loan amount?

Yes _____ No _____

PART III - OTHER POTENTIAL FUNDING SOURCES

There are other funding sources that may be available to assist you with your AT purchase. Both Louisiana Rehabilitation Services and Medicaid Waivers have paid for AT such as modifications needed for a vehicle. In addition, if the AT user receives Supplemental Security Income or, in some cases, Social Security Disability Insurance, they may be eligible to establish a Plan to Achieve Self Support. LATAN staff would be happy to assist you in learning more about these and other potential funding sources. A list of potential funding sources along with contact information is included in this packet.

Have you ever looked for funding from any other public or private source for this piece of Assistive Technology?

If yes, what were the source and the outcome? _____

PART IV - APPLICANT'S FINANCIAL INFORMATION

Have you previously applied to the AT Loan Program? _____ Yes _____ No

If you answered yes, what was the outcome? _____

If request was rejected, why and has your situation changed? _____

Whose income level is being used to process this funding request? (Check all that apply)

_____ Applicant (Borrower)

_____ Applicant & Co-Applicant (If Co-Applicant is the spouse or the child of the Applicant)

_____ Joint Applicant (Co-Borrower)

Do you: _____ Rent _____ Own _____ Live with parents/relative

Other _____ (please specify) _____

IS THERE A BANKRUPTCY IN YOUR HISTORY? Yes___ No___

If you answered yes to the question above, please explain when you filed for bankruptcy, what caused you to have bad credit or why you filed for bankruptcy. Have you taken any steps to improve your credit or pay off your debts? _____

APPLICANT INCOME

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for paying this obligation.

Estimated **Monthly** Income. Please include all current sources of **monthly** income.

NET Earned Income (Wages, Salary, Self Employment) \$ _____

Social Security (SSA) \$ _____

Supplemental Security Income (SSI) \$ _____

Social Security Disability Insurance (SSDI) \$ _____

Pension, Retirement Income \$ _____

Child Support and/or Alimony \$ _____

General Assistance (i.e. money from family members to assist with payment of monthly bills) \$ _____

Other Income (describe) _____ \$ _____

Total Monthly Income \$ _____

APPLICANT EXPENSES AND DEBT

Estimated Monthly Expenses. *Please include all financial obligations.*

Please complete Estimated Average Monthly Expense Form Below. Be sure to include balance on any loans and credit cards.

Estimated <u>Average</u> Monthly Expense	Amount	Totals
<u>Residence:</u>		
	Monthly Payment	Balance
Rent or House Mortgage Payment		
Homeowners or Renters Insurance (if paid separately)		
Utilities (water, sewer, garbage, electric, gas)		
Total Monthly Phone Bills (Home and Cell)		
Property Taxes (if paid separately from house payment)		
Total Residence		
<u>Transportation:</u>		
	Monthly Payment	Balance
Auto Loan		
Auto Insurance		
Gas (consider the high cost of gasoline)		
Vehicle Repairs, etc.		
Other Transportation Costs (taxi, bus, driver, etc.)		
Total Transportation		
<u>Medical/Insurance:</u>		
Health & Dental Insurance		
Medical/Dental Expenses Not Paid by Other Source		
Prescriptions		
Glasses/Contacts/Medical Equipment and Supplies		
Life Insurance		
Total Insurance/Medical		
<u>Essentials:</u>		
Groceries		
Clothing & Cleaning		
Household and Yard Items/Services		
Total Essentials		

Entertainment:

Eating Out	
Cable TV/Satellite/Internet	
Movies/Theater/Cigarettes/Alcohol	
Hobbies (sports, pets, arts & crafts, etc.)	
Total Entertainment	

Other Monthly Expenses including Child Support/Alimony: Balance

Total Other Monthly Expenses		

Credit Cards (List) Use back of sheet if needed Monthly Payment Balance

Total Credit Cards		

Other Bank Loans: (List - Not Mortgage or Auto) Monthly Payment Balance

Total Other Bank Loans		

Total Monthly Expenses/Obligations **\$ _____**

Amount left over after all expenses paid **\$ _____**

GIVEN YOUR INCOME, EXPENSES AND OTHER OBLIGATIONS, HOW MUCH DO YOU FEEL YOU CAN YOU AFFORD TO PAY PER MONTH ON A NEW LOAN?

\$ _____

AUTHORIZATION

Please read carefully before signing.

I/we understand that this is a **loan** request and I/we authorize the Louisiana Assistive Technology Access Network (LATAN) Program Director, the LATAN President & CEO, the LATAN Loan Review Committee, and/or Regions Bank (RB) to review all information provided, and to obtain from employers, credit reporting agencies, and any other source needed, additional information required to verify the contents of this application.

I/we understand RB and LATAN will retain this application whether or not it is approved. I/we understand that, if the information is for a loan secured by real property a property appraisal will be required.

I/we understand that LATAN's Loan Program offers peer-to-peer technical assistance for all Applicants, and can provide a list of device training resources.

I/we authorize the release and sharing of pertinent Applicant information between LATAN and RB, including disability and financial reports for purposes of making decisions about this loan application. I/we authorize Regions Bank and LATAN individually to obtain my/our credit report from any or all of the credit reporting agencies. I understand that these reports will not be shared between Regions and LATAN.

At any time after this application and/or during my/our relationship with RB and LATAN, I/we authorize RB and LATAN to obtain information concerning my/our employment and credit standing and authorize my/our employer, banks, and/or other listed references to release any requested information to RB and LATAN. RB and LATAN may review from time to time my/our eligibility for any credit extended on the account and may provide information to others.

I/we agree to notify RB and LATAN immediately of any material or significant change in the information provided in this application (such as change in employment or change of address).

I/we understand that issuance of a loan does not imply any type of warranty of the device/s or services that I/we purchase with the loan, nor that the device/s or services will meet my needs. Therefore, Louisiana Assistive Technology Access Network will not be liable for the possible inappropriateness of the assistive technology, for defects in the device/s or services, or for any accident or injury resulting from the use of the device/s or services.

I/we understand that if my/our loan is denied, I may ask LATAN for a second review. The request must be in writing, and must include my/our credit report, and the letter of denial from the Bank or from LATAN, which states the reasons for the denial. Additional relevant information may also be provided.

I/we certify that the Potential Borrower/s is eighteen (18) years of age, or older, affirm that each of the answers given in this application is true and accurate to the best of my/our knowledge, and affirm that the foregoing is a true and correct statement of my/our financial position. I/we understand that it is a federal crime to knowingly make any false statement or report, or to willfully overvalue any property for the purpose of influencing RB or LATAN to act on this application.

Signature of Individual with a disability Date

Signature of Applicant (Borrower) Date

Signature of Joint Applicant (Co-Borrower) Date

Signature of individual completing the application (or assisting the applicant with the application)

Print Name _____ Phone _____

*Signature _____ Date _____

***SIGNATURES MUST BE WRITTEN IN INK**

LATAN requires a \$50 application fee (non-refundable) to be submitted with each loan application. LATAN accepts cash, check, money order, credit card and online payments. Please make check or money order payable to LATAN, submit this completed form, or pay online at <https://www.latan.org/index.php/service-payment>.

Any loan application not containing the \$50 application fee will be considered incomplete and will not be processed.

For credit card payments:

Name on Card: _____

Card #: _____

Expiration date: _____

C-V-V number: _____

Visa, Mastercard, Discover



Last 3 digits on back of card.

American Express



Extra 4 digits on front of card.

Potential Funding Sources

- 1. Early Childhood Funds** - Children with developmental delays and/or disabilities, from birth through age five, are served in Louisiana through the [Individuals with Disabilities Education Act \(IDEA\)](#) programs and services. Assistive Technology is an allowable service through the Individual Education Plan (IEP). For more information contact the LA Department of Education @ 877-453-2721.
- 2. School System's Funds (K-12)** – Educational services to students with disabilities in Louisiana are also served through the [Individuals with Disabilities Education Act \(IDEA\)](#) programs and services. Assistive Technology is an allowable service through the Individual Education Plan (IEP). For more information contact the LA Department of Education @ 877-453-2721.
- 3. Medicaid Waivers** – There are multiple Medicaid Waivers in LA. Waivers that might provide funding for Assistive Technology include the Community Choice Waiver, the Children's Choice Waiver, the Supports Waiver, and the New Opportunities Waiver (NOW). For more information contact your local LA Medicaid Office or 1-888-342-6207.
- 4. Employer Funding** – Employers receive a tax incentives for making the workplace accessible to persons with disabilities, including the provision of Assistive Technology. For further information go to <http://www.thinkbeyondthelabel.com>
- 5. Foundation or Community Agency** – Local foundations and community agencies may provide funding to acquire Assistive Technology. Examples include the Lions Club, Civitan, or other civic organizations.
- 6. Centers for Independent Living (CIL)** – CILs do not provide funding for Assistive Technology. However, CILs do provide information and referral services that may assist in locating funding sources.
- 7. Loan or Gift from Family**
- 8. LA Rehabilitation Services (LRS)** – LRS is Louisiana's vocational rehabilitation program. LRS will provide Assistive Technology if it

is tied to a vocational outcome. Contact your regional LRS Office.
http://www.laworks.net/WorkforceDev/LRS/LRS_RegionalOffice.s.asp

- 9. Medicaid** – Under the LA State Medicaid Plan Assistive Technology can be an allowable service. For further information go to www.dhh.la.gov or contact your local Medicaid Office.
- 10. Medicare** – Assistive Technology is available under Medicare's Durable Medical Equipment Program. For further information go to www.medicare.gov or call 1-800-633-4227.
- 11. Private Insurance** – Private health insurance may pay for Assistive Technology. You should check your policy or contact your insurance provider.
- 12. Social Security Retirement** – Income from Social Security Retirement may be used to purchase Assistive Technology. For further information go to www.ssa.gov or call 1-800-772-1213.
- 13. Social Security Disability Insurance (SSDI)** – Income from Social Security Disability Insurance may also be used to purchase Assistive Technology. For further information go to www.ssa.gov or call 1-800-772-1213.
- 14. Supplemental Security Income (SSI)** – A family member who receives SSI. For further information go to www.ssa.gov or call 1-800-772-1213.
- 15. Veterans Administration** - Veterans with service-connected disabilities are entitled to VA health care for those disabilities, and may also be entitled to vocational rehabilitation and employment benefits and service-disabled life insurance. In certain cases, a seriously disabled veteran may be entitled to a clothing allowance, specially adapted housing grants, automobile grants, and adaptive equipment. For further information go to www.va.gov or call 1-800-827-1000.
- 16. Worker's Compensation** – Worker's Compensation may be a possible funding source for Assistive Technology if the disability is a result of a work related incident. For further information go to http://www.laworks.net/workerscomp/owc_mainmenu.asp or call (225) 342-7555.

Mobility Equipment in Louisiana

- 1. Superior Van & Mobility**
1901 Westbank Expressway
Suite 500
Harvey, LA 70058
(504) 684-2100
(888) 981-8267
- 2. Superior Van & Mobility**
12329 Industriplex Blvd.
Baton Rouge, LA 70809
(225) 663-9392
(888) 991-8267
- 3. Crescent Vans, Inc.**
2424 Hickory Ave
Metairie, LA 70003
(800) 738-2634
(504) 738-2634
- 4. FastServ Medical Monroe**
725 Forty Oaks Farm Rd.
West Monroe, LA 71291
(318) 396-3366
(800) 256-2601
- 5. LA Mobility**
5508 Monroe Hwy.
Pineville, LA 71360
(318) 640-0988
(888) 821-3300
(Lifts Only)
- 6. Hope Medical LLC**
103 Gayvan Rd.
Ball, LA 71405-4901
(318) 640-0616
(Lifts Only)
- 7. Mr. Wheelchair**
1201 Jefferson Hwy.
Jefferson, LA 70121
(504) 834-2810
(800) 548-9672

Qualified Driving Instructors

- 1. Driving Rehab Solutions
107 Briar Meadow Drive
Lafayette, LA 70508
(337) 303-3237
Contact: Craig Broussard**
- 2. First Class Driving School
2710 Douglas Drive, Suite D
Bossier City, LA 71111
(318) 464-9692
Contact: Charles "Bud" Chauncy**
- 3. LA Driving School
1362 Corporate Square
Slidell, LA 70461
(985) 643-7803
Contact: Jack Varnado**
- 4. LA Tech University Driver Rehabilitation Program
711 South Vienna St.
Rustin, LA 71270
(318) 257-4562
(800) 310-4251
Contact: Summer Powell, LOTR**
- 5. Baton Rouge Rehab Hospital
8595 United Plaza Blvd.
Baton Rouge, LA 70809
(225) 231-3120**
- 6. NCR School for Driving
Box 20294, Station 2
6302 West Park Ave.
Houma, LA 70360
(985) 580-1009**
- 7. Our Lady of Lourdes Regional Medical Center
Occupational Therapy Department
611 St. Landry St.
Lafayette, LA 70502
(337) 289-2903
Contact: Holly Dominique, LOTR, CDRS**
- 8. SW Safety Training, Inc
330 Guilbeau Rd.
Lafayette, LA 70503
(337) 9890120
Contact: Glenda Poulan**
- 9. Touro Rehabilitation Center
1401 Foucher St.
New Orleans, LA 70015
Contact: Judy Otto, LOTR, CDRS**



Consumer Loan Application

SECTION A - Amount Requested \$ _____ Term Requested _____ Loan Type: Installment _____ Line of Credit _____

I/We intend to apply for joint credit. Primary Applicant _____ (initial) Secondary Applicant _____ (initial)
If you are applying for a joint account or an account that you and another person will use, please complete sections B1 and B2 below.

SECTION B1 - PRIMARY APPLICANT

Full Name: _____
Date of Birth: _____ Social Security #: _____
Driver's License Number: _____ State: _____
Issue Date: _____ Expiration Date: _____
Married Separated Unmarried

Please note: Unmarried includes single, divorced and widowed

Street Address: _____
City: _____ State: _____ Zip: _____
Years There: _____ Own Rent Other
Telephone #: (_____) _____ Housing Payment: \$ _____
Primary Home Value \$ _____
Mailing Address: _____

Present Employer: _____
Telephone #: (_____) _____
Years There: _____ Position or Title: _____

Sources of Income:

Salary and Wages \$ _____ per _____
Other Income* \$ _____ per _____
Source _____
TOTAL INCOME \$ _____ per _____

SECTION B2 - SECONDARY APPLICANT

Full Name: _____
Date of Birth: _____ Social Security #: _____
Driver's License Number: _____ State: _____
Issue Date: _____ Expiration Date: _____
Married Separated Unmarried

Please note: Unmarried includes single, divorced and widowed

Street Address: _____
City: _____ State: _____ Zip: _____
Years There: _____ Own Rent Other
Telephone #: (_____) _____ Housing Payment: \$ _____
Primary Home Value \$ _____
Mailing Address: _____

Present Employer: _____
Telephone #: (_____) _____
Years There: _____ Position or Title: _____

Sources of Income:

Salary and Wages \$ _____ per _____
Other Income* \$ _____ per _____
Source _____
TOTAL INCOME \$ _____ per _____

***Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

SECTION C - Co-SIGNOR INFORMATION (to be completed if a guarantor will be used to qualify for the loan)

Full Name: _____
Date of Birth: _____ Social Security #: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Years There: _____ Own Rent Other
Telephone #: (_____) _____
Housing Payment: \$ _____

Present Employer: _____
Telephone #: (_____) _____
Years with Employer: _____ Position: _____
Salary and Wages \$ _____ per _____
Other Income* \$ _____ per _____
Source _____
TOTAL INCOME \$ _____ per _____

***Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**

SECTION D - COLLATERAL

AUTO

Year: _____ Make: _____ Model: _____
Type: _____ 2D / 4D 2WD / 4WD
VIN or Serial #: _____
Mileage: _____ Purchase Price \$ _____
Down Payment/Trade Value (if applicable) \$ _____

MARKETABLE SECURITY OR BANK DEPOSIT ACCOUNT

Account # _____ Value: \$ _____
Description: _____
Account Owner(s): _____

SECTION E: IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT

Are you a US Citizen: Yes ___ No ___
If no, what country of citizenship: _____

Are you a current or former foreign political official or an associate or family member of one? Yes ___ No ___

Are you a US Citizen: Yes ___ No ___
If no, what country of citizenship: _____

Are you a current or former foreign political official or an associate or family member of one? Yes ___ No ___

To help the government fight the funding of terrorism and money laundering activities, federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.



What this means to you:

When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

By signing below, you acknowledge that you have read, received and understand these disclosures and that Regions Bank made an oral disclosure of the applicable information above.

SECTION F – OVERDRAFT PROTECTION

If you are applying for a Regions Credit Line, please read below:

Check here if you wish to use your Regions Credit Line as Overdraft Protection.

You hereby authorize Regions to transfer funds from your Regions Credit Line your Checking Account # _____ in accordance with our Customer Agreement for Depository Accounts governing the Checking Account.

Applicant Initials _____ Co-Applicant Initials _____

SECTION G – ACKNOWLEDGEMENT AND SIGNATURE

Everything you have stated in this application is true and correct to the best of your knowledge. You understand that we will retain your application whether or not it is approved. We are authorized to check your credit and employment history and to answer any questions about your credit experience with you. You understand that **you are not requesting credit at a specific interest rate** and that **if your application is approved, the interest rate on your loan will be based on several factors**, including your credit history, and may be higher than our “best” rate or “published” rate. You further acknowledge that you have received a copy of the Regions Privacy Policy.

Primary Applicant Signature

Date

Secondary Applicant Signature

Date

Regions Credit Line APR & Fee Disclosure

Annual Percentage Rate for Purchases	Grace Period for Repayment of Balances	Method of Computing the Balance for Purchases	Annual Fee	Minimum Finance Charge	Over-limit Fee	Late Payment Fee	Transaction Fee for Purchases	Transaction fee for Cash Advance (Regions Credit Line only)
19.8%	None	Average daily balance method (including new purchases)	\$25.00	None	\$29.00	\$29.00	\$5.00	\$5.00