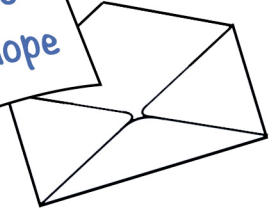




The Application Process

What You Need to
Put in the Envelope



You can mail, email, or fax the following items to complete your application.

Note: Additional documents may be required.

Two copies of Identification, one of which must be a Photo ID.

Examples of identification include:

- Driver's license with current address (Photo ID)
- Non-driver's ID with current address (Photo ID)
- Passport (Photo ID)
- Utility bill with current address
- Medical Card
- Social Security Card

Proof of All Forms of Income.

Examples of proof of income include:

- Two current paystubs or statements from your employer
- IRS Tax Return for the past two years (if self-employed)
- Supplemental Security Income (SSI) Award Letter
- Social Security Disability Insurance (SSDI) Award Letter
- Child Support/Alimony: You are not required to disclose income from alimony, child support, or separate maintenance payments unless you are using this as a basis for repayment
- Co-Applicant's proof of income (if applicable)



**Call at any time if
you have questions -
We're here to help!
888.744.1938**

An Official Quote from your Vendor.

The official quote should outline the following:

- A breakdown of costs
- The vendor's address and phone number
- If you are purchasing a vehicle, your quote must include: VIN #, year, make, and adaptations being made

The Entire and Completed Application.

Don't forget!

- If you have a rep-payee, be sure to read the section regarding rep-payee guidelines on page 5
- If you are applying for a home modification loan, be sure to fill out the HDMA Form on page 9

Please Note: We cannot reimburse you for a device you have already bought!

Pennsylvania Assistive Technology Foundation (PATF) – LOAN APPLICATION

Check Appropriate

- Box: You are applying for individual credit in your own name and are relying on your own income or assets for repayment of the credit requested.
 You are applying for joint credit with another person.

Amount Requested: \$ _____

What are you purchasing: _____

SECTION A – APPLICANT INFORMATION

Full Name: _____ Date of Birth: ____/____/____

Current Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

How Long at This Address: _____ Telephone Number: _____

Email Address: _____ Cell Phone Number: _____

Social Security Number: _____

Number of People in Your Household (Related & Unrelated): _____

Driver's License or State ID No.: _____ Issue Date: ____/____/____ Exp. Date: ____/____/____

What is Your Country of Citizenship? _____

Immigration Status: _____ U.S. Citizen _____ Permanent Resident of U.S. _____ Other

Previous Street Address (if less than two years): _____

City: _____ State: _____ Zip: _____

Current Employer: _____ Work Number: _____

Position or Title: _____ Years/Months Employed: _____

Employer's Address: _____

Pennsylvania Assistive Technology Foundation (PATF) – LOAN APPLICATION

Previous Employer (if less than two years): _____

Previous Employer's Address: _____

Name of Nearest Relative or Other Party Not Living With You:

Name: _____ Relationship _____

Address: _____

Telephone Number: _____

SECTION B – CO-APPLICANT INFORMATION (IF APPLICABLE)

Full Name: _____ Date of Birth: ____/____/____

Current Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number _____ Email Address: _____

How Long at this Address: _____ Social Security Number: _____

Driver's License or State ID #: _____ Issue Date: ____/____/____ Exp. Date: ____/____/____

What is Your Country of Citizenship? _____

Immigration Status: ____ U.S. Citizen ____ Permanent Resident of U.S. ____ Other _____

Previous Street Address (if less than 2 years): _____

City: _____ State: _____ Zip: _____

Current Employer: _____ Work Number: _____

Position or Title: _____ Years / Months Employed: ____/____

Employer's Address: _____

Previous Employer (if less than two years): _____

Previous Employer's Address: _____

Pennsylvania Assistive Technology Foundation (PATF) – LOAN APPLICATION

INFORMATION ABOUT CO-APPLICANT (continued)

Name of nearest relative not living with applicant:

Name: _____ Relationship _____

Address: _____

Telephone Number: _____

SECTION C – MARITAL STATUS

APPLICANT (circle one)

Married Separated Unmarried (including single, divorced, widowed)

Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income as a basis for repayment of this obligation, please complete the information below. Documentation verifying income will be required.

Payment Received Pursuant to: ___ Court Order ___ Written Agreement

Alimony per Month \$ _____ Child Support per Month \$ _____

Separate Maintenance Payment per Month \$ _____

CO-APPLICANT (Circle one - if applicable)

Married Separated Unmarried (including single, divorced, and widowed)

Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income as a basis for repayment of this obligation, please complete the information below. Documentation verifying income will be required.

Payment Received Pursuant to: ___ Court Order ___ Written Agreement

Alimony per Month: \$ _____ Child Support per Month: \$ _____

Separate Maintenance Payment per Month: \$ _____

SECTION D – ASSET AND DEBT INFORMATION

APPLICANT INCOME

Gross Income \$ _____ Week: _____ Month: _____ Year: _____ Income Source: _____

Do you have a checking account? Yes No

Do you have a savings account? Yes No

ASSETS (Optional): Cash in Banks \$ _____ Stocks/Bonds \$ _____ Retirement Accounts \$ _____

Pennsylvania Assistive Technology Foundation PATF – LOAN APPLICATION

CO-APPLICANT INCOME (If Applicable)

Gross Income \$ _____ Week _____ Month _____ Year _____ Income Source _____

Do you have a checking account? Yes No

Do you have a savings account? Yes No

ASSETS (Optional): Cash in Banks \$ _____ Stocks/Bonds \$ _____ Retirement Accounts \$ _____

OUTSTANDING DEBTS (Include installment loans, credit cards, rent, mortgages, etc.). Use separate sheet if necessary.

Creditor	Name on Account	Original Debt	Present Balance	Monthly Payment	Past Due? Yes/No
Rent /Mortgage		\$	\$	\$	
Credit Cards		\$	\$	\$	
Automobile		\$	\$	\$	
Auto Insurance		\$	\$	\$	
Student Loan		\$	\$	\$	
Other		\$	\$	\$	
Total Debts		\$	\$	\$	

If you are a homeowner, please list an estimated annual amount for the property taxes and homeowner's insurance. The amounts can be combined into one figure: \$ _____

If this is a loan request for home modifications over \$10,000, please list estimated value of the home: \$ _____

Are you a co-applicant on any loan or contract? Yes No

If yes, for whom? _____

Are there any unsatisfied judgments against you? Yes No

If yes, to whom owed? _____ Amount: \$ _____

Have you declared bankruptcy in the last 5 years? Yes No

If yes, what state? _____ Year dismissed: _____

Pennsylvania Assistive Technology Foundation (PATF) LOAN APPLICATION

AUTHORIZATION

I/We understand and agree that the information in this application and otherwise collected by PATF may, depending upon the amount and type of credit requested, be provided to one or more Lenders (each, a "Lender") in connection with my/our request for financing.

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001 et seq., and liability for monetary damages to PATF, any other lender, its agents, successors, assigns, insurers, and any other person who may suffer any loss due to reliance upon any misrepresentation I/we made in this application or in any other manner.

Signature of Applicant

Date

****If you have a Representative Payee, please see information below.**

Signature of Co-Applicant (if applicable)

Date

****If the Representative Payee is a family member, the family member will be asked to be a co-applicant on the loan. By signing as a co-applicant, the rep-payee agrees that he/she is responsible for making the loan payments as he/she would make any payment on behalf of the beneficiary. If the applicant is no longer able to repay the loan the co-applicant would be responsible for paying the remainder of the loan balance.**

Pennsylvania Assistive Technology Foundation (PATF) LOAN APPLICATION
ADDENDUM

PART I - Individual with Disability (if not applicant)

Full Name: _____ Date of Birth: ____/____/____

Relationship to Applicant: _____

Current Street Address: _____

City: _____ State: _____ Zip: _____

PART II – Disability/Assistive Technology Information

Diagnosis of Disability/Disabilities: _____

Device/Equipment/Service for which the loan is requested: _____

Cost of Device/Equipment/Service: \$ _____ Amount of loan request: \$ _____

(YOU MUST attach quote with detailed information about the product, cost and name of vendor/seller UNLESS you are applying for a PRE-APPROVAL).

Please explain how this assistive technology will assist you with your disability. How will this device or service improve your independence, productivity, or quality of life?

How did you hear about PATF? _____

How did you determine that this is the assistive technology you need? (Circle all that apply)

Evaluation by a Doctor/Therapist Recommended by: _____

Tried this Device Other (specify): _____

Have you tried any other sources of funding to purchase this assistive technology?

Yes No

If YES, circle all that apply and describe the outcome:

Medical Assistance - School District - Vocational Rehabilitation - Insurance - Medicare –
Other(specify)_____ Describe Outcome:_____

How Much Could You Afford to Pay Each Month for This Equipment? \$ _____

Pennsylvania Assistive Technology Foundation

PRIVACY NOTICE

Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations.

We are happy to provide this privacy policy notice, and we hope you will take a few minutes to read it. You will have a better understanding of what we do with the information you provide us and how we strive to keep it private and secure.

This notice explains how we collect, handle, and disclose personal information about you.

Information We Collect:

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications and other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

Information We May Disclose:

We do not disclose nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

Confidentiality and Security of Nonpublic Personal Information

Confidentiality and security of your nonpublic personal information is of paramount importance to us. We maintain physical, electronic and procedural safeguards in compliance with all applicable laws and regulations to guard your nonpublic personal information from unauthorized access, alteration and destruction. We restrict access to your nonpublic personal information to those employees and other parties who must use the information to provide services to you.

_____ Initial that you have read and understand PATF's privacy statement.

Pennsylvania Assistive Technology Foundation

HMDA FORM

TO BE COMPLETED FOR HOME MODIFICATION LOANS, ONLY.

Applicant : _____

Co-Applicant: _____

INFORMATION FOR GOVERNMENT MONITORING PURPOSES (APPLICANT AND CO-APPLICANT)

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 the 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

RACE:

- AMERICAN INDIAN or ALASKAN NATIVE
- ASIAN
- BLACK or AFRICAN AMERICAN
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
- WHITE

SEX:

- MALE
- FEMALE

ETHNICITY:

- HISPANIC or LATINO
- NOT HISPANIC or LATINO

CO-APPLICANT:

I DO NOT WISH TO FURNISH THIS INFORMATION

RACE:

- AMERICAN INDIAN or ALASKAN NATIVE
- ASIAN
- BLACK or AFRICAN AMERICAN
- NATIVE HAWAIIAN or OTHER PACIFIC ISLANDER
- WHITE

SEX:

- MALE
- FEMALE

ETHNICITY:

- HISPANIC or LATINO
- NOT HISPANIC or LATINO