

**Utah Assistive Technology Foundation (UATF)**  
**Small Business Loan Eligibility**

How did you hear about the UATF? \_\_\_\_\_

1. Applicant's Name: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Home Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

4. Telephone: \_\_\_\_\_ Email address: \_\_\_\_\_

5. Type of Disability: \_\_\_\_\_

6. **Please attach proof of your disability from a medical professional or enrollment in SSI or SSDI. Failure to provide documentation will lengthen the process and may result in denial.**

7. Please mark your current employment status:

- Unemployed
- Employed
- Self-employed

Please list your current monthly income: \$ \_\_\_\_\_

8. Please mark the following employment barriers that you have experienced and that your job or self-employment will overcome:

- |   |   |
|---|---|
| <input type="checkbox"/> Inadequate transportation      | <input type="checkbox"/> Fatigue                          |
| <input type="checkbox"/> Inaccessible work environments | <input type="checkbox"/> The need for personal assistance |
| <input type="checkbox"/> Demanding work schedule        | <input type="checkbox"/> Lack of employment opportunities |
| <input type="checkbox"/> Other (please explain) _____   |   |

9. Please mark the type of equipment you are seeking funding for:

- |  |  |
|--|--|
| <input type="checkbox"/> Communication equipment   | <input type="checkbox"/> Computer equipment and related software |
| <input type="checkbox"/> Home/office modifications   | <input type="checkbox"/> Office furniture and equipment          |
| <input type="checkbox"/> Vehicles  |  |
| <input type="checkbox"/> Tools of the trade (tools or equipment specific to your business) |  |

10. Please tell us the **amount** you are applying for, the **purpose of the loan**, and briefly about your proposed job or business:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Please mark your employment goals:

- |   |   |
|---|---|
| <input type="checkbox"/> Expand existing business   | <input type="checkbox"/> Become newly self-employed                     |
| <input type="checkbox"/> Change to self-employment from an existing job                           | <input type="checkbox"/> Change to teleworking for an existing employer |
| <input type="checkbox"/> Become newly employed in teleworking or telecommuting for a new employer |   |
| <input type="checkbox"/> Other goal _____   |   |

12. Please list or circle other funding sources you will use: VR, PASS, Loans, Medicaid Waivers, IDAs, Churches, Foundations, Self/Family, None, Other \_\_\_\_\_

***I verify that all of the above information is accurate to the best of my knowledge:***

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_