

# AT Bank Loan Application



Low Interest Loans  
for People  
with Disabilities

1187 Alturas Drive  
Moscow, ID 83843  
Phone 1-800-432-8324  
Fax 208-885-6102



# **Idaho Assistive Technology Project**

## **Assistive Technology Financing Program**

The goal of the Idaho Assistive Technology Loan Program is to help the citizens of Idaho meet their assistive technology needs. Please remember that we are only a phone call away if you feel you need assistance or clarification.

### **What is the Idaho Assistive Technology Loan Program?**

The Idaho Assistive Technology Loan Program is a consumer-directed program funded by both private and public money that is designed to help Idahoans obtain and use the assistive technologies they need. The program has been in existence since 1994, thanks to the combined efforts of the Idaho Assistive Technology Project, the Idaho Community Foundation, First Security Bank of Idaho, KeyBank of Idaho, and private citizens like you. In 2003, Zions Bank joined the Loan Program to offer their services.

### **Who can apply for a loan?**

Any person residing in Idaho who is either a person with a disability, is an immediate family member of a person with a disability, or is a conservator, guardian, or other person acting on behalf of a person with a disability can apply for a loan. The loan purpose must be the acquisition or adaptation of assistive technology to be used by the person with a disability.

### **What items qualify as assistive technology?**

Assistive technology has been defined as “any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.” The loan program interprets this very broadly. In the past, loans have been approved for many different items, ranging from computers, hearing aids, prosthesis and augmentative communication devices to wheelchair ramps and vehicle modifications. Loan program funds for vehicle purchases are limited to accessibility modified vehicles up to \$10,000. Banks may work with you to provide loans for standard vehicles under a traditional loan program. If you are not sure if the item you need qualifies under the program, please ask.

### **How much money can I borrow, for how long, and at what interest rate?**

Participating banks currently offer individual loans in amounts up to \$10,000 for as long as 60 months (five years) at the prime rate in effect at the time the loan is made.

### **What if my credit record is poor, I don't have a job, or I will have difficulty repaying a loan?**

The Assistive Technology Loan Program acts as a referral agency to participating banks. In accordance with its credit practices, the banks have the discretion to approve or deny an application. However, the low interest rate offered by the program, coupled with the possibility of a loan guarantee can often help a person who would not qualify under traditional loan programs to obtain a loan. For more information about financial management for people with disabilities, see "Common Cents for Independence" at <http://idahoat.org/services/finance/money-partner>.

### **How soon can I get the money?**

Once the Loan Program Manager receives a completed application, the applicant will be notified when the bank has made a decision on the loan. Approved loans are then sent to the participating bank branch nearest the applicant so that the funds can be dispersed. Loans applications that do not meet the bank's general criteria are reviewed by a review committee at IATP for reconsideration.

### **How do I apply?**

Contact the Idaho Assistive Technology Project (IATP)  
1187 Alturas Drive  
Moscow, Idaho 83843  
**Krista - (208) 885-6097 or (800) 432-8324**  
Fax: **208-885-6102**

**Website:** [www.idahoat.org](http://www.idahoat.org) Click on Link: Assistive Technology Finance Project.  
The loan application is there for you to print. The loan calculator will assist you with the amount of payment. Prime is the interest rate used.

## Before applying for a loan to purchase assistive technology (AT):

\_\_\_\_\_ Be an educated buyer. See ([IATP website](#))

\_\_\_\_\_ Check for other funding sources:

- Insurance coverage or discount agreements? (Medicaid Waiver programs may have coverage for AT that is not covered under the standard plan. Blue Cross and other insurance companies have hearing aid discount programs...)
- Veteran? Check to see if there is VA coverage for the assistive technology.
- If the AT is needed to obtain or maintain employment, contact the Idaho Division of Vocational Rehabilitation to see if you qualify for financial assistance. <https://vr.idaho.gov/>
- If the disability is due to a work-related injury, contact the Idaho Industrial Commission regarding coverage. <https://iic.idaho.gov/worker/worker.html>
- Low income? Call the Idaho Assistive Technology Project to ask about alternative funding options: 1-800-432-8324.

\_\_\_\_\_ For home modifications, check these resources for funding and qualifications:

- Medicaid Waivers (If you are on the Aged & Disabled or Developmental Disabilities Waivers, contact your nurse reviewer at your Regional Medicaid Unit.)
- USDA Rural Development Home Improvement Grants/Loans (rural areas only) <https://www.rd.usda.gov/programs-services/single-family-housing-repair-loans-grants>
- Habitat for Humanity, Interlink, Elderhelp, or other community service organizations

\_\_\_\_\_ If you are seeking a loan for hearing aids, check the following resources for consumer advice about selecting hearing aids and financing them:

Hearing Aid Buying Guide (Consumer Reports)

<http://www.consumerreports.org/cro/hearing-aids/buying-guide>

Consumer Guide to Hearing Aids (AARP)

[https://assets.aarp.org/www.aarp.org/articles/health/docs/hearing\\_guide.pdf](https://assets.aarp.org/www.aarp.org/articles/health/docs/hearing_guide.pdf)

## Resources for Consumer Advice - continued

Purchasing a Hearing Aid: A Consumer Checklist (Hearing Loss Association of America)

[http://www.hearingloss.org/sites/default/files/docs/Fact\\_Sheet\\_PurchasingHearingAid.pdf](http://www.hearingloss.org/sites/default/files/docs/Fact_Sheet_PurchasingHearingAid.pdf)

Hearing Aids: How to Choose the Right One (Mayo Clinic)

<http://www.mayoclinic.org/diseases-conditions/hearing-loss/in-depth/hearing-aids/art-20044116>

7 Tips for Buying a Hearing Aid (Harvard University)

<http://www.health.harvard.edu/healthbeat/7-tips-for-buying-a-hearing-aid>

5 Ways to Cut Hearing Aid Costs (Consumer Reports)

<http://www.consumerreports.org/hearing-aids/save-on-cost-of-prescription-hearing-aids/>

Financial Assistance for Hearing Aids (betterhearing.org)

[http://www.betterhearing.org/sites/default/files/hearingpedia-resources/Financial\\_Assistance\\_for\\_Hearing\\_Aids.pdf](http://www.betterhearing.org/sites/default/files/hearingpedia-resources/Financial_Assistance_for_Hearing_Aids.pdf)

# Assistive Technology (AT) Bank Credit Application

I am requesting a loan through Zion Bank  | KeyBank

I am requesting a loan in the amount of \$ \_\_\_\_\_ for \_\_\_\_\_ months. **Purpose (required):** \_\_\_\_\_

Charge my monthly payments to my Bank \_\_\_\_\_ **Account No.** \_\_\_\_\_

**INDIVIDUAL APPLICATION** – I am applying for credit based solely on my own creditworthiness and income.

**JOINT APPLICATION** – I am applying with a Co-applicant based on our combined incomes and creditworthiness. I understand that if any assets are not jointly owned, I must identify on the joint financial information who owns the asset or complete a separate application.

**CO-SIGNER APPLICATION** – I am applying as a co-signer for another applicant(s). In case of default by the applicant(s), I agree to pay the debt in full, plus late fees or collection costs that you may incur. If this debt is ever in default, I understand that the default may become a part of my credit report.

**NOTICE:** if you are married, you can still apply for a separate account in your own name. If you are married and reside in a community property state such as AK, AZ, CA, ID, LA, NM, TX, NV, WA or WI, the assets of your marital community may be liable on this account even if you apply for an individual account and this application is not signed by your spouse (unless you attach a signed statement that you wish to apply for a separate account based solely on your separate assets). **Marital Status:**  Married  Unmarried  Separated

## APPLICANT INFORMATION

First Name		M.I.	Last Name		Sr., Jr. or III.	Social Security No.		Date of Birth	Month	Day	Year
Home Address		Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own	County	How long? _____ Yrs _____ mo		
Mailing Address		Street	APT #	City	State	Zip Code	Home Phone ( )		Email Address		
Previous Address		Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own	How long? _____ Yrs _____ mo			
Name of your Employer		Position Held	Business Phone ( )		How long? _____ Yrs _____ mo	Gross Monthly Salary \$		Monthly Mortgage or Rent Payment \$			
OTHER INCOME: You need not disclose alimony, child support, or separate maintenance payments unless you wish to have it considered as a basis for repaying this loan.						I receive \$ _____ per month from _____		I receive \$ _____ per month from _____			
If you pay alimony, child support, or separate maintenance, please include them as obligations. Obligation \$ _____ (per month) Years remaining _____											
Name of Previous Employer (if at current address <2 yrs)			Position Held			Business Phone ( )		How long? _____ Yrs _____ mo			
Name/address of nearest relative not living with you			Relationship		Home Phone ( )		Name of Applicant's Bank		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

## CO APPLICANT INFORMATION

First Name		M.I.	Last Name		Sr., Jr. or III.	Social Security No.		Date of Birth	Month	Day	Year
Home Address		Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own	How long? _____ Yrs _____ mo			
Mailing Address		Street	APT #	City	State	Zip Code	Home Phone ( )		Email Address		
Previous Address		Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own	How long? _____ Yrs _____ mo			
Name of your Employer		Position Held	Business Phone ( )		How long? _____ Yrs _____ mo	Gross Monthly Salary \$		Monthly Mortgage or Rent Payment \$			
OTHER INCOME: You need not disclose alimony, child support, or separate maintenance payments unless you wish to have it considered as a basis for repaying this loan.						I receive \$ _____ per month from _____		I receive \$ _____ per month from _____			
If you pay alimony, child support, or separate maintenance, please include them as obligations. Obligation \$ _____ (per month) Years remaining _____											
Name of Previous Employer (if at current address <2 yrs)			Position Held			Business Phone ( )		How long? _____ Yrs _____ mo			
Name/address of nearest relative not living with you			Relationship		Home Phone ( )		Name of Co-Applicant's Bank		<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

By signing this application, I/we acknowledge that 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Signature of Co-Applicant \_\_\_\_\_ Date \_\_\_\_\_





## IDAHO ASSISTIVE TECHNOLOGY LOAN APPLICATION

PLEASE COMPLETE AND RETURN TO

Idaho Assistive Technology Project

1187 Alturas Drive  
Moscow, Idaho 83843

Name of Applicant: \_\_\_\_\_

Please check the appropriate boxes to the answer to the following questions:

I **do**  / **do not**  have debts that are past due.

I **have**  / **have not**  had collateral repossessed or foreclosed. If Yes - date: \_\_\_\_\_

I **have**  / **have not**  filed for bankruptcy. If Yes - date: \_\_\_\_\_

I **have**  / **have not**  transferred my assets to a Trust or Life Estate. If Yes - I will provide the bank with a complete copy of my Trust or Life Estate documents.

I **have**  / **do not have**  tax liens against my property.

For statistical purposes only, please tell us the county where you live: \_\_\_\_\_

Where did you learn of the loan program: \_\_\_\_\_

Your Race: \_\_\_\_\_ Your Gender:  Male  Female

Will the assistive technology be used by you?  YES  NO

Name and age of assistive technology user (if different than applicant): \_\_\_\_\_

Please describe your/their disability: \_\_\_\_\_

**\*\*Please include documentation of disability such as prescription for device, etc., if available.**

Please list the items, training, and/or services for which you are requesting a loan, along with the cost of each item. Also, attach to this application a copy of any available documentation such as a bid, invoice or detailed description:

Please describe how this assistive technology will increase or maintain functional capabilities of the technology user:



## Assistive Technology Financial Loan Program CUSTOMER IDENTITY VERIFICATION FORM

### Applicant Information

### Co-Applicant Information

<b>Name</b>		
<b>SSN</b>		
<b>E-Mail Address</b>		
<b>Date of Birth</b>	(Month/Day/Year)	(Month/Day/Year)
<b>US Citizen</b>	Yes _____ No _____	Yes _____ No _____
<b>ID Type &amp; ID Number</b>  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  <b>Note: A copy of a 2<sup>nd</sup> piece of ID is helpful</b>	Type of ID: _____  ID#: _____	Type of ID: _____  ID#: _____
<b>Issued &amp; Expiration Date of ID</b>	Date of Issue: _____  Date of Expiration: _____	Date of Issue: _____  Date of Expiration: _____



# Idaho AT Financial Loan Program:

## Monthly Budget Worksheet for \_\_\_\_\_



Please supply the following information:

Income:	Amount
Net Salary	
Spouse's Net Salary	
Investment/Rental Income	
Reimbursements	
Social Security	
Retirement	
Other (specify) Food Stamps, Child Support, etc.	
<b>Total Income</b>	

Assets (Value)	Amount
Real Estate	
Vehicles:	
Savings	
Retirement	
<b>Total Assets</b>	

Expenses:	Amount
Housing: <input type="checkbox"/> Mortgage <input type="checkbox"/> Rent	
Monthly Bills:	
Credit card (Current Balance) _____	
Credit card (Current Balance) _____	
Credit card (Current Balance) _____	
Auto loan (Current Balance) _____	
Auto Insurance	
Medical Insurance	
Medical/Dental Expenses:(Current Balance) _____	
Utilities	
Phone	
Internet	
Gasoline	
Groceries	
Daycare	
Property taxes	
Other Expenses/Debts (Please list below)	
<b>Estimated AT Loan Payment</b> (See Loan Calculator on website)	
<b>Total</b>	

Income Vs. Expenses	Amount
Monthly Income	
Monthly Expenses	
<b>Funds Remaining</b>	



Assistive Technology Financial Loan Application  
**DISCLOSURE CONSENT FORM**

(PLEASE SIGN AND RETURN WITH COMPLETED APPLICATION)

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, 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. In addition, I give consent for the IATP to communicate with the vendor of the item being purchased any information pertinent to the loan process. I hereby waive any and all rights 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.

I give permission for \_\_\_\_\_ to speak on my behalf regarding this application. Their phone number is (\_\_\_\_)\_\_\_\_\_.

The information provided in this application is true to the best of my knowledge.

\_\_\_\_\_  
Applicant Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Co-Applicant Signature

Date: \_\_\_\_\_