



Loan Application Checklist

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

Note: The following is required for both applicants and co-applicants. Additional documents may be required.

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

Examples of identification include: (expired identification NOT ACCEPTED)

- 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 insurance card
- Social Security card

Proof of Income

Examples of proof of income include, but are not limited to:

- Two current paystubs and two most recent W-2s
- 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.

Additional documentation may be required



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

An Official Vendor Quote

The quote should include the following:

- A breakdown of costs
- Vendor contact information
- If you are purchasing a vehicle, your quote must include: VIN, year, make, mileage, and type of accessible modifications.

Loan Application (all pages *must* be completed and submitted)

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, please complete the HMDA Form on page 9.

Please Note: We do not reimburse for previously purchased items.

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.

Required information for PATF to process your application:

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: _____

Previous Employer (if less than two years): _____

Previous Employer's Address: _____

PATF Loan Application – MUST be completed

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: _____ County: _____

How Long at This Address: _____ Telephone Number: _____

Email Address: _____ Cell Phone Number: _____

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: _____

PATF Loan Application – MUST be completed

INFORMATION ABOUT CO-APPLICANT (continued)

Nearest relative or other party not living with you:

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, 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 – INCOME & EXPENSES (Documentation verifying income will be required)

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 Accts \$ _____

PATF Loan Application – MUST be completed

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 Accts \$ _____

Monthly Expenses (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: _____

PATF Loan Application – Review and Sign

AUTHORIZATION

I/We understand and agree that any information provided to or otherwise collected by PATF may be provided to one or more lenders (each, a “Lender”) in connection with my/our request for financing. I/We authorize PATF to share any and all information with any Lender, and also authorize such Lender to share any and all information regarding me/us, any loan application and any loan (including, without limitation, loan status) referred to such Lender by PATF with PATF and its representatives.

I/We acknowledge and agree that each Lender, its agents, successors and assigns are third-party beneficiaries having the right to enforce the authorizations and certifications contained within this Application, and to exercise any rights and remedies to which they may be entitled at law or in equity.

CREDIT REPORT AUTHORIZATION

As part of your application for an extension of credit (“loan”) through Pennsylvania Assistive Technology Foundation (PATF), an approved PATF Lender requests your authorization to pull your credit report, including, but not limited to, your personal credit profile and other information on file at one or more consumer reporting agencies (“credit report”). You understand you are providing “written instructions” to the approved PATF Lender under the Fair Credit Reporting Act which authorizes the Lender to procure your credit report from one or more consumer reporting agencies. You authorize the Lender to verify information in your application and agree that the Lender may contact third parties to verify such information. The Lender may use your credit report(s) to authenticate your identity, to make credit decisions, and for related purposes.

Signature of Applicant

Date

Signature of Co-Applicant (if applicable)

Date

****IMPORTANT:** If you have a Representative Payee, and the Representative Payee is a family member, that person must 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.

PATF Loan Application – MUST be completed

PART I - Individual with Disability

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).

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 STATEMENT AND 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 non-public 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 credit reporting agency (i.e. credit bureaus).

Information We May Disclose:

We do not disclose non-public personal information about our applicants or borrowers or former applicants or borrowers to anyone, except to our partner banks, the credit bureaus and as required by law.

Confidentiality and Security of Non-Public Personal Information

Confidentiality and security of your non-public 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 non-public personal information from unauthorized access, alteration and destruction. We restrict access to your non-public 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 and Notice**

PATF Loan Application – HMDA: TO BE COMPLETED FOR HOME MODIFICATION LOANS, ONLY

HMDA: TO BE COMPLETED FOR HOME MODIFICATION LOANS, ONLY.

Applicant: _____

Co-Applicant: _____

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

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law require that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for “ethnicity” and one or more designation for “race.” The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in-person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or martial status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

Applicant

The Demographic information was provided through:
 Face-to-Face Interview (includes video component)
 Phone Interview
 Fax or Mail
 Email or Internet

Ethnicity

Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic of Latino – enter origin

For example: Argentinean, Colombian, Dominican, Nicaragua, Salvadoran, Spaniard, and so on.

Not Hispanic or Latino
 I do not wish to provide this information
 Information not provided
 Not applicable

Race

American Indian or Alaska Native
 Enter name of enrolled or principal tribe:

 Asian
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian – enter race:

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

Co-Applicant _____ **No Co-Applicant**

The Demographic information was provided through:
 Face-to-Face Interview (includes video component)
 Phone Interview
 Fax or Mail
 Email or Internet

Ethnicity

Hispanic or Latino
 Mexican Puerto Rican Cuban
 Other Hispanic of Latino – enter origin

For example: Argentinean, Colombian, Dominican, Nicaragua, Salvadoran, Spaniard, and so on.

Not Hispanic or Latino
 I do not wish to provide this information
 Information not provided
 Not applicable

Race

American Indian or Alaska Native
 Enter name of enrolled or principal tribe:

 Asian
 Asian Indian Chinese Filipino
 Japanese Korean Vietnamese
 Other Asian – enter race:

For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.

Race (continued)

- Black or African American
- Native Hawaiian or other Pacific Islander
- Native Hawaiian Guamanian or Chamorro
- Samoan
- Other Pacific Islander – enter race:

For example: Fijian, Tongan, and so on.

- White
- I do not wish to provide this information
- Information not provided
- Not applicable

Sex

- Female
- Male
- I do not wish to provide this information
- Information not provided
- Not applicable

Race (continued)

- Black or African American
- Native Hawaiian or other Pacific Islander
- Native Hawaiian Guamanian or Chamorro
- Samoan
- Other Pacific Islander – enter race:

For example: Fijian, Tongan, and so on.

- White
- I do not wish to provide this information
- Information not provided
- Not applicable

Sex

- Female
- Male
- I do not wish to provide this information
- Information not provided
- Not applicable