



AZLAT
ARIZONA LOANS for ASSISTIVE TECHNOLOGY

“Independence is priceless. We make it affordable.”

Date Received: _____
ID Number: _____

Arizona MultiBank Loan 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. Borrowers must demonstrate the ability to repay the loan. Completion of this form does not guarantee that a loan will be granted.

Please print or type:

1. Name of person with a disability: _____ Age: _____
2. Please check the box that best describes the relationship between the person with a disability and the borrower(s): **SELF** **SPOUSE** **PARENT** **CHILD** **GUARDIAN**
 SIGNIFICANT OTHER (specify): _____
3. Describe the disability of the person who will be using the assistive technology: _____

4. Explain how the assistive technology devices/equipment will affect independence, education, and/or employment (**please be specific**): _____

5. Please complete information regarding the borrow and co-borrower (if applicable):

	Borrower	Co-Borrower
a. Name		
b. Social Security Number		
c. Date of Birth	Month/day/year / /	Month/day/year / /
d. Mailing Address		
e. City/State/Zip		
f. Phone	()	()
g. Email		
h. Are you a current legal Arizona Resident?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

6. Please complete information regarding the employment for the borrower and co-borrower (if applicable):

	Borrower	Co-Borrower
a. Employed?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Occupation:		
c. How long in this current position?		
d. Primary Employer:		
e. Employer's address:		
f. City/State/Zip:		
d. Secondary Employer:		
e. Employer's address:		
f. City/State/Zip:		

7. Please include a list of **all** current sources of **monthly income**. Printed verification of income must be attached to the application.

	Borrower	Co-Borrower
a. Employment (gross income)	\$	\$
b. Temporary Assistance for Needy Families	\$	\$
c. Social Security	\$	\$
d. Social Security Supplemental Income (SSI)	\$	\$
e. Social Security Disability Insurance (SSDI)	\$	\$
f. Pension/Retirement	\$	\$
g. Disability Benefits (Private/Worker's Compensation)	\$	\$
h. Unemployment Compensation	\$	\$
i. Rental Income	\$	\$
j. Child Support (Need not be revealed if you do not want it considered as income for repayment of this obligation)	\$	\$
k. Alimony (Need not be revealed if you do not want it considered as income for repayment of this obligation)	\$	\$
l. Interest Income	\$	\$
m. General Assistance (GA)	\$	\$
n. Veteran Benefits	\$	\$
o. Other: Specify	\$	\$
p. Other: Specify	\$	\$
Total Combined Monthly Gross Income for Borrower and Co-Borrower	\$	

8. Please provide verification of income sources of the borrower and co-borrower (if applicable):

	Borrower	Co-Borrower
a. SSI/SSDI Benefits Statement or award letter attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
b. Alimony - copy of court order attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
c. Child Support - copy of court order attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
d. Spousal Maintenance - copy of court order attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
e. If employed, please attach copy of pay stubs for the last three (3) months	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
f. If no other income documentation is available, please attach copy of tax returns for the past two (2) years	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
g. Other income (specify) _____ - documentation attached	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

9. Have you ever filed for Bankruptcy? YES NO

10. If so, please state when and under what circumstances did you file for bankruptcy? _____

11. List total monthly payments of all your financial obligations including all credit card and department store charges. If necessary, use an additional sheet of paper.

12. **A. Borrower's financial obligations:**

Obligation	Creditor and Account Number	Balance	Monthly Payment
Car Loan			
Car Loan			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Leases			
Personal Loans			
Rent/Mortgage			
Liens			
Judgments			
Other Loans			
Other Loans			
Total Monthly Debt Payment			\$

B. Co-borrower's financial obligations:

Obligation	Creditor and Account Number	Balance	Monthly Payment
Car Loan			
Car Loan			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Leases			
Personal Loans			
Rent/Mortgage			
Liens			
Judgments			
Other Loans			
Other Loans			
Total Monthly Debt Payment			\$

13. List the name(s) and locations of your financial institution(s) and the account number(s) of your checking, savings, or other account(s):

Bank Name	
Location	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify) _____
Account Number	
Balance	\$

Bank Name	
Location	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify) _____
Account Number	
Balance	\$

Bank Name	
Location	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify) _____
Account Number	
Balance	\$

14. If you do not have an account with a financial institution, you understand and agree to open an account with a financial institution for the electronic transfer of funds as a condition for receiving a loan from this program: **Initials:** _____

15. Is there any other information about your finances that you would like to provide? _____

16. Do you RENT or OWN your residence, or Other: (please specify) _____

17. How long have you resided at current address? _____ Years _____ Months
 a. If you have lived at this address for less than one year, please explain: _____

18. Please include the name and phone number of landlord/mortgagee:
 a. Name: _____ Phone: () _____

19. Describe the type of assistive technology equipment/service that you plan to purchase (include specific item brand names): _____

20. Total dollar amount requested for the assistive technology loan:

	AzLAT	OTHER SOURCE
Equipment	\$	\$
Installation	\$	\$
Insurance	\$	\$
Service Agreements	\$	\$
Maintenance and Repair	\$	\$
Evaluation and/or Training Services	\$	\$
Applicable Taxes	\$	\$
Other (Specify)	\$	\$
TOTAL AMOUNT REQUESTED	\$	

21. Will this equipment be attached to a vehicle? YES NO

a. Is the vehicle in your name? YES NO

b. Is there a lien holder? YES NO

If yes, specify the name of the lender and the amount of the outstanding balance.

c. Lender: _____ \$ _____

d. What is the year, make and model of the vehicle?
 Year: _____ Make: _____ Model: _____

22. What is the total cost of the equipment and services you intend to purchase? (this amount may exceed your loan request) \$ _____

a. Do you have another source of funding contributing toward the purchase of the equipment? YES NO

23. If yes, specify the source and amount of funding:

24. Source: _____ \$ _____

25. In order to verify the cost of the assistive technology, you must attach an itemized price quote from each vendor regarding the device(s) you intend to purchase with this loan. **Initials: _____**
26. Home modifications in excess of one thousand dollars (\$1000) require submission of three bids from licensed contractors who (a) have demonstrated experience providing the type of modification requested, (b) provide a firm, fixed price quote and (c) provide a turnkey service. **Initials: _____**
27. How did you learn about the AzLAT program?
- Arizona Technology Access Program (AzTAP)
 - Brochure or publication
 - Centers for Independent Living
 - Disability-Related Organizations: _____
 - Friend/Relative
 - State Agency/Service Provider: _____
 - World Wide Web
 - Other: _____

Before mailing your application, did you...

- Complete all parts of the application?
- Sign and date the application in ink where signatures are required
- Attach copies of all required income verifications such as SSI/SSDI Benefits Statement or award letter, copy of court ordered Alimony, child support, or maintenance, tax returns, or pay stubs?
- Attach vendor price quotes for the equipment you want to purchase.
- Attach three bids, if applicable, from licensed contractors for home modifications in excess of \$1,000.00?

Return completed application to: Martha Lewis
 Arizona Loans for Assistive Technology
 NAU IHD AzTAP
 2400 N. Central Avenue, Suite 300
 Phoenix, AZ 85004
 Or
 (602) 728-9535 FAX
Martha.Lewis@nau.edu

ARIZONA MULTIBANK

Community Development Corporation

In association with

Arizona Loans for Assistive Technology

APPLICATION CERTIFICATION and AUTHORIZATION

The undersigned, being duly authorized agent(s) and principal(s) of the proposed Borrower, _____, collectively referred to as "Applicant" request that this application be accepted for review. Applicant hereby acknowledges that the "Application" includes the information contained herein, the attachments hereto and the information previously or subsequently provided to the Arizona Loans for Assistive Technology, ("AzLAT Program") on behalf of Arizona MultiBank Community Development Corporation ("MultiBank"). The Applicant certifies that the Application is accurate and complete. Applicant understands that any material misstatement or misleading statement herein is cause for denial or rescission of any approval or assistance received in connection with this Application. Applicant understands that the AzLAT Program will retain this Application whether or not Applicant's loan request is approved. Applicant agrees to notify the AzLAT Program, in writing, of any change in name, address, or employment. **Initials: _____ Initials: _____**

Applicant hereby authorizes the AzLAT Program to check Applicant's credit history and to make all necessary inquiries on behalf of Applicant in order to verify the accuracy of the information Applicant provided to the AzLAT Program. The information obtained will be used to review and approve or deny the application for credit. **Initials: _____ Initials: _____**

Applicant understands that issuance of a loan does not imply any type of warranty by either the AzLAT Program or MultiBank on the device or equipment purchased with loan proceeds. Therefore, Applicant can make no claims against either the AzLAT Program or MultiBank for any defects in the device or equipment, or any accident or injury resulting from its use.

Initials: _____ Initials: _____

Because the AzLAT Program guarantees Applicant's loan from MultiBank, should Applicant default on the loan, and AzLAT Program makes a payment on Applicant's behalf, either partial or in full, Applicant understands that Applicant is obligated to repay that amount of money to the AzLAT Program. Initials: _____ Initials: _____

Applicant further authorizes the AzLAT Program or MultiBank, as it may deem appropriate, to obtain or to furnish and release all or any portion of this Application to all sources for financial or technical assistance, in its efforts to promote and make a determination on this Application for assistance. Applicant further agrees that the AzLAT Program or MultiBank shall not be held liable for any assistance or advice given by any such referral entity. It is further understood that the AzLAT Program or MultiBank are held without liability for any loss whatsoever that might be incurred by Applicant in any personal relationship that may be established in any activity Applicant should hereinafter undertake. **Initials: _____ Initials: _____**

Applicant acknowledges that the AzLAT Program or MultiBank, its directors, officers, employees, auditors, counsel, agents, including, but not limited to, Investment Committee members ("MultiBank Representatives") are in possession of, or may access financial or other information concerning Applicant, or any of Applicant's principals or guarantors, and that such information may be shared in the consideration of this Application. Applicant consents to the disclosure of such information among

MultiBank Representatives and releases the AzLAT Program, MultiBank and MultiBank Representatives from any and all claims and causes of action that Applicant may have against the AzLAT Program, MultiBank or MultiBank Representatives arising out of such disclosure and the consideration and disposition of this application. **Initials:** _____ **Initials:** _____

Applicant hereby acknowledges that the AzLAT Program or MultiBank does not guarantee any specific performance and that any approval will be subject to terms and conditions set forth in the Loan Documents executed by Borrower and MultiBank. **Initials:** _____ **Initials:** _____

Borrower

Co-Borrower

Name: (Please Print) _____

Name: (Please Print) _____

Date: _____

Date: _____

Signature: _____

Signature: _____