

NATIONAL DISABILITY INSTITUTE ALTERNATIVE FINANCE PROJECT ASSISTIVE TECHNOLOGY LOAN APPLICATION

PLEASE FAX: Completed and signed Application form (9 pages)

Copies of Photo ID(s)

Copy of Social Security Card(s)

Proof of Income

Proof of Monthly Expenses (rent/mortgage, heat, electric, etc.)

AT Vendor Quote Listing Vendor business name, address and telephone number

FAX: (202) 449-9521



Questions? Contact Laurie Schaller:

lschaller@ndi-inc.org

(202) 449-9521

Loan Applicant	First Name:	Middle Name:	Last Name:
E-mail:			
Phone:		Alternative Phone:	
Mailing Address:		State:	Zip:
Present Street Address:		State:	Zip:
Most Recent Past Street Address:		State:	Zip:
Date of Birth: / /	Social Security #:		Date of Application:
US Citizen: Yes / No (please circle)	Immigration Status and ID:		
Married: Yes / No (please circle)	Single: Yes / No (please circle)	Separated / Divorced (please circle)	
Driver's License or State ID Number:	Issue Date:	Expiration Date:	
Current Employer:	Work Number:	Years / Months Employed:	
Employer Address:	State:	Zip:	
Representative Payee/Guardian: Yes / No (please circle) Name:	Representative Payee/Guardian Telephone:	Representative Payee/Guardian Email:	
Number of Household Members:	Bankruptcy: Yes / No (please circle)	If Yes, Date:	
Loan Amount:	Type of Assistive Technology:	Assistive Technology Service:	

Loan Co-Applicant	First Name	Middle	Last Name:
E-mail:			
Phone:		Alternative Phone:	
Present Street Address:		State:	Zip:
Most Recent Past Street Address:		State:	Zip:
Date of Birth: / /		Social Security #:	
Married: Yes / No (please circle)	Single: Yes / No (please circle)	Separated / Divorced (please circle)	
Driver's License or State ID Number:	Issue Date:	Expiration Date:	
Current Employer:	Work Number:	Years / Months Employed:	
Employer Address:		State:	Zip:
Representative Payee/Guardian: Yes / No (please circle) Name:	Representative Payee/Guardian Telephone:	Representative Payee/Guardian Email:	
US Citizen: Yes / No (please circle)	Immigration Status and ID:	Bankruptcy: Yes / No (please circle) If Yes, Date:	

NDI Alternative Finance Project Disclosure Statements

1. I/We understand and agree that the information in this application and otherwise collected by NDI may, depending upon the amount and type of credit requested, be provided to one or more loan servicing financial institutions in connection with my/our request for financing.
2. Certification: I/We certify that the information provided in this application is true and correct. I/We authorize NDI to verify the information provided, as of the date set forth with my/our signature on this application. I/we understand that the NDI loan staff will assist with the preparation and updating of this application as information becomes available in an effort to assure that the information presented to the loan servicing financial institution(s) is accurate. In the event that your application is pre-qualified, NDI and its loan servicing financial institutions can in our sole discretion, refuse to make the loan, if, (1) the NDI or the loan servicing financial institution discovers that you, the applicant(s) have made any false or misleading statement in the application documentation and or in the process of applying for the loan, or (2) NDI or the loan servicing financial institution discovers additional information that we determine may adversely affect credit worthiness or your ability to repay the loan.
3. Privacy Notice: NDI collects nonpublic personal information about you from the following sources: Information received from you on the loan application; references, household bills and checking accounts; information about your transactions with others, and information from consumer reporting agencies. NDI does not disclose any nonpublic personal information about applicants or former applicants to anyone, except as permitted by law. NDI restricts access to nonpublic personal information about you to those NDI employees, loan servicing financial institutions and collection agents who need to know the information to provide the loan and loan services to you. NDI maintains physical, electronic and procedural safeguards to protect your information.
4. I/We understand that NDI will request a credit report(s), as appropriate, from TransUnion in connection with this assistive technology loan application or in connection with any update, extension or renewal of any credit extension as a result of this application and for outcome reports. In addition, I/we understand that if I/we ask, NDI will tell me/us whether NDI has requested my/our credit report, and the name and address of the credit reporting agency furnishing the report.
5. In the event that I/we do not make a payment as agreed, NDI will initiate collection activities that may include repossession of the assistive technology device, Commercial Claims Court and Property, Income Execution, or other such remedies as may be available under New York or New Jersey law, as appropriate. I/We, along with any other applicant, co-applicant, and/or co-signer, will be responsible for any and all associated collection costs. If in default, I/we authorize NDI to release information to third parties necessary for collection activities. Further collection and disclosure details will be outlined in the Fixed Rate Note and Security Agreement provided by the servicing financial institution at the time of the loan closing.
6. NDI will contact you on a periodic basis to collect information including, but not limited to, outcomes. This information will be reported to third parties as aggregate data, i.e.: number of loans, loan purposes, employment, earnings and the impact of the loan provision related to productivity and quality of life. In addition, you may be asked to participate in outcome surveys conducted by the AT3 Center: is a sponsored project of the Association of Assistive Technology Act Programs (ATAP) operated under a five-year grant (2016 – 2021) from the Administration for Community Living U.S. Department of Health and Human Services.
7. Acknowledgement of Receipt - NDI AFP Notice of Privacy: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that we provide you with a copy of NDI's Notice of Privacy Practices, and that we make a good faith attempt to obtain your acknowledgement of this receipt.
8. I/We further understand that issuance of a loan does not imply any type of warranty by NDI or any other lender regarding suitability, condition, merchantability or safety of the device or equipment that you purchase with the loan. I/We understand that I/we alone are responsible for selecting the devices or equipment to be

financed. Therefore, I/we agree to make no claims against NDI or the loan servicing financial institution or collection agents, and I/we hereby release NDI, any other loan servicing financial institution, and all of their respective agents, from and against all liability, for defects in any device or equipment or any accident or injury resulting from the use of any such device or equipment.

9. I/We hereby also authorize NDI, and any loan servicing financial institution(s) to whom NDI may refer this application, to disclose to NDI any information about any of us that the loan servicing financial institution(s) or collection agents obtain or compile that may be relevant to decisions NDI may make with respect to the application or loan

10. Important information about procedures for opening an account: Why are we asking for this information? To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: when you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documentation.

11. ___ Unless checked, no applicant(s) with an interest in this account is either (1) a senior military, governmental, or political official in a non-US country or (2) clearly associated with or an immediate family member of such an official. If checked, identify the name of the official, office held, and country:

NDI Pledges to Uphold the Following Loan Applicant Rights:

1. NDI pledges to provide loan services in a manner that assures privacy, non-discrimination and respect for loan applicants' cultural and ethnic environments.

2. To receive accurate and timely information regarding fees associated with the loan application.

3. To be treated with respect, courtesy and fairness by all staff.

4. To be actively included in a comprehensive financial assessment, including the preparation of the loan application and activities associated with any late payment or default of a loan pre-qualified by the Loan Committee.

5. To have services provided by trained staff in accordance with prevailing law and policy.

6. To receive services designed for specific individual needs, guided by a concern for the best interests of the loan applicant.

7. To have NDI AFP staff assist in resolving any questions or complaints regarding the services or documentation of services. A full and fair appeals process is available, as outlined below.

8. To have the right to access records in accordance with NDI policy and procedures. Application records will be held on file for seven years from denial or payment in full.

9. NDI will facilitate accommodations with community partners to ensure equal access to the Alternative Finance Project loan application, provision, loan servicing and collection processes.

10. Loan Appeal: The appeals process will provide the applicant the opportunity to submit additional information that may be helpful in reviewing the application again. The applicant(s) has the right to an appeal within 30 days, as outlined in the denial letter. As part of the appeals process, the loan committee will review new information and make a decision of pre-approval or denial. The project manager will send a letter outlining the decision. If denied, the decision will be final and can no longer be appealed. The applicant may submit a new application 12 months following the appeal denial.

Applicant Signature:

Date:

Co-Applicant Signature:

Date:

Witness:

Date:

Authorization for Verification of Housing and Employment and Intake Appointment

Applicant:		
Mortgage Rep or landlord:	Telephone:	
Employer:	Telephone:	Years/months:
Co-Applicant:		
Mortgage Rep or Landlord:	Telephone:	
Employer:	Telephone:	Years/months:

Intake Credit Review: Please select a convenient day and time.	
Day	Time
Monday	1:00 PM
Wednesday	2:00 PM
	3:00 PM
	4:00 PM
	5:00 PM
	6:00 PM
	7:00 PM
	8:00 PM
I hereby authorize the AFP Program Manager to verify rent/mortgage paid timely within the last year and to verify my continued employment.	
Applicant Signature:	Date:
Co-Applicant Signature:	Date:

NDI AFP Loan Applicant References

Referring Agency: Name	
Agency Address:	
Contact Name:	
Work Telephone number:	
Relative Reference Name:	
Address:	
Home Telephone number:	
Work Telephone number:	
Relative Reference Name:	
Address:	
Home Telephone Number:	
Work Telephone number:	
Non-Relative Reference Name:	
Address:	
Home Telephone Number:	
Work Telephone Number:	
Non-Relative Reference Name:	
Address:	
Home Telephone Number:	
Work Telephone Number:	
Applicant Signature:	
Co-Applicant Signature:	
Witness Signature:	

Spending Plan			
Monthly Expenses		Monthly Income Totals	
		Don't list Alimony/ Child Support/Separate Maintenance if you don't want it considered for repaying the loan.	
	Rent / Mortgage		Take Home Pay (applicant)
	Household Repairs		Take Home Pay (co-applicant)
	Property / School Taxes		Part Time Job
	Heat / Air Conditioning		Support / Alimony
	Electricity		Pension / 401(k) / 403(b)
	Water		Rental Income
	Groceries (\$327 per adult)		Self-Employment Net Income
	Insurance (auto/home owners/life)		Dividends
	Medical (premium & co-payments)		Veteran's Income
	Telephone / Cell		SSI
	Transportation (gas, parking)		SSDI
	Auto loan		Social Security Retirement
	Auto Repairs (\$80 per vehicle)		Worker's Compensation
	Cable / internet		Stipend
	Clothing (\$89 - 100 per person)		TANF
	Day Care / babysitter		SNAP food stamps
	Tuition / after school activities		Child Care Subsidy
	Child Support Paid / Alimony paid		HEAP
	Personal Care (haircuts, nails, tattoos)		Other
	Entertainment		Total Net Income
	Laundry		Total Monthly Expenses
	Newspapers / Magazines / Books		Total Payments to Creditors
	Pets		AT Insurance / Maintenance
	Gifts		AT Loan Payment
	Tobacco / Alcohol / Lottery		Total Expenses (Including AT)
	Church Charities		Total Disposable Income
	Rent-To-Own		
	Banking / Money Order Fees		
	Emergency Savings		
	Other		
	Total Monthly Expenses		

HMDA LOAN
NDI Alternative Finance Project
Complete for Home Modification Loans Only

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, home mortgage disclosure laws.

You are not required to furnish this information, but are encouraged to do so. You may select one of more designations for "Race." The law provides that a lender may not discriminate on the basis of this information, or on where 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	Please Check
I do not wish to furnish this information:	
Race:	
American Indian or Alaskan Native	
Asian	
Black or African American	
White:	
Sex:	
Female:	
Male:	
Ethnicity:	
Hispanic or Latino	
Not Hispanic or Latino	

NDI AFP Loan Applicants' Personal Statement		
Please do not use your name to help us protect your identity.		
Amount available for Down Payment:	\$	
What help have you received to select the assistive technology:		
	Yes	No
Did you use the AT Resource Guide?		
Did the AT Resource Guide help you get an AT grant or assistance?		
Participated in AT device demonstration for Education?		
Participated in AT device demonstration for Employment?		
Borrowed AT equipment:		
Were you able to get some help to pay for AT?		
What additional steps have you taken to get this loan?		
How will this assistive technology help you?		



Fax completed application and supporting documents to: (202) 296-2047

**For application questions,
please contact Laurie Schaller: lschaller@ndi-inc.org
(202) 449-9521**