

NATIONAL DISABILITY INSTITUTE ALTERNATIVE FINANCE PROJECT ASSISTIVE TECHNOLOGY LOAN APPLICATION

(Home Modification)

PLEASE FAX: Completed and signed Application form (10 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

Are you applying for individual credit in your own name and are you relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit request? Yes or No

Loan Applicant	First Name:	Middle Name:	Last Name:	
E-mail:				
Phone:			Alternative Phone:	
Mailing Address:	City:	State:	Zip:	
Present Street Address: How long at this address? Own or rent?	City:	State:	Zip:	
Former street address (complete if residing at present address for less than 2 years):	City:	State:	Zip:	
Date of Birth: / /	Social Security #:	Date of Application:		
US Citizen: Yes / No (please circle)	Immigration Status and ID:			
Driver's License or State ID Number:	Issue Date:	Expiration Date:		
Marital Status: (circle one) Married, Unmarried, Separated (includes single, divorced, widowed)				
Current Employer:	Work Number:	Position: Years / Months Employed:		
Employer Address:	City:	State:	Zip:	
If you are applying for individual credit, you can rely in whole or in part on income or assets from other sources. You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support or separate maintenance payments as a basis for repayment of this obligation please provide the information below.				Income: Type:
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 Term/in months:				

Loan Co-Applicant	First Name	Middle	Last Name:	
E-mail:				
Phone:			Alternative Phone:	
Present Street Address:	City:	State:	Zip:	
How long at this address? Own or rent?				
Former street address (if residing at present address for less than 2 years):	City:	State:	Zip:	
Date of Birth: / /	Social Security #:			
Marital Status: Married, Unmarried, Separated (includes single, divorced, widowed):				
Driver's License or State ID Number:	Issue Date:	Expiration Date:		
Current Employer:	Work Number:	Position: Years / Months Employed:		
Employer Address:	City:	State:	Zip:	
You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income from alimony, child support or separate maintenance payments as a basis for repayment of this obligation please provide that information.		Other income: Type:		
Representative Payee/Guardian: Yes or No: Name:	Representative Payee/Guardian Telephone:	Representative Payee/Guardian Email:		
US Citizen: Yes or No:	Immigration Status and ID:	Bankruptcy: Yes or No: 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:

<p>Intake Credit Review: Please select a convenient day and time.</p>	
Monday	1:00 PM
Wednesday	1:00 PM
	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 and Address	
Agency Name:	
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	
		Do not 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
	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		

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:

Did you use the AT Resource Guide? Yes or No:

Did the AT Resource Guide help you get an AT grant or assistance? Yes or No:

Participated in AT device demonstration for Education? Yes or No

Participated in AT device demonstration for Employment? Yes or No:

Borrowed AT equipment? Yes or No?

Were you able to get some help to pay for AT? Yes or No:

How will this assistive technology help you?



Fax completed application and supporting documents to: (202) 449-9521

For application questions,

please contact Laurie Schaller: lschaller@ndi-inc.org

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