

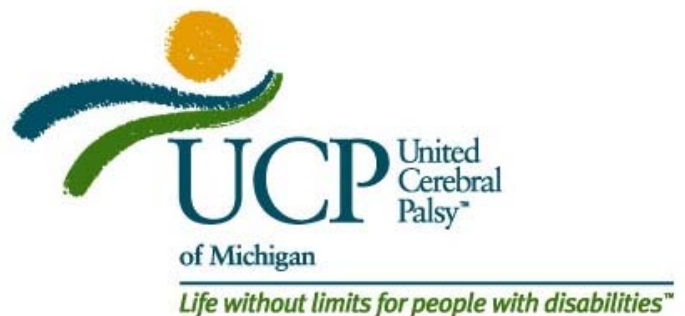


Michigan Assistive Technology Loan Fund

Loan Application Package

This Packet Includes:

- Application Checklist
- Assistive Technology Application
- Michigan Assistive Technology Loan Fund (MATLF)/Option 1 Credit Union (OPTION 1 CU) Application
- Consumer Budget Worksheet
- Option 1 Credit Union Acknowledgement and Waiver and Release of Information
- Release of Information for Required Data Collection Form
- Initial Contact Survey





APPLICATION CHECKLIST

Please review each item and check off the box for completion. **Each item below must be sent in with your loan application in order for the Committee to make a decision about your loan request.**

Assistive Technology Explanation (enclosed)

MATLF / OPTION 1 CU Loan Application (enclosed)

Budget Work Sheet (enclosed) – If applying with co-applicant, specify if worksheet is filled out for applicant or applicant and co-applicant.

Release of Information for Required Data Collection Form (enclosed)

OPTION 1 CU Acknowledgment and Waiver and Authorization to Release Information (enclosed)

MATLF Initial Contact Survey (enclosed)

Proof of Income: This may be a copy of your pay stub, benefit letter, or other statement that can verify income – all income reported must be verified in writing in order to count it as income

Proof of Identity & Residency: This must be a copy of your picture ID (Michigan driver's license or State of Michigan ID) and a copy of your social security card or other form of ID with social security number on it.

Price quotes for all items to be purchased or modifications to be completed as well as price quotes for any training needed to use the equipment purchased with the Loan Funds. This estimate should come from a vendor/seller of the equipment or service and should include exact specifications whenever possible.

If you are applying for a modified vehicle and your loan is approved, you must provide proof of full coverage insurance before closing on the loan. Full coverage insurance must be maintained throughout the life of the loan.

If your loan is approved, you will be required to provide a check or money order in the amount of \$5.00 made payable to Option 1 Credit Union. This \$5.00 will go into a permanent share account in your name. You can use the account as you would any savings account or you can get the \$5.00 back once your loan is paid in full.

**Mail completed application to:
Michigan AT Loan Fund
c/o United Cerebral Palsy of Michigan
3401 E. Saginaw, Suite 216
Lansing, MI 48912
Phone: 1.800.828.2714**

ASSISTIVE TECHNOLOGY EXPLANATION



Note: This form is not required by OPTION 1 CU nor is it submitted to them. It is used by the Loan Committee to determine their decision as they review your loan application. All identifying information is removed prior to review. (Please attach a separate page if necessary).

Describe your disability:

List the AT you would like to purchase with this loan. Please include the estimated life expectancy of the AT:

How will the AT accommodate your disability and improve your independence, productivity, or quality of life?

Have you used or tried this AT before? If not, how do you know this AT will work for you?



BUDGET WORKSHEET

Note: The MATLF uses this form to make decisions on your loan request. This form should be filled out for all applicants. This form is not required by OPTION 1 CU nor is it sent to them. It is intended to assist you in determining if you will have enough money each month to make your new monthly loan payment.

This form is completed for: **Applicant Only** **Applicant & Co-Applicant**

ESTIMATED MONTHLY EXPENSES FOR APPLICANT	AMOUNT
Rent or House (Mortgage) Payment	\$
Utilities (Electric, Gas for Home, Water)	\$
House/Renter's Insurance	\$
Property Taxes – include association dues if necessary	\$
Home Maintenance	\$
Current Car Payment and Insurance Amount – if selling or trading in vehicle, write that here:	\$
New Car Payment and Insurance Amount (if loan is approved)	\$
Car Maintenance (oil, filters, etc.)/Repairs – include amount for gas	\$
Food/Household Goods	\$
Clothing/Laundry/Dry Cleaning	\$
Telephone/Cell Phone	\$
Medical (glasses, prescriptions) – premiums/co-pays	\$
Bus Fare/Other transportation costs	\$
Child Care/Baby Sitting	\$
Pets/Pet Care	\$
Personal Care (haircuts, makeup, etc.)	\$
Entertainment (travel, eating out, cigarettes, alcohol, video rentals, movies, cable TV, Satellite, Internet, other hobbies)	\$
Monthly credit card payments & revolving debt	\$
Birthday and Holiday Presents	\$
Other	\$
Charitable Contributions/Memberships	\$
Total of All Monthly Bills	\$
GROSS MONTHLY INCOME (enter from application)	\$
NET MONTHLY INCOME (subtract total of all monthly bills from Gross Monthly Income)	\$



MATLF LOAN APPLICATION

The boxes below must be completed before we can process your loan application.



Date of Application:		Loan Amount Requested		Items loan will purchase:	
Whose income will be used to process this funding request? <input type="checkbox"/> Assistive Technology User <input type="checkbox"/> Parent/Guardian of Assistive Technology User <input type="checkbox"/> Authorized Representative of Assistive Technology User <input type="checkbox"/> Combined Financial Information					
APPLICANT INFORMATION			CO-APPLICANT INFORMATION		
Legal Name:			Legal Name:		
Married applicants may apply separately. Check the box below to indicate the type of credit you are requesting: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit			Complete this box for Joint or Secured Credit: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unmarried		
Address:			Address:		
City/State:		Zip Code:		City/State:	
Home Phone:		Work Phone:		Home Phone:	
County:		Social Security No:		County:	
Birth Date:		Home Market Value:		Birth Date:	
Rent/House Payment: Per Month		Home Loan Balance:		Rent/House Payment: Per Month	
Mortgage Holder/Landlord:			Mortgage Holder/Landlord:		
MI Driver's License or MI State ID Number:			MI Driver's License or MI State ID Number:		
U.S. Citizen or Permanent Resident? <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other			U.S. Citizen or Permanent Resident? <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other		
Previous Address:			Previous Address:		
Previous City/State:		Previous Zip:		Previous City/State:	

Have you ever obtained a credit card under another name? <input type="checkbox"/> Yes, Name: _____ <input type="checkbox"/> No		Have you ever obtained a credit card under another name? <input type="checkbox"/> Yes, Name: _____ <input type="checkbox"/> No	
Have you ever filed for bankruptcy or had something repossessed? <input type="checkbox"/> Yes, Year Filed: _____ <input type="checkbox"/> No		Have you ever filed for bankruptcy or had something repossessed? <input type="checkbox"/> Yes, Year Filed: _____ <input type="checkbox"/> No	
Are you a co-maker, endorser, or guarantor on any loan or note? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a co-maker, endorser, or guarantor on any loan or note? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does any member of your family belong to the Option 1 Credit Union? <input type="checkbox"/> Yes, Name: _____ <input type="checkbox"/> No		Does any member of your family belong to the Option 1 Credit Union? <input type="checkbox"/> Yes, Name: _____ <input type="checkbox"/> No	
Personal Reference Name:		Personal Reference Name:	
Relationship to You:	Phone:	Relationship to You:	Phone:
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SOURCE OF INCOME – ESTIMATE PER MONTH			
APPLICANT		CO-APPLICANT	
<i>Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not choose to have it considered.</i> You must provide copies of pay stubs, benefit letters, or bank/credit union statements.			
Income (List separately):	Source (List All):	Income (List separately):	Source (List All):
Gross Monthly Income:		Gross Monthly Income:	

EMPLOYMENT INFORMATION	
APPLICANT	CO-APPLICANT
If you listed income from employment, fill in section below:	If you listed income from employment, fill in section below:
Employer:	Employer:
Employment Is (check all that apply): <input type="checkbox"/> Full time <input type="checkbox"/> Part time, hours: _____ <input type="checkbox"/> Seasonal, Months Worked: _____	Employment Is (check all that apply): <input type="checkbox"/> Full time <input type="checkbox"/> Part time, hours: _____ <input type="checkbox"/> Seasonal, Months Worked: _____
Address:	Address:
Supervisor Name:	Supervisor Name:
Work Phone:	Work Phone:
How long have you worked there?	How long have you worked there?
Work E-mail:	Work E-mail:
Most Recent Prior Employer:	Most Recent Prior Employer:
Address:	Address:
Supervisor Name:	Supervisor Name:
Phone:	Phone:



Option 1 Credit Union Acknowledgment and Waiver and Authorization to Release Information

I promise that everything I have stated in this application is correct to the best of my knowledge. I authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If I request, the credit union will tell me the name and address of any credit bureau from which it received a credit report on me. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on any loan application made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA.

I understand that if the piece of equipment breaks or is otherwise inoperable, I am still required to repay this loan.

I understand that it is my choice to purchase this piece of equipment.

I understand that Option 1 Credit Union (OPTION 1 CU) and the Michigan Assistive Technology Loan Fund (MATLF) are not recommending the specific equipment for which I am asking for a loan. I understand that OPTION 1 CU and MATLF are not responsible if the equipment does not work for me. I understand that OPTION 1 CU and the MATLF are not responsible for training me to use the equipment I want to purchase. I understand that obtaining this loan does not imply any type of warranty of the equipment that I purchase with the loan. Therefore, I can make no claims against OPTION 1 CU or the MATLF for defects in the device or for any accident or injury resulting from its use.

Since OPTION 1 CU and United Cerebral Palsy of Michigan (UCP Michigan) have entered into an agreement to administer the Michigan Assistive Technology Loan Fund, I authorize OPTION 1 CU to furnish to UCP Michigan any information about me or my account, which OPTION 1 CU would give to me in the normal course of a business relationship.

Applicant

Date

Co-applicant

Date

ID NO. _____

Release of Information for Required Data Collection

The loan you are applying for is provided through the Alternative Financing Program (AFP) or the Alternative Financing Telework Fund (ATF) program. The federal sponsor of these programs is the Rehabilitation Services Administration (RSA). RSA requires us to track certain characteristics of loan applicants (including age of person who will be using the technology, race, sex, type of technology requested, type and amount of loans requested, and your satisfaction with the loan program). Your answers to this survey will be combined with other survey participants and this data will be published on a website maintained by the University of Illinois at Chicago (UIC).

All personal information that could identify you will be removed.

As part of this process, we invite you to participate in the following survey.

You have the right to refuse to answer any of the questions you do not want to answer and you have the right to decline to participate in this survey.

Your answers on this survey will not be used in any way to decide if you get a loan from the MATLF.

Agreement to release information from Initial Application and Survey

I agree that the Michigan Assistive Technology Loan Fund or the Michigan TeleWork Loan Fund can release the required information into the UIC secure, web-based database. **I understand that the information submitted will NOT contain my name, address or any other identifying information.**

- I do not consent
 I consent to releasing all required information

Signature of Loan Applicant

Date: _____

Michigan Assistive Technology Loan Fund Survey



Completion of the following section is optional. The information is collected for research purposes and is not used for loan determination. **Please answer the questions below about the person who will be using the requested Assistive Technology (AT).**

1. Who is providing information for this loan request? Check one.
 AT User
 Representative of AT User

2. What is the AT User's gender?
 Male
 Female

3. AT User's Date of Birth: _____

4. How did you find out about this program?
 Advertising (e.g. TV, radio, newspaper)
 Information received in the mail
 Information from the World Wide Web/Internet
 Referral from friend/acquaintance
 Referral from professional (e.g. OT, PT, doctor, social worker)
 Referral from a disability-related agency (e.g. MS Society, UCP, CILs)
Agency name: _____
 Referral from a state Assistive Technology program – Title 1 Program
 Referral from an equipment vendor, supplier, or dealer
 Referral from a bank, credit union, or lending institution
 Other (please describe): _____
 Do not know or do not remember
 No response

5. What is your race?
 Caucasian
 Hispanic
 African-American
 American Indian or Alaskan Native
 Native Hawaiian
 Pacific Islander
 Asian Indian
 Asian
 Other (Please specify): _____
 No Response

6. For what type of AT are you currently seeking funding? *Check all responses that apply.*

- Activities of daily living/personal care equipment
- Home or other building modifications
- Worksite or school modifications
- Seating or positioning equipment
- Mobility equipment
- Adapted transportation or vehicle modifications
- Alternative/augmentative communication
- Computer and related equipment
- Computer access hardware, software, or devices
- Environmental control device/equipment (e.g. operate appliance, lights, TV)
- Medical/rehabilitation technology (e.g. brace)
- Hearing aids
- Vision aids
- Recreation aids
- Farm machinery adaptations
- Other (please describe): _____
- No Response

7. Which of your abilities will be affected by the AT requested? (Check all that apply)

- Seeing
- Hearing
- Talking/communicating
- Getting around/mobility
- Handling objects/reaching
- Learning new information
- Remembering
- Interacting with others/socializing
- Other (please describe): _____
- No Response

8. Is English your primary language?

- Yes No (Primary language is): _____
- No Response

9. Do you currently work for pay or for profit?

- Yes, full time (30+ hours/week) Yes, part time (29 or less hours/week)
- No No Response

10. How would you characterize your community?

- Primarily Urban Primarily Suburban
- Primarily Rural
- Other (Please specify): _____
- No Response