



G.R.E.A.T
POSSIBILITIES

Louisiana Assistive Technology Access Network
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ASSISTIVE TECHNOLOGY LOAN PROGRAM 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. Applicants must demonstrate the ability to repay the loan. The applicant may be someone other than the individual with a disability. Completion of this form does not guarantee that a loan will be approved. The Regions Bank Consumer Loan Application must also be completed.

PART I

Please type or print clearly.

APPLICANT

First Name _____ MI _____ Last Name _____

Physical Address _____ Apt _____

City _____ State _____ Zip Code _____

SSN: _____ Parish _____

Mailing Address (If different from physical address) _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____ Email _____

JOINT APPLICANT

First Name _____ MI _____ Last Name _____

Physical Address _____ Apt _____

City _____ State _____ Zip Code _____

SSN: _____ Parish _____

Mailing Address (If different from physical address) _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____ Email _____

CO-SIGNER

First Name _____ MI _____ Last Name _____

Date of Birth ____/____/____ SSN _____ - _____ - _____

Physical Address _____ Apt _____

City _____ State _____ Zip Code _____

Years/Months There _____ Parish _____

Mailing Address (If different from physical address) _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____ Email _____

Employer _____ Your Occupation _____

Employer's Street Address _____

City _____ State _____ Zip Code _____

Employer's Telephone No. () _____ Years Employed there _____

Drivers License or State Issued ID # _____

Issue Date of ID _____ Expiration Date of ID _____

INDIVIDUAL WITH DISABILITY (IF DIFFERENT THAN THE APPLICANT):

First Name _____ MI _____ Last Name _____

Date of Birth ____/____/____ SSN _____ - _____ - _____

Physical Address (If different from applicant) _____ Apt _____

City _____ State _____ Zip Code _____

Parish _____

Mailing Address (If different from physical address) _____

City _____ State _____ Zip Code _____

Home Phone () _____ Work Phone () _____ Email _____

Employer (if applicable) _____ Your Occupation _____

Employer's Street Address _____

City _____ State _____ Zip Code _____

Employer's Telephone No. () _____ Years Employed there _____

Relationship to Borrower: Family Member _____ Guardian _____ Curator _____

Drivers License or State Issued ID # _____

Issue Date of ID _____ Expiration Date of ID _____

**PART II -DISABILITY &
ASSISTIVE TECHNOLOGY INFORMATION**

Describe Disability or Functional Limitations _____

Which of the AT user's 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

____ Ability to earn income

Describe the type of assistive technology equipment or home modification being requested. Include specific brands if applicable. Attach a separate piece of paper if you need more space. If vehicle, give year, make and model.

Please explain how the assistive technology for which you are applying for a loan will improve your independence, productivity, or quality of life. _____

Give total cost of the item/s, including extended warranty, service agreement, insurance and maintenance and repair. \$ _____

Amount of loan request if different from cost of item/s \$ _____

Reason for difference _____

(YOU MUST ATTACH WRITTEN QUOTES ON VENDOR LETTERHEAD OR PURCHASE ORDER WITH DETAILED AND ITEMIZED INFORMATION ABOUT THE ITEM/S AND PRICES)

How did you determine that this is the assistive technology you need?

Self OT PT SLP Hospital

Rehabilitation Center Other expert: _____

Will you need training or assistance with installation, customization, or other services to begin using this assistive technology in a correct and safe manner?

Yes _____ No _____ If yes, tell us what you will need _____

Do you have resources to cover these costs? Yes _____ No _____

Do you want to include the cost of training or assistance in your loan amount?

Yes ___ No ___

PART III – OTHER POTENTIAL FUNDING SOURCES

Note: There are other funding sources that may be available to assist you with your Assistive Technology purchase. If you have not explored or applied for one of these sources, you may wish to consider doing so. We would be glad to help you contact these sources. Whether you decide to apply with another source or just apply with LATAN, we will be happy to process your loan request.

Have you ever looked for funding from any other public or private source for this piece of Assistive Technology?

The table below is a list of the alternative financing options you may want to explore.

FINANCING OPTIONS			
Early Childhood (infant/toddler 0-3) funds	Loan or gift from family	Older American Funds	State Developmental Disabilities Fund
Elderly and Adult Disabled Waiver	Louisiana Rehabilitation Services	Private Insurance	Supplemental Social Security Income (SSI)
Employer Funding	Medicaid	School System Funding (K-12)	Traditional Bank Loan
Foundation or community agency	Medicaid Waiver (NOW Waiver)	Self-Pay	Veterans Administration
Independent Living Funds	Medicare	Social Security Income (SSDI)	Worker's compensation

PART IV – APPLICANT’S FINANCIAL INFORMATION

Have you previously applied to the AT Loan Program? ____ Yes ____ No

If you answered Yes, what was the outcome? _____

Whose income level is being used to process this funding request? (check all that apply)

____ Individual with a Disability ____ Applicant

____ Joint Applicant ____ Co-Signer

Do you: ____ Rent ____ Own ____ Live with parents/relative

Other ____ (please specify) _____

APPLICANT INCOME

Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for paying this obligation.

Estimated Monthly Income. Please include all current sources of monthly income.

Earned Income (Wages, Salary, Self Employment) \$ _____

Supplemental Social Security Insurance (SSI) \$ _____

Social Security Disability Insurance (SSDI) \$ _____

General Assistance (i.e. money from family members) \$ _____

Other Income (describe) _____ \$ _____

_____ \$ _____

Total Monthly Income \$ _____

Estimated Monthly Expenses. *Please include all financial obligations.*

EXPENSE	AMOUNT
<u>Residence:</u>	
Rent or Mortgage payment	\$ _____
Homeowners or Renters Insurance	\$ _____
Utilities (Water, Electric, Gas)	\$ _____
Home Telephone	\$ _____
Cellular Phone	\$ _____
Property Taxes	\$ _____
<u>Transportation:</u>	
Auto Loan	\$ _____
Auto Insurance	\$ _____
Gasoline	\$ _____
<u>Credit Cards: (Please List)</u>	
	\$ _____
	\$ _____
<u>Bank Loans: (Please List)</u>	
	\$ _____
	\$ _____
<u>Insurance/Medical:</u>	
Health/Dental Insurance	\$ _____
Medical/Dental expenses not paid by other source	\$ _____
Prescriptions	\$ _____
Glasses/contacts	\$ _____
Life Insurance	\$ _____
<u>Essentials:</u>	
Groceries	\$ _____
Clothing	\$ _____
Household and Yard Items/Services	\$ _____
<u>Entertainment:</u>	
Eating Out	\$ _____
Cable Television / Satellite / Internet	\$ _____
Movies / Theater / Cigarettes / Alcohol	\$ _____
Hobbies (Sports, pets, arts and crafts, etc)	\$ _____
Other Monthly Expenses: (including Child Support or Alimony Payments) describe below and on separate page.	\$ _____
TOTAL MONTHLY EXPENSES	

Total Monthly Income \$ _____

Total Monthly Expenses/Obligations \$ _____

Amount left over after all expenses paid \$ _____

GIVEN YOUR INCOME, EXPENSES AND OTHER OBLIGATIONS, HOW MUCH DO YOU FEEL YOU CAN YOU AFFORD TO PAY PER MONTH ON A NEW LOAN?

\$ _____

IS THERE A BANKRUPTCY IN YOUR HISTORY? Yes ___ No ___

If you answered Yes to the question above, please explain what caused you to have bad credit or why you filed for bankruptcy. Have you taken any steps to improve your credit or pay off your debts? _____

AUTHORIZATION

Please read carefully before signing.

I/we understand that this is a loan request and I/we authorize the Louisiana Assistive Technology Access Network (LATAN) Program Director, the LATAN President/CEO, the LATAN Loan Review Committee, and/or Regions Bank (RB) to review all information provided, and to obtain from employers, credit reporting agencies, and any other source needed, additional information required to verify the contents of this application.

I/we understand RB and LATAN will retain this application whether or not it is approved. I/we understand that, if the information is for a loan secured by real property, additional information will be required.

I/we understand that LATAN's Loan Program offers peer-to-peer technical assistance for all Applicants.

I/we authorize the release and sharing of pertinent Applicant information between LATAN and RB, including disability, financial, and credit information, and reports for purposes of making decisions about this loan application.

At any time after this application and/or during my/our relationship with the Bank and LATAN, I/we authorize the Bank and LATAN to obtain information concerning my/our employment and credit standing and authorize my/our employer, banks, and/or other listed references to release any requested information to RB and LATAN. RB and LATAN may review from time to time my/our eligibility for any credit extended on the account and may provide information to others.

I/we agree to notify RB and LATAN immediately of any material or significant change in the information provided in this application.

I/we understand that issuance of a loan does not imply any type of warranty of the device/s or services that I/we purchase with the loan, nor that the device/s or services will meet my needs. Therefore, Louisiana Assistive Technology Access Network will not be liable for the possible inappropriateness of the assistive technology, for defects in the device/s or services, or for any accident or injury resulting from the use of the device/s or services.

I/we understand that if my/our loan is denied, I may ask LATAN for a second review. The request must be in writing, and must include my/our credit report, and the letter of denial from the Bank, which states the reasons for the denial.

I/we certify that the Potential Borrower/s is eighteen (18) years of age, or older, affirm that each of the answers given in this application is true and accurate to the best of my/our knowledge, and affirm that the foregoing is a true and correct statement of my/our financial position. I/we understand that it is a federal crime to knowingly make any false statement or report, or to willfully overvalue any property for the purpose of influencing RB or LATAN to act on this application.

Signature of Individual with a disability

Date

Signature of Applicant

Date

Signature of Joint Applicant

Date

Signature of Co-Signer

Date

Signature of individual completing the application (or assisting the applicant with the application)

Print Name _____ Phone _____

*Signature _____ Date _____

***SIGNATURES MUST BE WRITTEN IN INK**

LATAN Assistive Technology Loan Program
APPLICATION CHECKLIST

Before mailing your application, did you...

- π Complete *all parts* of the application
- π Attach copy of driver's license or other state issued identification (both sides)
- π Include proof of income with your application (pay stub, award letter, bank statement, etc)
- π Complete, sign and attach the Regions Bank Consumer Loan Application
- π Complete any documentation or information to verify your disability or how the assistive technology that you are requesting a loan for will benefit you
(See page 3)
- π Complete the detailed description of the assistive technology you need
(See page 3)
 Attach a formal, written, itemized quote on your vendor's company letterhead or purchase order (*If loan request is for a vehicle with modifications, the quote for the vehicle must include tax, title, and license fees and a separate quote for the modifications*) **Applications cannot be processed until this is received.** (page 4)
- π Attach a written prescription from your physician for the Assistive Technology you wish to purchase. If you are seeking to purchase a vehicle, you will need a prescription for the modification on the vehicle (wheelchair lift or hand controls).
- π If you have been approved for funding from another source, provide a statement from that source on their company letterhead with a full description of the funds for which you have been approved (See page 4)
- π Fill in the amount you can afford to pay back each month (See page 6)
- π If loan request is for a vehicle, attach quote on full-coverage insurance for vehicle
- π Attach an explanation of any adverse credit history and/or bankruptcy
(If appropriate) (See page 6)
- π Sign and date the application *in ink* where signatures are required for Applicant, Joint Applicant, Co-Signer and Individual with a disability (See page 8)
- π

APPLICATIONS CANNOT BE PROCESSED UNTIL ALL REQUIRED INFORMATION IS RECEIVED
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