

MICHIGAN ASSISTIVE TECHNOLOGY LOAN FUND - APPLICATION CHECKLIST

This list is provided to let you know what you need to turn in with your loan application. **You must send ALL items in order for your loan to be processed.** Your loan decision will take longer if you do not send in all required information with your loan application.

- Assistive Technology Explanation
- Loan Application
- Budget Work Sheet– this must be completed for each applicant
- Acknowledgment and Waiver and Authorization to Release Information
- Identification Certification of Applicant)- **this must be notarized by a notary public**
- Proof of Income - can 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 as income
- Copy of your Michigan Driver’s License or State of Michigan ID with current address - **the address on your ID must match the address on your loan application.**
- Copy of Social Security Card - if you do not have your card you may send in another form of ID with your name and social security number on it.
- Price quotes for what you want to buy - include price quotes for any training or service needed to use the equipment purchased with the loan.

Price quotes should come from the equipment seller and should include exact specifications whenever possible.
- Vehicle price quotes must include the make, model, model year and mileage of the vehicle. *Vehicle loans should not exceed the blue book value of the vehicle.*
- Written proof of funding from other sources, if applicable. If your funding is conditional on this loan, please tell us that and let us know the name and number of the person at the funding agency.

Mail completed application to the Application Site nearest you or to the:

**Michigan Assistive Technology Loan Fund
c/o United Cerebral Palsy of Michigan
3496 E. Lake Lansing Rd., Suite 170
East Lansing, MI 48823**



LOAN APPLICATION

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



Date of Application:		Loan Amount/Credit Limit Requested:	
Whose income will be used to process this funding request?		<input type="checkbox"/> Assistive Technology (AT) User <input type="checkbox"/> Parent/Guardian of AT User <input type="checkbox"/> Authorized Representative of AT 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/Zip Code:	
Email:		Email:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
County:	Birth Date:	County:	Birth Date:
Social Security Number:		Social Security Number:	
Rent/House Payment: Per Month	Home Loan Balance:	Rent/House Payment: Per Month	Home Loan Balance:
Years There:		Years There:	
Mortgage Holder/Landlord:		Mortgage Holder/Landlord:	
Person Responsible for House/Rent Payment:		Person Responsible for House/Rent Payment:	
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	

APPLICANT INFORMATION		CO-APPLICANT INFORMATION	
Have you ever obtained a credit card under another name?			
<input type="checkbox"/> Yes, Name: _____		<input type="checkbox"/> Yes, Name: _____	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Have you ever filed for bankruptcy or had something repossessed?			
<input type="checkbox"/> Yes, Year Filed: _____		<input type="checkbox"/> Yes, Year Filed: _____	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Are you a co-maker, co-signer, endorser, or guarantor on any loan or note?			
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Does any member of your family belong to Option 1 Credit Union?			
<input type="checkbox"/> Yes, Name: _____		<input type="checkbox"/> Yes, Name: _____	
<input type="checkbox"/> No		<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			
APPLICANT INFORMATION		CO-APPLICANT INFORMATION	
Notice: Alimony, child support, or separate maintenance income need not be revealed if you do not have it considered as a basis for repaying this loan.			
You must provide copies of pay stubs, benefit letters, or bank statements.			
Monthly Income (List separately):	Source (List All):	Monthly Income (List separately):	Source (List All):
Total Income:		Total Income:	

EMPLOYMENT INFORMATION	
APPLICANT INFORMATION	CO-APPLICANT INFORMATION
If you have employment income complete the section below:	If you have employment income complete the section below:
Employer Name:	Employer Name:
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: _____
Employer Address:	Employer Address:
Supervisor Name:	Supervisor Name:
Work Phone:	Work Phone:
How long have you worked there?	How long have you worked there?
Most Recent Prior Employer:	Most Recent Prior Employer:
Address:	Address:
Supervisor Name:	Supervisor Name:
Phone:	Phone:

In the next section, write down each piece of equipment that you'd like to buy with this loan. A written price quote with the seller's name, address, phone and detailed information about the item listed must be included with this application. If your loan is approved, your loan check will be written jointly to the seller of the equipment listed on the price quote and to you.

Your loan will not be processed without a written price quote.

However, if you want to buy a vehicle and you want to know the loan amount you might qualify for prior to shopping for a vehicle, check the box below and we will process your loan decision without a written price quote. You will have to submit a written price quote before you can close on your loan.

I would like to know how much I qualify for prior to shopping for a modified vehicle.

LOAN REQUEST INFORMATION		
Description of AT Equipment/Training for which loan is requested:		Cost Estimate:
Total amount of loan requested:		
How will you make your loan payments to the credit union each month?		
<input type="checkbox"/> I will send a check or money order <input type="checkbox"/> I would like to set up an automatic payment from my <input type="checkbox"/> Primary Share/Savings Account <input type="checkbox"/> Checking Account		
If you are applying for a vehicle, enter the vehicle information below:		
Vehicle Year:	Vehicle Make:	Vehicle Model:
Purchase Price:	Down Payment (if any):	Trade in Payment (if any):
To buy a vehicle using the MATLF it must be modified. This vehicle will be: (check one)		
<input type="checkbox"/> Modified – I will pay for modifications with this loan. <input type="checkbox"/> Modified from another funding source, list source: _____ <i>(You will need to provide proof of funding if funding will be from another source).</i>		
PAYMENT PROTECTION COVERAGE		
The Credit Union will discuss the cost of this voluntary insurance with you if you check "yes." You will need to sign a separate insurance election form that discloses the terms and conditions for coverage to become effective.		
Do you want your loan protected for you and your family if you acquire a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want your loan protected for you and your family in the event of your death?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Application Received By:

Loan Fund Manager

Date: _____

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. If there are any important changes, I will notify the Michigan Assistive Technology Loan Fund (MATLF) at United Cerebral Palsy of Michigan (UCP of MI) and Option 1 Credit Union (Option 1 CU) in writing immediately. I also agree to notify the UCP of MI and Option 1 CU of any change in my name, address or employment within a reasonable time thereafter.

I authorize Option 1 Credit Union/UCP of MI 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 CU and the MATLF are not recommending the specific equipment for which I am requesting a loan. I understand that OPTION 1 CU and the 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.

I understand that the MATLF and Option 1 CU will rely on the information in the request and my credit report to make its decision.

Applicant

Date

Co-applicant

Date

BUDGET WORKSHEET

Note: Complete this form for each applicant. This form is not given to our credit union partner. It is intended to help you decide if you will have enough money each month to make a new loan payment.

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

ESTIMATED MONTHLY EXPENSES FOR APPLICANT	AMOUNT
1. Housing: Rent or Mortgage Payment	\$
2. Utilities (Electricity, Gas, Water, Phone(s), Trash, TV, Internet)	\$
3. House/Renter's Insurance	\$
4. Property Taxes – include association dues if necessary	\$
5. Home Maintenance	\$
6. Transportation: Car Payment and Insurance Amount for first car	\$
7. Car Payment and Insurance Amount for second car, if applicable	\$
8. Car Maintenance (oil, filters, etc.)/Repairs and Gas	\$
9. Bus Fare/Other transportation costs	\$
10. Loans: Monthly Credit Card Payments	\$
11. Line of Credit Payments	\$
12. Student Loans or other loans	\$
13. Food & Living Expenses: Clothing, laundry, dry cleaning, food and household goods, child care, pets and pet care, personal care, etc.	\$
14. Medical (glasses, prescriptions) – premiums/co-pays	\$
15. Entertainment & Miscellaneous: Travel, eating out, cigarettes, alcohol, video rentals, movies, hobbies, birthday or holiday gifts, charitable contributions, gym memberships, etc.	\$
16. Other	\$
17. Other	\$
18. Total of All Monthly Bills	\$
19. GROSS MONTHLY INCOME (enter from Page 6 of loan application)	\$
20. Total of All Monthly Bills (repeat from line 18)	-
21. NET MONTHLY INCOME (subtract total of all monthly bills from Gross Monthly Income) - this is how much you will have to repay your loan each month.	\$

ASSISTIVE TECHNOLOGY EXPLANATION

Note: This form is not required by our credit union partner, nor is it given to them. The MATLF is funded in part by a grant from the U.S. Department of Education's Rehabilitation Services Administration. They require us to ask you the following questions. Your answers may be reviewed by the Loan Committee as part of the loan review process. All identifying information is removed prior to review. (Please attach a separate page if necessary).

1. The person providing this information is the: AT User Representative of AT User
2. The AT User is: Male Female
3. AT User's Date of Birth: _____
(Month/Date/Year)
4. Describe the AT User's Disability:

5. For what type of AT are you currently seeking funding? (Check all that apply)

<input type="checkbox"/> Vision	<input type="checkbox"/> Environmental adaptations and home modifications
<input type="checkbox"/> Hearing	<input type="checkbox"/> Vehicle modifications and transportation
<input type="checkbox"/> Speech Communication	<input type="checkbox"/> Computer and related
<input type="checkbox"/> Learning, cognition, and developmental	<input type="checkbox"/> Recreation, sports, and leisure
<input type="checkbox"/> Mobility, seating, and positioning	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Daily Living	

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

<input type="checkbox"/> Seeing	<input type="checkbox"/> Learning new information
<input type="checkbox"/> Hearing	<input type="checkbox"/> Remembering
<input type="checkbox"/> Talking/communicating	<input type="checkbox"/> Interacting with others/socializing
<input type="checkbox"/> Getting around/mobility	<input type="checkbox"/> Other (please describe):
<input type="checkbox"/> Handling objects/reaching	<input type="checkbox"/> No Response

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

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



Identification Certification of Applicant



(A separate, notarized form is needed for each applicant/co-applicant).

Thank you for your interest in the Michigan Loan Funds!

In compliance with the USA Patriot Act, the following identification is required to apply for a loan through the Michigan Assistive Technology or Employment Loan Fund, programs of United Cerebral Palsy of Michigan, in partnership with Option 1 Credit Union. Please provide the information below with your loan application:

1. A photocopy of your valid Driver's License, State or Military ID
2. A photocopy of your Social Security Card
3. This form completed by a notary public.

Applicant's Name _____

Address _____

City _____ State _____ MI _____ Zip _____ County _____

Applicant's Signature _____

Date _____ Notary Name _____

My commission expires _____ Notary public, State of Michigan, County of _____

Acting in the County of _____

If performing a notarial act in a county other than the county of commission.

A notary public may use a stamp, seal, or electronic process that contains all of the information required. However, the stamp, seal, or electronic process shall not be used in a manner that renders anything illegible on the record being notarized. An embosser alone or any other method that cannot be reproduced shall not be used.