



Independence is priceless...we help make it affordable

PATF LOAN APPLICATION

Instructions for Completing Application

Please take a moment to review these instructions for completing the attached Pennsylvania Assistive Technology Foundation (PATF) Loan Application. To insure that your loan will be processed in a timely manner, be sure to submit all the required documentation listed below. Please note that your application cannot be fully processed until all of your documentation has been received.

1. Please use ink to complete this application.
2. Complete and return pages 1-7 of the application form. Keep copies for your records.
3. Detach and read the “**Privacy Rights Notice.**” Keep this notice for your records.
4. If you choose not to respond to a question labeled “optional” check the “**no response**” box. If a question is not applicable (NA) to you, draw a line through it or write “NA” next to the question. This will indicate that you have read the question and did not inadvertently skip the question.
5. **Attach an official quote from your vendor**, providing a breakdown of costs, appropriate signature, vendor’s address and phone number. If you are purchasing a used AT device from another consumer, please include a letter listing the price of the device.
6. You must include **Proof of Income**—examples of income include:
 1. Paystub from your Employer
 2. IRS Tax Return for the past two years (if self-employed)
 3. Supplemental Security Income (SSI) Award Letter or Verification Letter
 4. Other Reportable Income you would like to be considered for your ability to repay a loan
 5. Child Support/Alimony: You are not required to disclose income from alimony, child support, or separate maintenance payments.
 6. Co-applicant’s proof of income
7. Attach a copy of **two** forms of identification; a picture ID and one other form.
 1. Driver’s License (Picture ID)
 2. Non-driver’s identification (Picture ID)
 3. Passport
 4. Utility bill with current address
 5. Medical card

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW 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 documents.

_____ Unless checked, no Applicant(s) with an interest in this account is either (1) a senior military, governmental, or political official in a non-U.S 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 county in the following space provided _____

Pennsylvania Assistive Technology Foundation

CREDIT APPLICATION

Check Appropriate Box: If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only Sections A and D.
 If you are applying for joint credit with another person, complete all sections, providing information in Section B about the joint applicant.
We intend to apply for joint credit. _____

Amount Requested: \$ _____ Applicant _____ Co-Applicant _____

What are you purchasing: _____

SECTION A – INFORMATION REGARDING APPLICANT

Full Name (Last, First, Middle): _____ Date of Birth: ____/____/____

Current Street Address: _____

City: _____ State: _____ Zip: _____ County: _____

Telephone Number _____ Email Address: _____ How Long at this Address: _____

Social Security Number: _____ Number of People in Your Household (Related & Unrelated) _____

Driver's License or State ID No.: _____ Issue Date _____ Expiration Date _____

What is Your County of Citizenship? _____

Previous Street Address (if less than two years): _____

City: _____ State: _____ Zip: _____

Current Employer: _____ Telephone Number: _____

Position or Title: _____ Years/Months Employed: _____

Employer's Address: _____

Previous Employer (if less than two years):

Previous Employer's Address (if less than two years):

Name of Nearest Relative or Other Party Not Living With You: _____

Telephone Number: _____ Relationship: _____

Address: _____

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CREDIT APPLICATION

SECTION B – INFORMATION ABOUT CO-APPLICANT (IF APPLICABLE)

Full Name (Last, First, Middle): _____ Date of Birth: ____/____/____

Present Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number _____ Email Address: _____

How Long at this Address: _____ Social Security Number: _____

Driver's License or State ID No.: _____ Issue Date _____ Expiration Date: _____

What is Your Country of Citizenship? _____

Previous Street Address (if less than 2 years): _____

City: _____ State: _____ Zip: _____

Present Employer: _____ Telephone Number: _____

Position or title: _____ Years /Months Employed: _____

Employer's Address: _____

Previous Employer (if less than two years): _____

Previous Employer's Address (if less than two years): _____

Name of nearest relative not living with Joint Applicant or Other Party: _____

Telephone Number: _____ Relationship: _____

Address: _____

SECTION C – MARITAL STATUS

Applicant: Married Separated Unmarried (including single, divorced, and widowed)

Co-Applicant Married Separated Unmarried (including single, divorced, and widowed)

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CREDIT APPLICATION

SECTION D – ASSET AND DEBT INFORMATION If Section B has been completed, this section should be completed giving information about both the Applicant and Co-Applicant or Other Person. Please mark Applicant-related information with an “A.” If section B was not completed, only give information about the Applicant in this section.

APPLICANT’S INCOME: You are not required to disclose income from alimony, child support, or separate maintenance payments.

Gross Income \$ _____ Week __ Month __ Year __ Income Source _____

Other Income \$ _____ Week __ Month __ Year __ Income Source _____

Do you have a checking account? Yes No Do you have a savings account? Yes No

CO-APPLICANT’S INCOME: You are not required to disclose income from alimony, child support, or separate maintenance payments.

Gross Income \$ _____ Week __ Month __ Year __ Income Source _____

Other Income \$ _____ Week __ Month __ Year __ Income Source _____

HOUSEHOLD INCOME (for mini-loan program ONLY) Please list the names of household members and their gross income.

ASSETS (Optional)

Cash in Banks \$ _____ Stocks/Bonds \$ _____ Retirement Accounts \$ _____

No Response _____

Property Address Securing Loan (if applicable)
Street Address

City _____ State _____ Zip Code _____

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CREDIT APPLICATION

OUTSTANDING DEBTS (Include installment loans, credit cards, rent, mortgages, etc. Use separate sheet if necessary)

Creditor	Name on Account	Original Debt	Present Balance	Monthly Payment	Past Due? Yes/No
Rent /Mortgage		\$	\$	\$	
Credit Cards		\$	\$	\$	
Automobile		\$	\$	\$	
Other		\$	\$	\$	
Total Debts		\$	\$	\$	

If You Are a Homeowner Who Does Not Have Their Property Tax and Homeowner’s Insurance Escrowed, Please List an Estimated Annual Amount For the Property Taxes and Homeowner’s Insurance. The Amounts Can be Combined Into One Figure: _____

If this is a Loan Request for Home Modifications Over \$10,000.00, Please List Estimated Value of the Home: _____

Are You a Co-Applicant on Any Loan or Contract? Yes No

If Yes, for Whom? _____ To Whom: _____

Are There Any Unsatisfied Judgments Against You? Yes No

If Yes, to Whom Owed? _____ Amount: \$ _____

Have You Declared Bankruptcy in the Last 5 Years? Yes No

If Yes, What State? _____ Year dismissed: _____

Other Obligations (e.g., liability to pay alimony, child support, separate maintenance. Use separate sheet if necessary):

AUTHORIZATION

I/We understand and agree that the information in this application and otherwise collected by PATF may, depending upon the amount and type of credit requested, be provided to one or more Lenders (each, a “Lender”) in connection with my/our request for financing.

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001 et seq., and liability for monetary damages to PATF, any other lender, its agents, successors, assigns, insurers, and any other person who may suffer any loss due to reliance upon any misrepresentation I/we made in this application or in any other manner.

Signature of Applicant Date

Signature of Co-Applicant (if applicable) Date

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CREDIT APPLICATION ADDENDUM

PART I - Individual with Disability (if not applicant)

Full Name (Last, First, Middle): _____ Date of Birth: ____/____/____
Relationship to Applicant (if any): _____
Present Street Address: _____
City: _____ State: _____ Zip: _____

PART II – Disability/Assistive Technology Information

Diagnosis of Disability/Disabilities: _____

Device/Equipment/Service for Which the Loan is Requested: _____

Cost of Device/Equipment/Service: \$ _____ (must be complete to process application)

Amount of Loan You are Requesting: \$ _____ (must be complete to process application)

(Attach Quote with Detailed Information about the Product, Cost and Name of Vendor/Seller)

Please Explain How This Assistive Technology Will Assist You With Your Disability. How Will This Device or Service Improve Your Independence, Productivity, or Quality of Life? _____

How Did You Hear About PATF? _____

How Did You Determine That This is The Assistive Technology You Need? (Check all that apply)

Evaluation By a Doctor/Therapist Recommended By: _____

Tried This Device Other (specify): _____

Will you need any of the following? (Check all that apply)

Training Assistance with Installation Assistance with Customization

Other Services (specify): _____

If You Checked Any of the Boxes Above, What Will You Need and What Resources Will You Use to Cover These Costs?

Have You Tried Any Other Sources of Funding to Purchase This Assistive Technology? Yes No

If YES, check all that apply and describe the outcome:

Medical Assistance School District Vocational Rehabilitation Insurance Medicare

Other (specify): _____

Describe Outcome: _____

How Much Could You Afford to Pay Each Month for This Equipment? \$ _____

CERTIFICATION

I/We understand that this is a request for funds that I/We will need to repay. I/We authorize the Pennsylvania Assistive Technology Foundation (“PATF”) to review all information provided and seek additional information from third parties required to verify the contents of this application. All information is true and correct and is provided to obtain the loan I/we am/are seeking. Any misrepresentation on any part of this application could result in rejection of this application or termination of the loan.

I/We further understand that issuance of a loan does not imply any type of warranty by PATF or any other lender regarding the suitability, condition, merchantability or safety of the device or equipment that I/we 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 CAN MAKE NO CLAIMS AGAINST PATF OR ANY LENDER OR ANY OF THEIR AGENTS, AND I/WE EACH HEREBY RELEASE PATF AND ANY OTHER LENDER, 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 ITS USE.**

I/We hereby also authorize PATF and any lender to whom PATF may refer this application to disclose to PATF any information about any of us that the lender obtains or compiles that may be relevant to decisions PATF may make with respect to the application.

Signature of Applicant

Date

Signature of Co-Applicant (if applicable)

Date

Application Checklist

Before you mail your completed application packet to PATF, please take a moment to review off the following list. This will help to insure you have included all necessary information so that your application can be processed. ***Incomplete application packets cannot be processed.***

Did you...

- Attach an **official quote** from the vendor or seller from whom you want to purchase the device? Send (1) quote for each device / service you have chosen.
- Vehicle Loans:** PATF can only provide loans for vehicles that have specialized equipment or modifications for accessibility. If a vehicle is already modified or has specialized equipment, the vendor quote should indicate that. If the vehicle will require modification or equipment, a quote for those modifications/ devices must be included. The cost for modifications / AT devices can be included in the original quote for the vehicle if the same vendor will provide the installation / device. Otherwise, a separate quote is required from a vendor who will provide installation / equipment. Either the applicant or co-applicant's name must be on the vehicle insurance policy.
- Attach Proof of Income.
- Attach 2 forms of ID / Proof of Residence / Photo ID.
- Complete All Parts of the Application (pages 1-7) Form and Forward to PATF?
- Detach "**Privacy Rights Notice**" and Keep for Your Records. Do Not Send This Notice Back to PATF.
- Make a Copy of All Documents You are Forwarding to PATF (pages 1-7) and Keep for Your Records.
- Mail Your Completed, Signed, Application packet (pages 1-7) to:
PATF
1004 West 9th Avenue
1st Floor
King of Prussia, PA 19406
- Completed applications may be faxed to PATF at 484-674-0510, but the original must be mailed along with copies of supporting documents. Please mail on the same day that fax to expedite the process. Any questions? Please call us at 888-744-1938.

Pennsylvania Assistive Technology Foundation

PRIVACY NOTICE

Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations.

We are happy to provide this privacy policy notice, and we hope you will take a few minutes to read it. You will have a better understanding of what we do with the information you provide us and how we strive to keep it private and secure.

This notice explains how we collect, handle, and disclose personal information about you.

Information We Collect:

We collect nonpublic personal information about you from the following sources:

- Information we receive from you on applications and other forms;
- Information about your transactions with us or others; and
- Information we receive from a consumer reporting agency.

Information We May Disclose:

We do not disclose nonpublic personal information about our customers or former customers to anyone, except as permitted by law.

Confidentiality and Security of Nonpublic Personal Information

Confidentiality and security of your nonpublic personal information is of paramount importance to us. We maintain physical, electronic and procedural safeguards in compliance with all applicable laws and regulations to guard your nonpublic personal information from unauthorized access, alteration and destruction. We restrict access to your nonpublic personal information to those employees and other parties who must use the information to provide services to you.