# Show Me Loans Application

Thank you for your interest in a loan to finance assistive technology through the Show Me Loans program. The loan application is enclosed. Answer each question completely, attach all additional documentation for the specific loan you are seeking, and mail the application to our office. Emailed or faxed applications cannot be accepted.

## To be eligible, loan applicants must meet the following requirements

1. Be a Missouri resident.
2. Be a person with a disability, a person with an age related change, or a family member applying on behalf of another family member. Applicants must be of legal age to enter into a contract.
3. Loans can only be used for qualifying items (i.e., assistive technology, DME, vehicle access modifications, homeowner access modifications, hearing aids, etc.)
4. Have obtained a quote from a vendor for the items to be purchased with the loan. If you need assistance finding AT, call our office for help locating AT options.

## Financing options available

1. **Show Me Loan** – Financing for most types of AT devices and services. Loans range from $500 to $15,000. This loan is for AT needs such as hearing aids, adaptations to a home the family or individual own, adaptations to a vehicle the family or individual own, seating and positioning devices, communication devices, adaptive recreational devices, or other items.
2. **Micro Loan** – Financing for AT or durable medical equipment including repair of AT, wearable technology, home automation devices, tablets with AT apps, computers, voice activated devices, refurbished AT under $500. In addition to the cost of the device, loans can include the price of a warranty and/or maintenance agreement. Written verification of a successful trial with or evaluation for the device is strongly encouraged.

Refurbished AT eligible for Show Me Loan can only be purchased through Accessibility Medical Equipment (1-800-756-1107) and must include a warranty, which can also be purchased through Accessibility Medical.

1. **Accessible vehicle Loan-** Financing up to $50,000 for an accessible or converted driver or passenger access vehicle. (A limited number of accessible vehicle loans are made per year, please call our office before applying).

Loan terms vary and are connected with the age of the vehicle. Vehicles cannot be more than 9 years old. Call our office for questions regarding the loan terms.

1. **WorkAbility Loan**- Financing for employment-based AT and related equipment and devices. Loans range from $500 to $15,000. Loans must be related to:
* Obtaining employment
* Self-employment. (Must provide a business plan.)
* Working remotely for an employer. (Must provide verification of employment.)

The interest rate for all approved loans will be between 2% and 4%

## Required Documentation – Your application will not be processed without the following:

For All Loan Applications:

* Completed loan application.
* Photocopy of a Missouri state or military Identification card for all parties on the loan.
* Photocopy of written verification of income or benefits for all parties on the loan.
* Written quote for the Assistive Technology (AT) you wish to finance.
* Written verification of the disability or age related changeto the AT you wish to finance.
* Written verification of additional funds from you or another source contributing to the overall cost of what you need to finance.

 In Addition for Accessible Vehicle Applications:

* Copy of Social Security card for all parties on the application.
* An insurance coverage quote for the new vehicle.
* A quote from the mobility dealer for the total cost of the vehicle.
* If matching or third-party funds will be used to help purchase the vehicle, the funding source must provide written verification of the amount.
* Accessible vehicle applicants must also complete the package of lien information (see pgs. 10-13)) which includes:
	+ Vehicle Title Agreement
	+ Signature/Name Affidavit - for all individuals on the loan
	+ Authorization/Certification Form
	+ Agreement to Provide Insurance Notice

In Addition for Self Employment Applications:

* A business plan with financial projection with anticipated income.

Additional Information:

* Please let us know if you are expecting any change in your income or expenses in the near future; if you rent a property to family or tenant, provide a copy of the rental agreement; if you are expecting any changes in living arrangements in the near future; if the reason for any credit problems are related to a disability; detail what steps you have taken to improve any credit problems; whether any recent moves were required by a job change, promotion, or to improve the quality of life; or any other details you would like to provide for consideration of your application. You may attach another sheet for any responses.
* If you have not used traditional credit, we will consider other records. IF you have paid a store account, a cell phone bill or rent as examples, provide a print out of those payment histories with your application. Call our office for any questions or assistance.

 Mail the application and the attached documents to our offices at:

Missouri Assistive Technology

C/O Eileen Belton

1501 N.W. Jefferson

Blue Springs, MO 64015

 If you have a problem credit history or have any questions, you may contact Missouri Assistive Technology before completing your application. The toll-free number is 800-647-8557.

Applications and attachments **MAY NOT** be emailed or faxed into the office.

## How Your Application Will Be Reviewed

Your application will be reviewed for purpose, application eligibility and ability to repay. To reduce the review time, it is very important that applications are fully completed and all required attachments are included.

A multi-member loan review committee will review the application, your credit history and make a decision based on the information you submitted. Applicants will be notified in writing of the Loan Review Committees decision.

## Please answer the following questions about the loan you are applying for:

1. The primary purpose for which I need (or the person I represent needs) an Assistive Technology device or service is related to: **(Please mark only one answer)**

**\_\_\_ Education:** participating in any type of educational program.

**\_\_\_ Community Living:** carrying out daily activities; participating in community activities; using community services; or living independently.

**\_\_\_ Employment:** finding or keeping a job; getting a better job; participating in other employment training program, vocational rehabilitation program, or other program related to employment.

2. Why did you choose to obtain an Assistive Technology (AT) device/service through a loan from our program? **(Please mark only one answer)**

\_\_\_ I could only afford the AT through this program. (I could not afford it through other programs.)

\_\_\_ The AT was only available to me through this program. (I am not eligible or don’t qualify for other programs, the AT is not provided by other funding sources or the specific device I needed is not provided by other programs.)

\_\_\_ The AT was available to me through other programs, but the system was too complex or the wait time too long.

\_\_\_ None of the above (Explain)

3. Type of AT device being applied for:

€ Vision

€ Hearing

€ Speech Communication

€ Learning, Cognition, Developmental

€ Mobility, Seating, Positioning

€ Daily Living

€ Environmental Adaptations

€ Vehicle Modification or Transportation

€ Computers and Related

€ Recreation

**Show Me Loans – Individualized Financing for Assistive Technology**

Legal Name of Person with a Disability: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_ Disability or Diagnosis: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost of Purchase: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ - Funds from other Source(s): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount Requested: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Device(s) or service(s) to be purchased: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Identify a range for a MONTHLY payment you can afford $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  | **Borrower** | **Co-Borrower** |
| --- | --- | --- |
| Name |  |  |
| Social Security # |  |  |
| Date of Birth |  |  |
| Mailing AddressandCounty |  |  |
| City and Zip |  |  |
| Phone |  |  |
| Email Address |  |  |
| Drivers License # |  |  |
| Rent or Own? |  |  |
| Years at Residence |  |  |
| Monthly Rent or Mortgage Payment |  |  |
| Registered Vehicle (make, model, license # and mileage) |  |  |
| Monthly Benefit or income | $ | $ |
| Employer Name |  |  |
| Bank Account | Yes or No | Yes or No |
| Marital Status (Circle one) | Married UnmarriedDomestic PartnershipMarried, but separated | Married UnmarriedDomestic PartnershipMarried, but separated |
| Alternative Contact #1(Include name, full address and phone number- Relationship  |  |  |
| Alternative Contact #2 (Include name, full address and phone number - Rellationship |  |  |
|  | **Co-Signer** |
| Name |  |
| Social Security # |  |
| Date of Birth |  |
| Mailing AddressCity, Zip |  |
| County |  |
| Phone |  |
| Email Address |  |
| Driver’s License # |  |
| Rent or Own |  |
| Years at Residence |  |
| Monthly Rent or Mortgage Payment |  |
| Registered Vehicle (make, model, license # and mileage) |  |
| Monthly Benefit or income | $ |
| Employer Name |  |
| Bank Account? | Yes or No |
| Marital Status? | Married Unmarried Domestic PartnershipMarried, but separated |
| Alternative Contact #1(Include name, full address and phone number)- Relationship |  |
| Alternative Contact #2 (Include name, full address and phone number)- Relationship |  |

**\*** Co-Signer must provide written proof of income and a copy of state identification.

All individuals on the application MUST sign the Authorization/Certification Form.

## Part 3 – Monthly Budget and Financial Obligations for Borrowers

|  |  |  |
| --- | --- | --- |
|  | **Borrower** | **Co-Borrower** |
| Mortgage/Rent | $ | $ |
| Transportation costs: (Car payment, car maintenance, etc.) | $ | $ |
| Insurance (Health, Auto, Home, Life, etc.) | $ | $ |
| Utilities (Water, gas, electricity) | $ | $ |
| Phones, TV, Internet, Wi-Fi | $ | $ |
| Food & Living expenses (Groceries, laundry, personal care, pets, etc.) | $ | $ |
| Total Monthly credit card payments | $ | $ |
| Child Care/Child Support | $ | $ |
| Student Loans | $ | $ |
| Entertainment or Hobbies (Movies, gifts, smoking, alcohol, etc.) | $ | $ |
| Taxes, association dues and other fees | $ | $ |
| Miscellaneous: | $ | $ |
| **Total Gross Monthly Income** | $ | $ |
| **Total Monthly Expenses** | * $
 | * $
 |
| **Total Available for a Loan Payment** | $ | $ |

## If your last line amount is less than the monthly loan payment, stop here and call our office.

**I have read and understand this application. Everything that I have stated is true and correct to the best of my knowledge. I understand that Show Me Loans will retain this application whether or not it is approved. I agree to notify Show Me Loans, in writing, of any change of name, address, employment or financial status.**

Show Me Loans is authorized to check my credit and to make all inquiries necessary to verify the accuracy of the information provided. Information obtained will be used to review and approve or deny the application for a loan. **I understand that this is an application for a loan that must be repaid to Missouri Assistive Technology.** By signing below, I authorize all persons inquired of to respond in full to Show-me Loans; also I authorize Show Me Loans to provide information about its credit experience with me to credit reporting bureaus.

Authorization is hereby given for the release of any and all information concerning bank accounts, employment, and credit or mortgage verification as requested by the Missouri Assistive Technology Show Me Loan Program.

I understand that MoAT’s Show Me Loan Program may need to contact other agencies and individuals to determine my eligibility and to verify my need for the support for which I am applying. I authorize the release of such confidential information.

I authorize Show-Me Loans to share all financial, credit, and other pertinent information with required entities for the sole purposes of loan approval and loan maintenance.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Name and Contact information of Person who assisted with the Application (If Any):

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## MoAT Logo

## Show-Me Loans

## PRIVACY POLICY & DISCLOSURE

The Gramm-Leach-Bliley Act requires us to tell you what steps we take to safeguard the privacy of the financial information you provide to us. Here is a summary of our privacy and disclosure policies.

### Our Privacy Policy

We may collect non-public personal information about you from the following sources:

* Information we receive from you on your loan application
* People and organizations identified on your loan application
* Information about your transactions with us, our affiliates or others
* Information we receive from a consumer credit reporting agency

### What We Disclose

We do not disclose any non-public personal information about our customers or former customers to anyone except as permitted by law. We may report your payment history to a credit bureau.

### Confidentiality and Security

Missouri Assistive Technology takes every precaution to ensure that your personal information remains private. Accordingly, we restrict access to non-public personal information about you to employees and agents of the Missouri Assistive Technology. Information about you is shared on a need-to-know basis. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard your non-public personal information.

### Questions

If you have any questions or concerns about the privacy and disclosure policies, please contact the Missouri Assistive Technology, Show Me Loans Program, 816-655-6702.

**Keep this page for your records**

## **Accessible Vehicle Application Appendi**x - Pg.1

## Vehicle Title Agreement

You are asking Missouri Assistive Technology (MoAT), Show Me Loan program to make a loan to the undersigned customer, and

Whereas, the payment of the loan is to be secured by title to a certain motor vehicle which would be described in the note and loan instruments by the undersigned to MoAT, and

Whereas, if you are approved, MoAT would issue its special endorsed check, the term of which require the endorsement of its lien on the title as a condition thereof.

Now therefore, in consideration of the premises, it is agreed by the undersigned, customer, as follows:

* Customer agrees to cause MoAT to be endorsed on the original and primary certificate of title for the proposed motor vehicle and any application for new certificate of title and to cause the original certificate.
* Once the approved loan is paid in full, Customer agrees to pay all required fees if required to remove original certificate of title showing lien of MoAT, in accordance with applicable laws, statues, and rules.
* In the event customer breaches this agreement, or defaults in performance of any part of this agreement, such shall be considered a breach of the terms of the loan and note agreement, and MoAT may without further notice, declare all sums due under the loan and note agreements immediately due and payable and take any and all lawful action to collect same, including, within our limitation, repossession of the vehicle.

Signature Date

Signature Date

## **Accessible Vehicle Application Appendi**x -Pg 2

## Signature/Name Affidavit

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Borrower/Co Borrower:

This is to certify that my legal signature is as written and typed below. (This signature must EXACTLY match signatures on the Note.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print or type name) Signature

(If applicable, complete the following.)

I am also known as:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print or type name) Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print or type name) Signature

and that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ & \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are one and the same person.

State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and sworn to me before this\_\_\_\_\_\_\_\_\_\_\_\_day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,20\_\_\_\_.

 X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Notary Public for the State of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Residing at\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Seal)

 My Commission Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Accessible Vehicle Application Appendi**x -Pg. 3

## Authorization / Certification Form

I certify that the information provided in this application is true and correct to the best of my knowledge. Authorization is hereby given for the release of any and all information concerning bank accounts, employment, and credit or mortgage verification as requested by the Missouri Assistive Technology Show Me Loan Program. I understand that MoAT’s Show Me Loan Program may need to contact other agencies and individuals to determine my eligibility and to verify my need for the support for which I am applying. I authorize the release of such confidential information.

Signature Date

Signature Date

Signature Date

Name and Contact Information of Person who assisted with Application (if any)

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## **Accessible Vehicle Application Appendi**x -Pg. 4

## Agreement to Provide Insurance Notice

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will borrow $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from Missouri Assistive Technology (MoAT). As a part of my loan, I agree to do all of the following (in addition to any requirements specified in the Loan documents):

1. Agreement to Provide Insurance:

A. I will insure the property as listed and with the coverage’s shown in the COVERAGES section.

B. I will have MoAT named on the policy, with the coverage’s shown in the COVERAGES section.

C. I will arrange for the insurance company to notify you that the policy is in effect and your status has been noted.

D. I will pay for this insurance, including any fee for this endorsement.

E. I will keep the insurance in effect until the Property is no longer subject to MoAT’s security interest. (I understand that the Property may secure debts in addition to any listed in the LOAN DESCRIPTION section.

2. Description of property:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Coverages: I agree to insure the Property according to the following described risks, amount of coverage, and maximum deductible allowed.

Mark your Automobile Coverages: \_\_\_\_\_Fire \_\_\_\_\_Theft \_\_\_\_\_Collision \_\_\_\_\_Liability \_\_\_\_\_Other

Your expected Monthly Payment $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gap Insurance Coverage: Insurable Value: $\_\_\_\_\_\_\_\_\_\_ Deductible: $ \_\_\_\_\_\_\_\_\_\_

4. Status: Your status shall be listed on the insurance policy as: Lien holder \_\_\_\_

Missouri Assistive Technology shall be listed on the insurance policy as: Lien holder

5. Insurance Company: The insurance policy covering the Property and the insurance company issuing the policy is as follows:

A. Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Effective from: \_\_\_\_\_\_\_\_\_\_\_\_ to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. Insurance company name, agent name, address and phone number:

I agree that I must have **full coverage insurance** on my collateral and unless I provide the Lender with evidence of the insurance coverage required by my agreement with the Lender, the Lender may purchase insurance at my expense to protect the Lender’s interests in the collateral. This insurance may, but need not, protect my interests. The coverage that the Lender purchases may not pay any claim that I make or any claim that is made against me in connection with the collateral. I may later cancel any insurance purchased by the Lender, but only after providing the Lender with evidence that I have obtained insurance as required in our agreement. If the Lender purchases insurances for the collateral, I will be responsible for the costs of that insurance, including interest and any other charges the Lender may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The costs of the insurance may be added to my total outstanding balance or obligation. The costs of the insurance may be more than the cost of the insurance I may be able to obtain on my own.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_