



Show-Me Loans Application

Application Instructions

Please complete each section of the application related to what you are needing to finance. Attach all of the required verification listed in Part 7. All information must be provided in order for your application to be considered. In most cases, the minimum loan amount is \$500 and the maximum is \$15,000. If you are seeking financing for vehicle modifications, the maximum loan amount is \$20,000. As of July 1, 2016, loans are not available for the purchase of a vehicle. **If you have any questions, please call toll-free at 1-800-647-8557.**

MAIL THE APPLICATION FORM TO:

Show Me Loans Program

Missouri Assistive Technology

1501 NW Jefferson St., Blue Springs, MO 64015-7242

Applications and attachments MAY NOT be emailed or faxed.

How Your Application Will Be Reviewed

The Show Me Loans Program will review the application. We will make sure the applicant intends to use the loan for assistive technology for a Missouri resident with a disability, and has the ability to repay the loan.

All information on this application form will be used only to determine your need for and ability to repay this loan. Borrowers must demonstrate the ability to repay the loan. At the end of this application in **PART 7** is a complete list of required attachments that must accompany this application in order to begin the application process. You can call the office staff if you have any questions before applying.

A loan review committee will decide if you meet its standard criteria for a loan and the Show Me Loans Program will notify you of its decision in writing. 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.

Interest rates: Most approved borrowers will have an interest rate ranging from 2 % to 4 %. To find out about what your interest rate would be, go to our website at www.at.mo.gov and look at the Loan Calculator or you can call Missouri Assistive Technology at our toll-free number 800-647-8557.

Missouri Assistive Technology Show-Me Loans

PRIVACY POLICY AND 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 and members of our loan review committee and on a need-to-know basis and co-signors, vendors and providers who need to know that information to provide products or services requested by you. 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.

Show Me Loans

INDIVIDUALIZED FINANCING FOR ASSISTIVE TECHNOLOGY

LOAN APPLICATION

Part 1 (All Applicants)

Name of Person with a Disability: _____

Age _____

What is the disability? _____

Which of your abilities will be effected by the AT requested?

- Seeing
- Hearing
- Mobility
- Speech/Communication
- Learning/Cognitive/Developmental
- Reach/Handling objects
- Remembering
- Interacting with others
- Other

Borrower's Name on the Application: _____

Relationship to Person with a Disability: _____

Part 2 (All Applicants) Place a check or "X" in the box next to your device to finance.

Alternative Financing Program (Complete Parts 3, 4, 8 and 6 for modifying a vehicle)

- Modifications to a vehicle
- Hearing Aids
- Modifications to a Home I/family owns
- Other AT for non-employment reasons

WorkAbility Loan Program (Complete Parts 3, 4, 5, 8)

- Business Equipment
- AT For Employment

Describe what you need to purchase: _____

Note: If you do not find an option for what you wanted to finance on the previous page, stop here and contact our office to clarify.

How did you decide on this device, service or modification?

Identify any business that assisted you with this selection.

How will this purchase improve the life of the person with a disability?

Cost of the Device, service or modification? \$ _____

Amount from other source or deposit? - \$ _____

Total Amount needed for Financing: \$ _____

Name of other funding source: _____

Identify a range of a **monthly payment you can afford** \$ _____

How did you hear about Show-Me Loans? _____

Part 3 (All Applicants)

APPLICANT

First, Initial, Last Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____, MO Zip Code: _____

Mailing Address (If Different): _____

Home Phone: _____ Cell Phone: _____ County: _____

Email Address: _____ Drivers License #: _____

Registered Vehicle, Make, Model and License Number: _____

Rent: _____ Own: _____ Years at Residence: _____

Monthly Gross Income or Benefit: \$ _____

Employer: _____ Occupation: _____ Years There: _____

Employer Address: _____ Phone: _____

Name of Bank: _____ Type of Account? Checking ____ Savings ____

Marital Status: Married ____ Separated ____ Unmarried ____ US Resident? YES ____ NO ____

Two Alternative Contacts:

Name #1: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name #2: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

CO-APPLICANT

First, Initial, Last Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (If Different): _____

Home Phone: _____ Cell Phone: _____ County: _____

Email Address: _____ Drivers License #: _____

Registered Vehicle, Make, Model and License Number: _____

Rent: _____ Own: _____ Years at Residence: _____

Monthly Gross Income or Benefit: \$ _____

Employer: _____ Occupation: _____ Years There: _____

Employer Address: _____ Phone: _____

Name of Bank: _____ Type of Account? Checking _____ Savings _____

Marital Status: Married _____ Separated _____ Unmarried _____ US Resident? YES _____ NO _____

Two Alternative Contacts:

Name #1: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name #2: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

OPTIONAL CO-SIGNER*

First, Initial, Last Name: _____

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (If Different): _____

Home Phone: _____ Cell Phone: _____ County: _____

Email Address: _____ Drivers License #: _____

Registered Vehicle, Make, Model and License Number: _____

Rent: _____ Own: _____ Years at Residence: _____

Monthly Gross Income or Benefit: \$ _____

Employer: _____ Occupation: _____ Years There: _____

Employer Address: _____ Phone: _____

Name of Bank: _____ Type of Account? Checking _____ Savings _____

Marital Status: Married _____ Separated _____ Unmarried _____ US Resident? Yes _____ No _____

Two Alternative Contacts:

Name #1: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name #2: _____ Relationship: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

**Optional Co-signer must provide written proof of income and a copy of state identification.*

You must read, sign and return the following required form for an applicant and any co-signers joining the application.

_____ Sign the Authorization/Certification form for all applicants

Part 4 Monthly Budget and Monthly Financial Obligations

	Applicant (Combine with Spouse or Partner)
Mortgage/Rent	\$ _____
Transportation Costs <i>(Car payment, Car Maintenance, Accessible transportation costs)</i>	\$ _____
Insurance: Health, Auto, Home	\$ _____
Utilities <i>(Water, Gas, Electric)</i>	\$ _____
Phones, TV, Internet	\$ _____
Food & Living Expenses <i>(Groceries, laundry, personal care, pets)</i>	\$ _____
Total Monthly Credit card payments	\$ _____
Child Care/Child Support	\$ _____
Line of Credit, Secured Loans, Other Type of Loan	\$ _____
Student Loans	\$ _____
Entertainment or Hobbies: <i>(Eating Out, Recreational Activity costs, Cigarettes/Alcohol, Movies, Gifts, etc.)</i>	\$ _____
Taxes or association dues	\$ _____
Miscellaneous – Other Bills	\$ _____
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Total Gross Monthly Income	\$ _____
Total of Monthly Expenses	- \$ _____
Total Available for Loan Payment	= \$ _____

Part 5 – WorkAbility Program

If you are applying for a loan related to employment, Complete Part 5. If not, go to Part 6.

Please explain what employment you are seeking in reference to this loan request:

- Telework:** The individual with the disability will work from home or from other designated sites away from the office, such as work on the road or at a telework center.
- Employed:** The assistive technology is needed to obtain or maintain employment.
- Self-employment:** The individual with the disability is at least part owner of the business, performs substantial work for the business, and conducts at least some portion of the business at his/her home or at a remote site other than the a business office.

If the loan will be for a new self-employment start-up, you will also need to submit a business plan. Contact Missouri Assistive Technology for an outline of what the business plan should include. If you need assistance in completing a business plan, resources can be provided by our office.

What equipment is eligible through the WorkAbility loan program?

Examples include, but are not limited to: computers, printers and related peripherals, software, fax machines and scanners, office machines, tools, office furniture, telecommunication devices, home modifications needed to create an accessible home office, assistive technology that will enable an individual with a disability to work more independently or productively (Example: hearing aids), maintenance agreements and extended warranties for the equipment, etc. If you have questions about whether a type of equipment would be eligible, call Missouri Assistive Technology (MoAT) at the toll-free number.

Will the employment (Select one):

- Increase Income Allow you to keep your job
 Expand a current business Start a self employment business

List the equipment and/or Assistive Technology are you looking to purchase for employment related purposes here. Attach a written estimate for **all** items with the application.

The next section is for Self Employment Ventures Only. All others move to the next section.

Business Name: _____

What experience do you have in this type of employment/self-employment?

Do you have insurance to cover loss damage to equipment? Yes No

Is this a new or existing WorkAbility business or employment arrangement?

New Start -up Date: _____

Existing For How Long? _____ Business License #: _____

Please briefly describe the Self Employment for which you are purchasing the equipment. Explain your service or product, if you have prior experience operating this or another business, hours you will work, who your customers are/will be, describe potential competitors, where you will locate your business, proposed future operations and suppliers (if applicable). Attach a write up if more space is needed.

You must read, sign and return the following required form for an applicant and any co-signers joining the application.

- Read the Privacy Policy & Disclosure form
 Sign the Authorization/Certification form for all applicants

Part 6 – Vehicle Modifications

Vehicle to be modified:

Make: _____ Model: _____

VIN Number: _____ Current Mileage: _____

If the loan includes hand controls, did you receive a written statement from your physician? Yes _____ No _____

Have you had an evaluation to determine the type of equipment you need? Yes _____ No _____

Will you need training on the equipment? Yes _____ No _____

Where will this evaluation/training be (or have been) conducted? _____

Attach an estimate from the Mobility Vendor that defines the modifications and cost.

AUTHORIZATION / CERTIFICATION FORM FOR ALL APPLICANTS

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.

Initials: _____

Signature

Date

Signature

Date

Signature

Date

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

Part 7 - Required Documentation - Your loan application will not be processed without the following provided:

- ___ Completed Loan application
- ___ Photocopy of Missouri state or military Identification for all parties on the application
- ___ Photocopy of written verification of income or benefit for all parties on the application
- ___ Written quote of the Assistive Technology (AT) you wish to finance
- ___ Written verification confirming the specific disability of the applicant
- ___ Written verification of additional funds from another source towards the cost of the AT

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 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.

Part 8 Please answer the following questions about the loan you are applying for through the Show-Me Loans.

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: _____

