Show Me Loans Application

Thank you for your interest in obtaining a loan to finance assistive technology (AT) through the Show Me Loans (SML) program. The loan application is enclosed. Answer each question completely; attach all additional documentation for the specific loan you are seeking; and mail, fax, or email it to our office.

To be eligible, loan applicants must meet the following requirements

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

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 and/or evaluation for the device is strongly encouraged.

Financing options available

- **General Loan**—Financing for most types of AT devices and services, including equipment repairs. Loans range from $500 to $20,000. This loan is for AT needs, adaptations to a home the family or individual owns, adaptations to a vehicle the family or individual owns, seating and positioning devices, communication devices, adaptive recreational devices, hearing aids, or other disability-related items.
- **Micro Loan**—Financing for disability-related equipment, refurbished AT, or repairs. Micro-loans are available for up to $500. Types of AT include scooters, wheelchairs, wearable technology, home automation devices, tablets with AT apps, computers, and voice-activated devices.
- **Accessible Vehicle Loan**—Financing up to $50,000 for a modified vehicle to accommodate driver or passenger needs. (A limited number of accessible vehicle loans are made per year; please call our office before applying.) Vehicles cannot be more than 9 years old. Call our office for questions regarding the loan terms. Vehicles need to be purchased, modified, and/or inspected by an NMEDA mobility dealer.

The interest rate for the above three loans will be between 2% and 4%.

- **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 the above loan will be 1%.

Required Documentation

For all loan applications, the following must be included:

- 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 AT you wish to finance.
- Written verification of the disability or age-related change that requires the use of 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 to the required documentation for all loans, accessible vehicle applications must include:

- 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.

In addition to the required documentation for all loans, WorkAbility applications must include:

- A business plan with outline of company's vision, market research, personnel expertise, products/services to be offered, marketing plan, and five-year budget.

Additional Information:

- Please let us know if you are expecting any change in your income or expenses in the near future.
- 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, provide a print-out of those payment histories with your application. Call our office for any questions or assistance.

Mail, fax, or email the application and the attached documents to our offices at:

Missouri Assistive Technology
C/O Show Me Loans
1501 N.W. Jefferson St.
Blue Springs, MO 64015
ehoutman@mo-at.org
816-655-6710 (FAX)

If you have a negative credit history or have any questions, you may contact Missouri Assistive Technology before completing your application at 816-655-6702.

How Your Application Will Be Reviewed

A multi-member loan review committee will review the application and credit history prior to making a decision. Applicants will be notified in writing of the Loan Review Committee's decision. To help reduce the loan processing time, it is very important that applications are fully completed and all required documents are attached.

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; or participating in 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

If the applicant does not have a credit score of 650 or above, a co-signer may be used. In case of default, the co-signer is equally responsible for repayment of the loan.

Legal Name of Person with a Disability: _____

Age: _____ Disability or Diagnosis: _____

Device(s) or Service(s) to Be Purchased: _____

Cost of Purchase: $ _____ Funds from Other Source(s): $_____

Amount Requested: $_____

Identify a range for a MONTHLY payment you can afford (budget sheet included on next page for your convenience): $_____

	Borrower	**Co-Borrower/Co-Signer**
Name		
Social Security #		
Date of Birth		
Mailing Address City, State, and ZIP		
County of Residence		
Phone		
Email Address		
Driver's License #		
Rent or Own Home?		
Years at Residence		
Monthly Rent or Mortgage Payment		
Monthly Benefit or Income	$	$
Marital Status	○ Married ○ Unmarried ○ Domestic Partnership ○ Married, but Separated	○ Married ○ Unmarried ○ Domestic Partnership ○ Married, but Separated
Alternative Contact #1 (include name, full address, phone number, and relationship to you)		
Alternative Contact #2 (include name, full address, phone number, and relationship to you)		

Monthly Budget Sheet

It is recommended that all individuals on the application complete the monthly budget to help determine an appropriate monthly loan repayment amount on prior page. This is for your personal use and does not need to be submitted with the application.

	Borrower	**Co-Borrower**
Mortgage/Rent	$	$
Transportation Costs (car payment, car maintenance, etc.)	$	$
Insurance (health, auto, home, life, etc.)	$	$
Utilities (water, gas, electricity, phone, internet)	$	$
Food & Living Expenses (groceries, laundry, personal care, clothing, pets, etc.)	$	$
Monthly Credit and Store Card Payments	$	$
Child Support	$	$
Child Care	$	$
Student and/or Other Loans	$	$
Discretionary Funds (entertainment, hobbies, memberships, etc.)	$	$
Taxes, Association Dues, and Other Fees	$	$
Gross Monthly Income	$	$
Total Monthly Expenses	$	$
Available for a Loan Payment (income minus expenses)	$	$

If your last line amount is less than the monthly loan payment, you may want to consider decreasing some of your expenses before applying for a loan.

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.

I authorize Missouri Assistive Technology's Show Me Loans program to check my credit and to make all inquiries necessary to verify the accuracy of the information provided. I understand that the information obtained will be used to review and approve or deny my application for a loan. I authorize all persons inquired of to respond in full to Show Me Loans.

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 the 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.

By signing below, I understand that this is an application for a loan that must be repaid to Missouri Assistive Technology. I further understand that Missouri Assistive Technology will provide information about its credit experience with me to credit reporting bureaus and will pursue any collection methods necessary to retain payment if I become in default.

_____

Borrower Signature

_____

Date

_____

Co-Borrower/Co-Signer Signature

_____

Date

Show-Me Loans PRIVACY POLICY & DISCLOSURE

The Gramm-Leach-Bliley Act requires lending organizations to disclose the steps they take to safeguard the privacy of the financial information that applicants provide. 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 or collection agency when necessary.

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 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.

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.