



| |
|----------------------|
| Date Received: _____ |
| ID Number: _____ |
| _____ |
| _____ |

Self-Employment for Entrepreneurs with Disabilities

“Independence is priceless. We make it affordable.”

Arizona MultiBank Loan Application

All information on this application form is strictly confidential and will only be used to determine your need for and ability to repay this loan. Borrowers must demonstrate the ability to repay the loan. Completion of this form does not guarantee that a loan will be granted.

Please print or type:

1. Name of person with a disability: _____
2. a). Borrowers' name (if different): _____
b). Co-Borrower's name (if applicable): _____
c). Name of Business: _____
3. Please check the box that best describes the relationship between the person with a disability and the borrower(s): SELF SPOUSE PARENTS CHILD
 GUARDIAN SIGNIFICANT OTHER (specify): _____
4. a). Social Security Number of Borrower: _____
b). Social Security Number of Co-Borrower: _____
5. a). Borrower's date of birth: _____
b). Co-Borrower's date of birth: _____
6. a). Borrower's contact information:
Mailing Address: _____
City: _____ State: _____ Zip: _____
Street Address (if different): _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____
Email: _____ Fax () _____
b). Co-Borrower's contact information:
Mailing Address: _____
City: _____ State: _____ Zip: _____
Street Address (if different): _____
City: _____ State: _____ Zip: _____
Home Phone: () _____ Work Phone: () _____
Email: _____ Fax () _____

7. a). Is the Borrower a current Arizona resident? **YES** **NO**
 b). Is the Co-Borrower a current Arizona resident? **YES** **NO**

8. Describe the disability of the person who will be using the assistive technology: _____

9. Explain how the equipment, supplies and/or assistive technology devices/equipment will affect employment: _____

10. Please provide verification of the sources of the borrower's income:
- a. Primary Employer _____ Phone () _____
 Employer Address _____
 City: _____ State: _____ Zip: _____
- b. Secondary Employer _____ Phone () _____
 Employer Address _____
 City: _____ State: _____ Zip : _____
- c. SSI/SSDI Benefits Statement or award letter attached **YES** **NO**
 d. Alimony - copy of court order attached **YES** **NO**
 e. Child Support - copy of court order attached **YES** **NO**
 f. Maintenance - copy of court order attached **YES** **NO**
 g. Other (specify) _____ - documentation attached **YES** **NO**
 h. Please attach copy of tax returns for the past two (2) years **YES** **NO**
 i. If employed, please attach copy of pay stubs for the last three (3) months **YES** **NO**

11. Please provide verification of the sources of the Co-Borrower's income:
- a. Primary Employer _____ Phone () _____
 Employer Address _____
 City: _____ State: _____ Zip: _____
- b. Secondary Employer _____ Phone () _____
 Employer Address _____
 City: _____ State: _____ Zip : _____
- c. SSI/SSDI Benefits Statement or award letter attached **YES** **NO**
 d. Alimony - copy of court order attached **YES** **NO**
 e. Child Support - copy of court order attached **YES** **NO**
 f. Maintenance - copy of court order attached **YES** **NO**
 g. Other (specify) _____ - documentation attached **YES** **NO**
 h. Please attach copy of tax returns for the past two (2) years **YES** **NO**
 i. If employed, please attach copy of pay stubs for the last three (3) months **YES** **NO**

12. Describe the equipment supplies and/or assistive technology devices/equipment that you plan to purchase (include specific item brand names): _____

13. Total dollar amount requested for the assistive technology loan:

| | AZLAT | OTHER SOURCE |
|--|-----------|--------------|
| Equipment | \$ | \$ |
| Installation | \$ | \$ |
| Insurance | \$ | \$ |
| Service Agreements | \$ | \$ |
| Maintenance and Repair | \$ | \$ |
| Evaluation and/or Training Services | \$ | \$ |
| Applicable Taxes | \$ | \$ |
| Other (Specify) | \$ | \$ |
| TOTAL AMOUNT REQUESTED | \$ | |

14. Do you have another source of funding contributing toward the purchase of the equipment?
 YES NO

15. If yes, specify the source and amount of funding:
 Source: _____ \$ _____

16. If you do not have an account with a financial institution, you understand and agree to open an account with a financial institution for the electronic transfer of funds as a condition for receiving a loan from this program:
Initials: _____

17. List the name(s) and locations of your financial institution(s) and the account number(s) of your checking, savings, or other account(s):

| | |
|------------------------|---|
| Bank Name | |
| Location | |
| Type of Account | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify) _____ |
| Account Number | |
| Balance | \$ |

| | |
|------------------------|---|
| Bank Name | |
| Location | |
| Type of Account | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify) _____ |
| Account Number | |
| Balance | \$ |

18. In order to verify the cost of the assistive technology, you must attach an itemized price quote from each vendor regarding the device(s) you intend to purchase with this loan.
Initials: _____

19. Home modifications in excess of one thousand dollars (\$1000) require submission of three bids from licensed contractors who (a) have demonstrated experience providing the type of modification requested, (b) provide a firm, fixed price quote and (c) provide a turnkey service.
Initials: _____

20. Is there any other information about your finances that you would like to provide? _____

21. How did you learn about the S.E.E.D. program?

- Disability-Related Organizations
- State Agency/Service Provider
- Brochure or Publication
- Equipment Vendor
- Arizona Technology Access Program (AzTAP)
- World Wide Web
- Centers for Independent Living
- Friend/Relative
- Other: _____

ARIZONA MULTIBANK

Community Development Corporation

In association with

Arizona Loans for Assistive Technology

APPLICATION CERTIFICATION and AUTHORIZATION

The undersigned, being duly authorized agent(s) and principal(s) of the proposed Borrower, _____, collectively referred to as "Applicant" request that this application be accepted for review. Applicant hereby acknowledges that the "Application" includes the information contained herein, the attachments hereto and the information previously or subsequently provided to the Arizona Loans for Assistive Technology - Telework, ("AzLAT-T Program") on behalf of Arizona MultiBank Community Development Corporation ("MultiBank"). The Applicant certifies that the Application is accurate and complete. Applicant understands that any material misstatement or misleading statement herein is cause for denial or rescission of any approval or assistance received in connection with this Application. Applicant understands that the AzLAT-T Program will retain this Application whether or not Applicant's loan request is approved. Applicant agrees to notify the AzLAT-T Program, in writing, of any change in name, address, or employment. **Initials:** _____

Applicant hereby authorizes the AzLAT-T Program to check Applicant's credit history and to make all necessary inquiries on behalf of Applicant in order to verify the accuracy of the information Applicant provided to the AzLAT-T Program. The information obtained will be used to review and approve or deny the application for credit. **Initials:** _____

Applicant understands that issuance of a loan does not imply any type of warranty by either the AzLAT-T Program or MultiBank on the device or equipment purchased with loan proceeds. Therefore, Applicant can make no claims against either the AzLAT-T Program or MultiBank for any defects in the device or equipment, or any accident or injury resulting from its use.

Initials: _____

Because the AzLAT-T Program guarantees Applicant's loan from MultiBank, should Applicant default on the loan, and AzLAT-T Program makes a payment on Applicant's behalf, either partial or in full, Applicant understands that Applicant is obligated to repay that amount of money to the AzLAT-T Program. Initials: _____

Applicant further authorizes the AzLAT-T Program or MultiBank, as it may deem appropriate, to obtain or to furnish and release all or any portion of this Application to all sources for financial or technical assistance, in its efforts to promote and make a determination on this Application for assistance. Applicant further agrees that the AzLAT-T Program or MultiBank shall not be held liable for any assistance or advice given by any such referral entity. It is further understood that the AzLAT-T Program or MultiBank are held without liability for any loss whatsoever that might be incurred by Applicant in any personal relationship that may be established in any activity Applicant should hereinafter undertake. **Initials:** _____

Applicant acknowledges that the AzLAT-T Program or MultiBank, its directors, officers, employees, auditors, counsel, agents, including, but not limited to, Investment Committee members ("MultiBank Representatives") are in possession of, or may access financial or other information concerning Applicant, or any of Applicant's principals or guarantors, and that such information may be shared in the consideration of this Application. Applicant consents to the disclosure of such information among MultiBank Representatives and releases the AzLAT-T Program, MultiBank and MultiBank

Representatives from any and all claims and causes of action that Applicant may have against the AzLAT-T Program, MultiBank or MultiBank Representatives arising out of such disclosure and the consideration and disposition of this application. **Initials:** _____

Applicant hereby acknowledges that the AzLAT-T Program or MultiBank does not guarantee any specific performance and that any approval will be subject to terms and conditions set forth in the Loan Documents executed by Borrower and MultiBank. **Initials:** _____

Name: (Please Print) _____

Date: _____

Signature: _____

Before mailing your application, did you...

- Complete all parts of the application?
- Sign and date the application in ink where signatures are required.
- Attach copies of income verifications such as SSI/SSDI Benefits Statement or award letter, copy of court ordered Alimony, child support, or maintenance, tax returns, or pay stubs?
- Attach vendor price quotes for the equipment you want to purchase.
- Attach three bids, if applicable, from licensed contractors for home modifications in excess of \$1,000.00?

Return completed application to: Martha Lewis
Arizona Loans for Assistive Technology
Arizona Technology Access Program
2400 N. Central Avenue, Suite 300
Phoenix, AZ 85004
Or
(602) 728-9535 FAX
Martha.Lewis@nau.edu

