

AT Bank Loan Application



Low Interest Loans
for People
with Disabilities

1187 Alturas Drive
Moscow, ID 83843
Phone 1-800-432-8324
Fax 208-885-6102



Idaho Assistive Technology Project

Assistive Technology Financing Program

The Idaho Assistive Technology Loan Program helps the citizens of Idaho meet their assistive technology needs. Please remember that we are only a phone call away if you feel you need assistance or clarification.

What is the Idaho Assistive Technology Loan Program?

The Idaho Assistive Technology Loan Program is a consumer-directed program funded by both private and public money that is designed to help Idahoans obtain and use the assistive technologies they need. The program has been in existence since 1994, thanks to the combined efforts of the Idaho Assistive Technology Project, the Idaho Community Foundation, First Security Bank of Idaho, KeyBank of Idaho, and private citizens like you. In 2003, Zions Bank joined the Loan Program to offer their services.

Who can apply for a loan?

Any person residing in Idaho who is either a person with a disability, is an immediate family member of a person with a disability, or is a conservator, guardian, or other person acting on behalf of a person with a disability can apply for a loan. The loan purpose must be the acquisition or adaptation of assistive technology to be used by the person with a disability.

What items qualify as assistive technology?

Assistive technology has been defined as “any item, piece of equipment or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve functional capabilities of individuals with disabilities.” The loan program interprets this very broadly. In the past, loans have been approved for many different items, ranging from computers, hearing aids, prosthesis and augmentative communication devices to wheelchair ramps and van lifts. Loan program funds are not available to purchase vehicles, although the banks may work with you to provide such funds under a traditional loan program. If you are not sure if the item you need qualifies under the program, please ask.

How much money can I borrow, for how long, and at what interest rate?

Participating banks currently offer individual loans in amounts up to \$10,000 for as long as 60 months (five years) at the prime rate in effect at the time the loan is made.

What if my credit record is poor, I don't have a job, or I receive funds from many sources?

The Assistive Technology Loan Program acts as a referral agency to participating banks. In accordance with its credit practices, the banks have the discretion to approve or deny an application. However, the low interest rate offered by the program, coupled with the possibility of a partial loan guarantee and interest rate subsidies, can often help a person obtain a loan who would not qualify under traditional loan programs.

How soon can I get the money?

Once the Loan Program Manager receives a completed application, the applicant will usually have an answer within four business days. Approved loans are then sent to the participating bank branch nearest the applicant so that the funds can be dispersed.

How do I apply?

Contact the Idaho Assistive Technology Project (IATP)
1187 Alturas Drive
Moscow, Idaho
83843

Krista - (208) 885-6097 or (800) 432-8324

Fax: 208-885-6102.

Website: www.idahoat.org Click on Link: Services --> Finance Program. The loan application is there for you to print. The loan calculator will assist you with the amount of payment. Prime is the interest rate used.

AT Bank Credit Application

I am requesting a loan in the amount of \$ _____ for _____ months. **Purpose (required):** _____

Charge my monthly payments to my Bank _____ Account No. _____

INDIVIDUAL APPLICATION – I am applying for credit based solely on my own creditworthiness and income.

JOINT APPLICATION – I am applying with a Co-applicant based on our combined incomes and creditworthiness. I understand that if any assets are not jointly owned, I must identify on the joint financial information who owns the asset or complete a separate application.

CO-SIGNER APPLICATION – I am applying as a co-signer for another applicant(s). In case of default by the applicant(s), I agree to pay the debt in full, plus late fees or collection costs that you may incur. If this debt is ever in default, I understand that the default may become a part of my credit report.

NOTICE: if you are married, you can still apply for a separate account in your own name. If you are married and reside in a community property state such as AK, AZ, CA, ID, LA, NM, TX, NV, WA or WI, the assets of your marital community may be liable on this account even if you apply for an individual account and this application is not signed by your spouse (unless you attach a signed statement that you wish to apply for a separate account based solely on your separate assets). **Marital Status:** Married Unmarried Separated

APPLICANT INFORMATION					
First Name	M.I.	Last Name	Sr., Jr. or III.	Social Security No.	Date of Birth Month Day Year / /
Home Address Street <i>No P.O. Boxes</i>	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Parents/Relatives How long? ___ Yrs ___ mo
Mailing Address Street <i>(if different than above)</i>	APT #	City	State	Zip Code	Home Phone () Email Address
Previous Address Street <i>(if at current address <2 yrs)</i>	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Parents/Relatives How long? ___ Yrs ___ mo
Name of your Employer	Position Held	Business Phone ()	How long? ___ Yrs ___ mo	Gross Monthly Salary \$	Monthly Mortgage or Rent Payment \$
OTHER INCOME: You need not disclose alimony, child support, or separate maintenance payments unless you wish to have it considered as a basis for repaying this loan.			I receive \$ _____ per month from _____ I receive \$ _____ per month from _____		
If you pay alimony, child support, or separate maintenance, please include them as obligations. Obligation \$ _____ (per month) Years remaining _____					
Name of Previous Employer <i>(if at current address <2 yrs)</i>	Position Held		Business Phone ()		How long? ___ Yrs ___ mo
Name/address of nearest relative not living with you	Relationship	Home Phone ()	Name of Applicant's Bank <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

CO-APPLICANT INFORMATION					
First Name	M.I.	Last Name	Sr., Jr. or III.	Social Security No.	Date of Birth Month Day Year / /
Home Address Street <i>No P.O. Boxes</i>	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Parents/Relatives How long? ___ Yrs ___ mo
Mailing Address Street <i>(if different than above)</i>	APT #	City	State	Zip Code	Home Phone () Email Address
Previous Address Street <i>(if at current address <2 yrs)</i>	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Live w/Parents/Relatives How long? ___ Yrs ___ mo
Name of your Employer	Position Held	Business Phone ()	How long? ___ Yrs ___ mo	Gross Monthly Salary \$	Monthly Mortgage or Rent Payment \$
OTHER INCOME: You need not disclose alimony, child support, or separate maintenance payments unless you wish to have it considered as a basis for repaying this loan.			I receive \$ _____ per month from _____ I receive \$ _____ per month from _____		
If you pay alimony, child support, or separate maintenance, please include them as obligations. Obligation \$ _____ (per month) Years remaining _____					
Name of Previous Employer <i>(if at current address <2 yrs)</i>	Position Held		Business Phone ()		How long? ___ Yrs ___ mo
Name/address of nearest relative not living with you	Relationship	Home Phone ()	Name of Co-Applicant's Bank <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

By signing this application, I/we acknowledge that everything stated in this application is correct to the best of my knowledge. I understand that you will retain this application, whether or not credit is approved. I agree and understand that a credit report may be requested from one or more consumer reporting agencies (credit bureaus) in connection with this application. If I request, I will be informed of (1) whether or not a consumer report was requested and (2) if it was, the name and address of the consumer reporting agency that furnished the report. I am further notified that subsequent consumer reports may be requested or utilized in connection with any update, renewal, or extension of credit I am requesting if it is determined that a subsequent consumer report is appropriate. You are authorized to check my employment history and to provide information to others about your credit experience with me. Any co-applicant acknowledges the foregoing, and agrees to be jointly and severally liable with the applicant for any indebtedness to the Bank.

Signature of Applicant _____ Date _____ Signature of Co-Applicant _____ Date _____





IDAHO ASSISTIVE TECHNOLOGY LOAN APPLICATION

PLEASE COMPLETE AND RETURN TO

Idaho Assistive Technology Project

1187 Alturas Drive

Moscow, Idaho 83843

Name of Applicant: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: () _____	Work Phone: () _____	
Birth Day: _____	Social Security Number: _____	
Please indicate your bank preference: <input type="checkbox"/> KeyBank <input type="checkbox"/> Zions Bank		
For statistical purposes only, please tell us the county in which you reside: _____		
Where you learned of the loan program: _____		
Your Race: _____	Your Gender: Male Female	

Will the assistive technology be used by you? YES NO

Name of assistive technology user (if different than applicant): _____

Please describe your/their disability: _____

Please list the items, training, and/or services for which you are requesting a loan, along with the cost of each item. Be as specific as possible and attach to this application a copy of any available documentation such as estimates, bids, or detailed descriptions: _____

Please describe how this assistive technology will benefit you: _____

The information provided in this application is true to the best of my knowledge. I understand that I have the right to appeal any loan decision to the Idaho Assistive Technology Loan Program. I understand that Zions Bank, KeyBank, the Idaho Assistive Technology Loan Program, and the Idaho Community Foundation may communicate to one another any and all information in their possession relating to me, my loan application, and any loan made in connection with this application. I hereby waive any and all right I may have to object to such disclosure of otherwise confidential information.

_____ Date: _____
 Applicant or Guardian

_____ Date: _____
 Person Who Helped Complete This Application (if applicable)



Assistive Technology Financial Loan Program CUSTOMER IDENTITY VERIFICATION FORM

	Applicant Name	Co-Applicant Name
SSN		
E-Mail Address		
Date of Birth	(Month/Day/Year)	(Month/Day/Year)
US Citizen	Yes _____ No _____	Yes _____ No _____
ID Type & ID Number DLIC- Drivers License PASP- Passport MILID- Military ID STID- State Issued ID GOVID- Federal, State or Local TRBID- Tribal ID ALN- Alien ID (green card) FID- Foreign ID Note: A copy of a 2nd piece of ID is helpful	Type of ID: _____ ID#: _____	Type of ID: _____ ID#: _____
Date Issued & Expiration Date of ID	Date of Issue: _____ Date of Expiration: _____	Date of Issue: _____ Date of Expiration: _____
Address	Street Address: _____ City: _____ State: _____ Zip: _____ County: _____	
APO or FPO, if no Street Address	Box Number: _____ City: _____ State: _____ Zip: _____ County: _____	
Other Information	State you were born: _____ Spouse name: _____ Spouse SSN: _____ Phone: _____ Best time to call: _____	

Monthly Budget Worksheet

IATP Financial Loan Program

Income	Amount
Net Salary	
Spouse's net salary	
Investments	
Reimbursements	
Social security	
Retirement	
Other (specify)	
Total	

Expenses	Amount
Mortgage/Rent	
Monthly Bills:	
Credit card	
Credit card	
Credit card	
Auto loan	
Auto Insurance	
Medical Insurance	
Utilities	
Phone: Cell/Landline	
Internet	
Gasoline	
Groceries	
Daycare	
Medical/Dental	
Savings	
Property taxes	
Other expenses (Please list below):	
Estimated AT Loan Payment	
Total	

Income Vs. Expenses	Amount
Monthly income	
Monthly expenses	
Difference	



IDAHO ASSISTIVE TECHNOLOGY LOAN APPLICATION
PLEASE COMPLETE AND RETURN TO THE IATP

Idaho Assistive Technology
Financial Loan Program
1187 Alturas Drive
Moscow, ID 83843

To Whom It May Concern,

I have applied for a loan under the Idaho Assistive Technology Loan Program, which is administered by the Idaho Assistive Technology Project and supported through the Idaho Assistive Technology Fund at the Idaho Community Foundation. I understand that pursuant to this application I will be referred to a participating bank for the purpose of obtaining financing for the purchase of assistive technology. Current participating banks include Zions Bank and KeyBank N.A. - Idaho District (KeyBank). I understand that the Idaho Assistive Technology Loan Program is an independent organization, not related to any of the aforementioned banks.

In connection with this application, I consent and agree that Zions Bank, KeyBank, the Idaho Assistive Technology Project, and the Idaho Community Foundation may communicate to one another any and all information in their possession relating to me, my loan application, and any loan made in connection with the application. In addition, I give consent for the IATP to communicate with the vendor of the item being purchased any information pertinent to the loan process. I hereby waive any and all right I may have to object to such disclosure of otherwise confidential information.

I further understand that this application is subject to credit approval according to credit standards established by the participating banks. Should my application be denied by either bank, I understand that I have the option of appealing their decision to the Idaho Assistive Technology Loan Program.

Sincerely,

Applicant

Date: _____

Co-Applicant

Date: _____