



Creating solutions, changing lives.

*Expanding independence
for people with disabilities*

Massachusetts Assistive Technology Loan Program

Easter Seals MA

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Loan Application Instructions

The MA AT Loan Application is the official form used for a person to participate in the program. Keep in mind that this is a legal document, and all information included is legally binding! It is a federal offense to falsify information on a loan application in order to increase the likelihood of approval.

The Loan Application asks for a significant amount of information that is not necessarily relevant to financial decisions (e.g., type of disability, race, etc.). You should remember that a) any and all information provided will be held strictly confidential, and b) the Lender will only receive information that is relevant to credit decisions. Much of the additional information is needed for federal reporting by the MA AT Loan program to fulfill grant requirements.

This guide will explain page-by-page what is needed to successfully complete a loan application for the program. Keep in mind that incomplete or missing information will significantly delay the loan process, and may jeopardize your organization's reimbursement for the application.

APPLICATION NUMBER:

You may leave this section blank. This is an internal tracking system that will be processed after receiving a completed application.

PART I – YOUR INFORMATION/CO-APPLICANT INFORMATION

This is one of three sections that will be submitted to the Lender. The information requested in this section must be filled out completely and accurately. This section is simply basic information on you and any co-applicants.

If you or your co-applicant is currently unemployed, please write “N/A” on the line for “Employer.” This will let us know that this section is irrelevant, and not mistakenly overlooked.

All persons applying (i.e., you and your co-applicant, if applicable) please initial the bottom left of the page.

PART II – FINANCIAL INFORMATION

For both the Applicant and Co-Applicant sections, please fill out the Gross Income (amount before taxes/deductions) and circle if this amount is per week, per month, or per year. Do the same for “Other Sources of Income.”

For Assets, fill out the relevant fields. If you have both a Savings and Checking account, add the amounts in each for this line. If any field is irrelevant, please write “N/A” so the program knows it was not mistakenly overlooked.

Financial Information must also be filled out completely and accurately. Circle either Landlord or Mortgage Holder – depending on whether you rent or owns your residence – and fill out the contact information.

Finally, fill out any other regular payments you may have. If you own a home, don’t forget property taxes and homeowners insurance (unless those are paid by the mortgage company.) This information is vital to the loan-making decisions.

You and your co-applicant (if applicable) need to initial the bottom of the page.

PART III – DEMOGRAPHIC INFORMATION

You should remember that this information is voluntary, and your choice to not answer these questions will in no way impact the likelihood of being approved for a loan.

PART IV – DISABILITY/ASSISTIVE TECHNOLOGY INFORMATION

This section is primarily for federal reporting regulations for the program. If you are the identified person with a disability, you may simply copy the information from the front page.

Use your own words to describe his/her disability, as well as the device for which the loan is requested and how it will be of benefit. It is important to know your view on these questions.

You must obtain and include a written quote on the price. This must be an official quote on the seller’s letterhead dated with the past two weeks of the application. If you need assistance in locating vendors, please call the program.

If you are requesting training on or assistance with the device, this cost may be included in the loan amount requested. Extended warranties, etc. may also be included in this section. If you want more information on this, please call the program.

The “Other Sources of Funding” section is for statistical analysis at the federal level. Check off any appropriate boxes, or simply leave blank if a particular option has not been explored.

CERTIFICATION

This section is to be signed by you and your co-applicant (if applicable) in ink. This section certifies that the information in the application is accurate to the best of everyone’s knowledge. Signatures on this page also indicate agreement with the statements waiving responsibility of the program or its Lender from potential problems with the device(s) itself.

AUTHORIZATION

This page authorizes all parties involved (i.e., the Access Site, the Program, and the Lender) to share the information contained in the application form and review said information for a credit decision. Again, you should sign in ink.

INFORMATION RELEASE

If you received a loan through the program and then fall behind in the monthly repayment, the Program may require financial counseling to rectify the problem. This page authorizes the Program to share information about you with the chosen credit-counseling agency. You should understand that credit counseling is not a requirement for application to the program, simply if you fall behind on loan repayment. A signature in ink is required.

APPLICATION CHECKLIST

You should have each of these boxes checked off before submitting the application packet to the program. If there are omissions in the application, it may be sent back to you for correction. This would significantly delay the loan application process.

UNIVERSITY OF ILLINOIS RELEASE FORM

This form is used by the University of Illinois – Chicago. This institution is charged with a follow-up research project for participants in loan programs such as this. If you agree to participate, a representative may contact you within 12 months following your application to the AT Loan Program. They will be asking you a series of brief questions (e.g., “did you get the loan for which you applied?”) to better track the usefulness of programs such as this. They will not have information as to whether you received a loan, have bought your equipment, etc. They will merely know that you have applied for a loan through the MA AT Loan Program and are willing to be contacted by them.

This is a voluntary portion of the application process, insomuch as whether you are willing or not to participate will have no impact on your application status. We do ask that if you are not interested in participating in future research, that you mark the appropriate box and send this forming with your application, so we can keep it in our secure files for internal record-keeping.

PRIVACY POLICY

This is the Massachusetts Assistive Technology Loan Program Privacy and Confidentiality Policy, which we are legally required to provide to you. This is yours to review and keep, and does not need to be returned with the application.

The completed application form and required documentation (as listed on the Checklist page) should be submitted to the Program as soon as possible. The most efficient method for this is through faxing to the program. You will receive a confirmation call to verify that the program has received all pages of the fax submission. You may retain the original form for your own records, or destroy it. If you decide to retain the forms, you must take appropriate safeguards to maintain confidentiality.