



*Massachusetts Assistive Technology Loan Program*  
*Easter Seals MA, 484 Main Street, Worcester, MA 01608*  
*Phone: (800) 244 – 2756 x 428 or 431 Fax: (508) 751 – 6444*  
**Program Loan Application App #: \_\_\_\_\_**

**PART I – YOUR INFORMATION/CO-APPLICANT INFORMATION**

**APPLICANT**

Name (Last, First, MI): \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Years at above Address: \_\_\_\_\_ Do you:  Rent  Own  
Previous Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Years at previous Address: \_\_\_\_\_ Did you:  Rent  Own  
Home Phone #: (\_\_\_\_\_) \_\_\_\_\_ Work Phone #: (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone No.: (\_\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Employer's Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Years at this job: \_\_\_\_\_

**CO-APPLICANT** (If no co-applicant, please leave this section blank)

Name (Last, First, MI): \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Years at above Address: \_\_\_\_\_ Do you:  Rent  Own  
Co-Applicant Previous Address: \_\_\_\_\_ Apt: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Years at previous Address: \_\_\_\_\_  Rent  Own  
Home Phone#.: (\_\_\_\_\_) \_\_\_\_\_ Work Phone#.: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone No.: (\_\_\_\_\_) \_\_\_\_\_ email: \_\_\_\_\_  
 Co- Applicant Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Employer's Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Years at this job: \_\_\_\_\_

**PART II – FINANCIAL INFORMATION**

**Applicant Income\***:

Gross Income: \$ \_\_\_\_\_ per week/month/year (circle one)  
 Source of Income: \_\_\_\_\_ (e.g., employment, SSI, etc.)  
 Other Income: \$ \_\_\_\_\_ per week/month/year (circle one)  
 Source of Other Income: \_\_\_\_\_ (e.g., employment, SSI, etc.)

**Co-Applicant Income:**

Gross Income: \$ \_\_\_\_\_ per week/month/year (circle one)  
 Source of Income: \_\_\_\_\_ (e.g., employment, SSI, etc.)  
 Other Income: \$ \_\_\_\_\_ per week/month/year (circle one)  
 Source of Other Income: \_\_\_\_\_ (e.g., employment, SSI, etc.)

\*Alimony, child support, or separate maintenance income need not be reported if you do not desire this amount be factored into your loan application.

**Assets:**

Cash in Bank Accounts: \$ \_\_\_\_\_ Stocks/Bonds: \$ \_\_\_\_\_  
 Retirement Accounts: \$ \_\_\_\_\_  
 Other Assets: \$ \_\_\_\_\_

**EXPENSES:**

Auto Loan: \$ \_\_\_\_\_/month. Total Credit Card Balance: \$ \_\_\_\_\_  
 Monthly Credit Card Payment: \_\_\_\_\_  
 Landlord/Mortgage Holder: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Landlord/Mortgage Holder Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Mortgage/Rent: \$ \_\_\_\_\_/month. Mortgage Balance: \$ \_\_\_\_\_

<i>Type of Monthly Payment</i>	<i>Name of Company</i>	<i>Name on Account</i>	<i>Monthly Payment Amount</i>
<i>Other Loans</i>			\$
<i>Car Insurance</i>			\$
<i>Utilities</i>			\$
<i>Phone Bill</i>			\$

KNOWING YOUR INCOME AND OBLIGATIONS, HOW MUCH DO YOU ESTIMATE YOU CAN PAY EACH MONTH ON A NEW PERSONAL LOAN?\* \$ \_\_\_\_\_

\*Note: This will not be your monthly loan payment if you are approved.

**CERTIFICATION**

I understand that this is a request for funds that I will need to repay with interest. I authorize the Massachusetts Assistive Technology Loan Program to review all information provided and to seek additional information from third parties to verify the contents of this application. All information is true and correct and is presented here obtain the loan I am seeking. Any misrepresentation on any part of this application could result in rejection of the application and/or termination of the loan agreement.

I also understand that issuance of a loan or acceptance into the program does not imply any type of warranty by the MA AT Loan Program or any Lender regarding the suitability, condition, or safety of the device or equipment purchased with the loan. I understand that I am solely responsible for selecting devices or equipment to be financed. Therefore by signing below, I agree that I can make no claims against the MA AT Loan Program or any Lender affiliated with this program or any of their agents, and I hereby release the MA AT Loan Program and each lender and any of their respective agents or affiliates from and against any liability for defects in any device or equipment or any accident or injury resulting from its use.

Additionally, my signature below authorizes and Lender to whom the MA AT Loan program refers this application to disclose to the MA AT Loan Program any and all information obtained or compiled that is relevant to decisions made with respect to the application.

\_\_\_\_\_

Applicant

\_\_\_\_\_

Date

\_\_\_\_\_

Co-Applicant

\_\_\_\_\_

Date

**PART III – DEMOGRAPHIC INFORMATION**

The MA AT Loan program is required to maintain statistics regarding the ethnic and racial backgrounds of the people receiving program loans. You are not required to answer the questions in Part III. Your decision as to whether to answer these questions, as well as the answers themselves if you do choose to participate in this section, will in no way affect your eligibility for a loan through the program.

For the person who will be using the assistive technology:

1. What is the person’s gender?

Male       Female

2. What is the race/ethnicity of the person?

<input type="checkbox"/> White/Caucasian/European	<input type="checkbox"/> Latino/Latina/Hispanic
<input type="checkbox"/> Black/African-American/Caribbean	<input type="checkbox"/> Native American/Alaskan Native
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian Indian/Central Asian
<input type="checkbox"/> Asian/Asian-American	<input type="checkbox"/> Other

3. Is English the person’s primary language?

Yes       No (specify) \_\_\_\_\_

4. What is the primary purpose of the use of the requested AT?

Education       Employment       Community Living

5. Why did you choose the AT Loan Program?

Could only afford the AT through the statewide AT program

AT was only available through the statewide AT program

AT was available through other programs, but the system was too complex or the wait time was too long

6. Veteran Status of applicant:

Active Duty Military       National Guard/Reserve

Veteran       Immediate Family Member of Veteran

N/A

**PART IV – DISABILITY/ASSISTIVE TECHNOLOGY INFORMATION**

Person with Disability (if not applicant)

Name: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth (if not applicant): \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Describe the person's disability:

Describe Device/Equipment/Service for which loan is requested:

Cost of Device/Equipment/Service: \$ \_\_\_\_\_

***NOTE: YOU MUST HAVE A WRITTEN ESTIMATE WITH DETAILED INFORMATION ABOUT THE PRODUCT, PRICE, AND NAME OF VENDOR ON VENDOR'S LETTERHEAD.***

How did you determine this is the type of Assistive Technology most helpful for you?

Doctor Evaluation/Recommendation       Tried this Device

Other: \_\_\_\_\_

Please describe how this Device/Service/Equipment will improve your independence, productivity, or quality of life:

Will you need training or assistance with installation, customization, or other services to begin using this assistive technology?  No  Yes (if yes, please explain what you will need and whether you have the resources to cover those costs)

Have you tried other sources of funding to purchase this assistive technology?  No  Yes  
 If yes, check the appropriate box and explain what happened:

Medical Assistance	<input type="checkbox"/>	approved	<input type="checkbox"/>	denied	<input type="checkbox"/>	pending decision
School District	<input type="checkbox"/>	approved	<input type="checkbox"/>	denied	<input type="checkbox"/>	pending decision
Vocational Rehabilitation	<input type="checkbox"/>	approved	<input type="checkbox"/>	denied	<input type="checkbox"/>	pending decision
Insurance	<input type="checkbox"/>	approved	<input type="checkbox"/>	denied	<input type="checkbox"/>	pending decision
Medicare	<input type="checkbox"/>	approved	<input type="checkbox"/>	denied	<input type="checkbox"/>	pending decision

Other: \_\_\_\_\_

**Information Release Authorization**

I understand that the MA AT Loan Program will refer me to financial counseling in order to attempt to correct my delinquency on the loan through the MA AT Loan program. Upon choosing a credit counseling agency, I will notify the program of the contact information. I understand that this will consist of my participating in a debt management and budgetary session(s) designed to explore repayment options. I understand that the parties involved will collect credit history and credit score information, as well as current financial status, including, but not limited to: current income, current financial obligations, and discretionary monies, as well as other personal financial information. I also authorize that the MA AT Loan program and the credit counseling agency of my choosing to have a reciprocal agreement and my signature below allows these organizations, including designated representatives from each, to communicate with each other and share relevant information. The information shared will be any they deem necessary to determine repayment options.

I understand that all information gathered by and shared between the MA AT Loan program and a credit counseling agency of my choosing will be kept confidential, and no information they obtain will be available to unauthorized third parties.

By signing this release, I give full authorization to the staff persons of the MA AT Loan program to collect and share information as noted above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

## **AUTHORIZATION**

I/we certify that each of us is 18 years of age or older and is a legal resident of the Commonwealth of Massachusetts. This Authorization is being provided in connection with my/our application to participate in the Massachusetts Assistive Technology Loan Program (the "Program")

I/we acknowledge and agree that I/we have been provided with a copy of the privacy policy of Sovereign Bank (the "Lender"). I/we understand and acknowledge that the information that I/we provide to the Lender and/or Easter Seals Massachusetts, Inc. (the "Program Director") and any information that either of them may obtain during the course of reviewing my/our application, including non-public personal information, may be shared by them in connection with the processing, review and/or approval of my/our application, and I/we hereby authorize the Lender and the Program Director to share such information between themselves for this purpose, as well as any correspondence or other written communications from either of them to me/us. I/we also understand, acknowledge and agree that representatives from the Program Director may communicate with third parties who have agreed to accept my/our application and forward it to the Program Director in order to enable me/us to participate in the Program, although I/we understand that the Program Director will not share with such third parties non-public personal information that is not included in my/our application. I/we further understand that the Program Director may communicate with the Lender regarding the status of my/our application, if necessary, and that all communications with me/us concerning the status of my/our application will come from either the Lender or the Program Director.

I/we authorize the Program Director to provide to the Lender such health-related information as the Lender reasonably requires in connection with its review of my/our application, provided, however, that I/we understand that any health information provided on this application will not adversely impact my/our application, but is being provided only to establish my/our eligibility for participation in the Program.

I/we also authorize the Lender and the Program Director to disclose any information that I/we provide in connection with this application, including any health information, to any other third party to whom such disclosure is necessary for the purpose of review or oversight of the Program.

I/we authorize the Lender to investigate my/our credit and employment histories and to report the credit experience of any party or authorized user to my/our consumer reporting agencies and others. I/we understand the Lender will retain the application whether or not it is approved.

If the Program provides a loan guarantee, I/we authorize the Program Director to investigate my employment and credit history through inquiries with third parties.

At any time after this application and during my/our relationship with the Lender, I/we authorize the Lender to obtain information concerning my/our employment and credit standing and authorize my/our employer, banks, and/or other listed reference to release any requested information to the Lender. I/we agree to notify the Lender and the Program Director immediately of any material change in the information provided on this application.

I/we attest that all information provided to the Lender and the Program Director in connection with my/our application is complete and correct in all respects, including a true and accurate statement of my/our current financial position. I acknowledge that it is a federal offense to knowingly make any false statements or reports or willfully overvalue and property for the purpose of influencing the Lender to act on this application.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicant

\_\_\_\_\_  
Date

## Application Checklist

Before submitting this application, did you...

Attach a formal, written quote on your vendor's company letterhead?  
*Applications can not be processed until this is received.*

Attach proof of residency and income?  
*Applications can not be processed until this is received.*

Acceptable proof of income would include a copy of one of the following:

1. **If self employed:**  
IRS Income Tax returns (including all schedules) for the past two years.
2. **If employed\* or on SSDI\*:**  
Two (2) months of pay stubs from Employer or SSDI checks  
SSI Award Letter (or verification letter)

\*Note: if you have additional income such as rental income, child support and/or alimony, acceptable documentation would be as follows:

Copies of two years of IRS Income tax returns or  
Court documents verifying this income.

Acceptable proof of residence includes a copy of one of the following:

1. Drivers License
2. Voter's Registration
3. Utility Bill in your name
4. Non-driver's identification

Attach acceptable documentation of disability?

Attach a detailed description of the assistive technology you need?

Complete all parts of the application?  
*If a question does not apply to you, put N/A or draw a line through it, so we know you did not forget to answer any questions.*

Sign and date the application and releases in ink where needed?

Fill in the amount you can afford to pay back each month?

For Access Site Only – is there an Application Number on the first page?



### **PRIVACY RIGHTS NOTICE**

Your right to privacy is important to us, and we take steps to ensure this for each and every applicant to the Massachusetts Assistive Technology Loan Program. State and federal laws require us (and most other financial institutions) to disclose our privacy policy to you. Please take a moment to review this information, so you can better understand why we collect certain information and how we keep your personal information private.

### **INFORMATION WE COLLECT**

We collect two types of personal information about you – but only when that information is provided by you or is obtained by us with your consent. The first category is information used to determine your loan eligibility. This includes financial information. The second category is personal information that includes race, gender, and language use. This information is never shared with the lender. Rather, we use this information to compile statistical analysis for required yearly reporting to the federal government. We may obtain this information from various ways. Some examples include interviews, letters, mailings, and phone calls with you as well as the application form you submit to the program or lender.

### **TYPES OF INFORMATION WE DISCLOSE**

We may disclose the following types of nonpublic personal information about you while you are a participant in the Program:

- Information we receive from you, such as your name, address, social security number, assets, and income,
- Information about your transactions with us or any other lenders who receive your application,
- Information we receive from a lender that considers your application or makes you a loan.

### **PARTIES TO WHOM WE DISCLOSE INFORMATION**

We disclose personal and financial information about our loan applicants to lending institutions who consider granting loans to individuals referred by the Program. We also reserve the right to provide limited personal information to an external evaluator, if the purpose of this evaluation is to measure customer satisfaction or to request an interview about the Program itself. We may also disclose participant information to

- a lender or its agents in the course of a regulatory audit
- persons authorized by a state or federal organization to review the Program's practices

As allowable by law, we may also disclose information about applicants as necessary to carry out a transaction requested or authorized by an applicant, or to service or maintain an account the applicant may hold with the Program or the lender in connection with an extension of credit.

In addition, we may, with your prior permission, refer your name and contact information to a media contact for purposes of advertising the program. Be aware that you have the option of declining a request for this, and your decision to opt out of this type of activity will have no adverse impact on your application and/or loan status.

Except for these above-listed situations, we do not disclose personal information about current or former applicants to any third party.

### **CONFIDENTIALITY AND SECURITY OF NON-PUBLIC INFORMATION**

Confidentiality is of the utmost importance to us. We restrict access to your nonpublic personal information to only those parties who must use the information to provide Program services to you, or to perform the functions previously described. We also protect your personal information from access, alteration, or destruction by maintaining physical, electronic, and procedural safeguards in compliance with applicable laws and regulations.

We appreciate your business, and thank you for allowing us to serve your assistive technology financing needs. We are committed to protecting your privacy. Please call the Program if you have any questions or concerns about this Privacy Notice.