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KENTUCKY

**ASSISTIVE
TECHNOLOGY
LOAN
CORPORATION**

FIFTH THIRD BANK, INC.

**Providing Financial
Loans for Assistive
Technology**

LOAN APPLICATION

***This Loan Program is
Operated Jointly With***

PLEASE READ CAREFULLY BEFORE APPLYING

Thank you for requesting a loan application from the Kentucky Assistive Technology Loan Corporation. The information contained in this letter should help you complete the application process. Please feel free to call us if you need assistance or clarification.

How do I apply?

Complete and return the attached applications along with verification of disability, copy of Photo ID, itemized price quote, proof of all income and power of attorney, if applicable.

Please remember to be as complete and accurate as possible to prevent any delay in processing. These documents are often transmitted via fax and can be hard to read, so please type or write legibly.

Submit the following:

Kentucky Assistive Technology Loan Program Application (attached)

Bank Credit Application (attached)

Photo ID (copy of valid driver's license or Kentucky State ID) including co-applicant, if applicable

Verification of disability (see below)

Itemized price quote for the specific item to be purchased

Proof of all sources of income to be considered by the lender including co-applicant, if applicable

Provide copy of power of attorney, if applicable – The power of attorney must reflect that the individual has the legal right to apply for credit on the individual's behalf.

NOTE: Applicant may supply other supporting documentation such as an assistive technology assessment, recommendations from professionals, etc. to explain a need for assistive technology. If a third party is paying for a portion of the assistive technology, verification of payment is required.

Verification of Disability (Submit one of the following)

1. A statement from a licensed, treating medical professional indicating how the disability substantially affects one or more major life activities.
2. Proof of enrollment in one of the following:
 - a. State vocational rehabilitation program;
 - b. Social Security Disability Insurance (SSDI);
 - c. Medicare enrollment based on disability;
 - d. Medicaid enrollment based on disability;
 - e. Veterans Administration enrollment based on current disability;
 - f. Educational services enrollment under an individualized family service plan or individualized education plan, or
3. Other proof of a disability that affects a major life activity as required by KRS 151B.50(6).

What is the Kentucky Assistive Technology Loan Corporation (KATLC)?

KATLC is a program funded by both private and public money to assist Kentuckians with disabilities to obtain assistive technology to improve their independence or quality of life. The KATLC Board of Directors manages the program.

Who can apply for a loan?

Eligible individuals are residents of Kentucky for at least six consecutive months, who either have a disability that permanently affects a major life activity, or is a parent/guardian of an individual with a disability and have the ability to repay the loan. The purpose of the loan must be to purchase assistive technology to be used by the individual with a disability.

A nonprofit organization that provides assistive technology to individuals with disabilities may also apply if they can demonstrate how the adaptive equipment will be used for their potential customers.

What can I borrow money for?

Assistive technology is defined as "any item, piece of equipment or device that enables an individual with a disability to improve his or her independence and quality of life." Examples may include hearing aids, computers, home modifications, augmentative communication devices, wheelchair ramps and van lifts. If you are not sure if the item you need qualifies under the program's guidelines, please ask.

How much money can I borrow and for how long?

The minimum amount you can borrow is \$500 and the maximum amount is \$25,000. The length of the loan is determined by the life expectancy of the assistive technology.

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

KATLC, working in conjunction with their financial partner, is able to approve more loans than traditional loan programs because of our more lenient guidelines.

How are loan decisions made?

KATLC initially determines eligibility based on disability and assistive technology. It then reviews financial information provided by the financial partner before deciding whether to approve the loan or not. Customers will be notified within three to four days whether the loan has been approved or denied.

What is a price quote?

The price quote should contain the seller's contact information (name, address and telephone number). The quote must list the assistive technology device with price including tax and shipping, if applicable. In regards to a vehicle, the quote must contain the VIN number, year, make, model and mileage.

Please mail the completed application and attachments to:

Sarah Richardson
KY Assistive Technology Loan Corporation
275 East Main Street Mail Stop 2-EK
Frankfort, KY 40621
or you may **FAX** your application to **(502) 564-6745**

If you need assistance filling out these forms, alternative format, or if you want to check on the status of your application, please contact KATLC at the above address, or call **toll free 1-877-675-0195**.



Application for Loan

PLEASE PRINT

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Name of Applicant: _____

Address: _____ City: _____

County: _____ Zip: _____ E-Mail Address: _____

Home Phone: () Work Phone: () Cell Phone: ()

If you need replies in Braille, audio tape, or other special format, please indicate here:

FOR NONPROFIT ORGANIZATIONS ONLY:
 Federal Employer ID# (9digits): _____ *Include proof of 501(c)(3) status

If applicant does not have a disability, please describe applicant's relationship to the individual with a disability (e.g., parent, sibling, child, guardian, caretaker, etc.):

Name of individual who will be using the assistive technology, if different from applicant:

How did you find out about this program?

Advertising (e.g. TV, radio, newspaper)
 Information received in the mail
 Information received from the World Wide Web/Internet
 Referral from a friend
 Referral from a professional (e.g. OT, PT, doctor, case manager)
 Referral from a disability-related agency Please describe: _____
 Referral from a state technology program
 Referral from an equipment vendor, supplier or dealer
 Referral from a bank, credit union or lending institution
 Other Please describe:
 Don't Know
 No Response

NATURE OF DISABILITY/NEED FOR ASSISTIVE TECHNOLOGY

Describe the nature of the disability of the individual who will be using the assistive technology and how that disability affects one or more major life activities (attach additional sheets if necessary):

Describe the device(s) and/or service(s) that will be purchased and how it/they will compensate for the limitations of the disability or improve the quality of life of the individual who will be using it (attach additional sheets if necessary):

Is a third party paying for a portion of the assistive technology? Yes No
 If yes, please provide contact information i.e. telephone number, counselor name, etc.

Has the third party approved the funding? Yes No
 If not, please provide details as when funding is expected to be received.

I/We certify, under penalty of law, that the information given in this application packet is correct and complete to the best of my knowledge. I/We understand that this is a request for funds that I/we will need to repay. I/We authorize the Kentucky Assistive Technology Loan Corporation (KATLC) to review all information provided and seek additional information from third parties required to verify the contents of this application. All information is true and correct and is provided to obtain the loan I/we am/are seeking. Any misrepresentation on any part of this application could result in rejection of this application or termination of the loan.

I/we further understand that the issuance of a loan does not imply any type of warranty by KATLC or any other lender regarding the suitability, condition, merchantability or safety of the device or equipment that I/we purchase with the loan. I/We understand that I/we alone are responsible for selecting the devices or equipment to be financed. Therefore, I/We can make no claims against KATLC, any lender or any of their agents, and I/we hereby release KATLC, any lender and all of their respective agents, from and against all liability, for defects in any device or equipment or any accident or injury resulting from its use.

Signature of Applicant: _____ **Date:** _____

Signature of Co Applicant: _____ **Date:** _____

COMPLETION OF THIS SECTION IS VOLUNTARY. This information is collected for statistical reporting purposes only and will **NOT** be individually identified. Completion of this section is not necessary for consideration of the application.

Date of Birth of Individual with a Disability Who Will Be Using the Assistive Technology:

Gender: ___ Male ___ Female **Primary Language:** _____

Race: ___ American Indian/Alaskan Native ___ African-American ___ Asian
 ___ Asian Indian ___ Caucasian ___ Hispanic/Latino ___ Native Hawaiian
 ___ Pacific Islander ___ Other

The Commonwealth of Kentucky and the Kentucky Assistive Technology Loan Corporation do not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the access to, application for, or approval of assistive technology loans.

Consent to Participate in Follow-up Survey

To insure the quality and effectiveness of KATLC, we would like to invite you to participate in a follow-up survey to provide information. This survey will be conducted six (6) months after your submitted application. This survey will be conducted by an individual on behalf of KATLC. You will receive a survey in the mail on the impact of the loan program and your feedback about the process. If you are unable to complete the survey by mail, you may be called for a survey interview. You are free to refuse to answer any questions you do not want to answer. You have the right to decline to participate. All responses will be kept confidential and you will not be identified by name or other personally identifying information in any reports. Your decision to participate or not in this evaluation process will not affect your loan application.

I consent to participate in a Follow-up Survey

Contact Information for Follow-up Survey

Name: _____

Address: _____

Telephone Number _____

Email _____

X _____
Signature of Loan Applicant

Date

FIFTH THIRD BANK, INC.
APPLICATION FOR KENTUCKY ASSISTIVE TECHNOLOGY LOAN PROGRAM

Amount of Loan Applied for	Length of Loan (# of months)	Purchase price of Assistive Technology	
Applicant Last Name		First Name	Middle Initial
Street Address		How Long? Yrs _____ Mos _____	
City	County	Zip Code	
Previous Address (If Less Than 2 Years At Present Address)			
Birthdate	Social Security Number	Phone Number ()	Number of Dependents
Name and Location of Bank Where You Maintain Your Primary Account Relationship			
(If Applicable) Employer	Address	Phone Number ()	
Position	Supervisor	Length of Employment	
Previous Employer	Phone Number ()	Length of Employment	
Name of Nearest Relative Not Living With You		Phone Number ()	
Co-Applicant Last Name		First Name	Middle Initial
Street Address		How Long? Yrs _____ Mos _____	
City	County	Zip Code	
Previous Address (If Less Than 2 Years At Present Address)			
Birthdate	Social Security Number	Phone Number ()	Number of Dependents
(If Applicable) Employer	Address	Phone Number ()	
Position	Supervisor	Length of Employment	
Applicant Housing Information			
Check One: <input type="checkbox"/> Own			
<input type="checkbox"/> Rent		Amount of Monthly Mortgage or Rent Payment	\$ _____
<input type="checkbox"/> Live with family member(s)			
Name and Phone Number of Landlord or Mortgage Holder			
(If Owned) Purchase Price	Date of Purchase	Balance	Estimate of Current Value
Gross Annual Income (Child support, alimony or separate maintenance need not be disclosed if you do not wish to have it considered as a basis for repaying this obligation.)			
Applicant Salary		Co-Applicant Salary	
Bonus & Commission		Other Income (List Source)	
Interest / Dividend Income		1.	
Rental Income		2.	
		3.	
Total Gross Annual Income, Applicant & Co-Applicant.....\$			
Credit References (List All Obligations, Including Utilities If Applicable; Attach Separate Page If Necessary)			
Name of Creditor		Balance	Monthly Payment
1.			
2.			
Are you obligated to pay child support, alimony or separate maintenance?			
No	Yes	Monthly Amount	\$ _____
Have you ever had a car or other merchandise repossessed? No Yes			
If Yes, Name of Company _____			
Have you ever filed bankruptcy? No Yes If Yes, please attach separate sheet with complete explanation & dates.			

NOTE: By signing below, Applicant and Co-Applicant agree that FIFTH THIRD BANK, INC. may share with the KENTUCKY ASSISTIVE TECHNOLOGY LOAN CORPORATION the contents of this application and information concerning Applicant's payment performance with regard to any loan that may be granted as a result of this application.

Applicant's Signature, Date

Co-Applicant Signature, Date

**FIFTH THIRD BANK, INC.
APPLICATION FOR KENTUCKY ASSISTIVE TECHNOLOGY LOAN PROGRAM**

PERSONAL FINANCIAL STATEMENT					
IMPORTANT: Check box "J" if assets are owned, or liabilities are owed, jointly. Indicate how the asset is titled and how much you own or owe in the appropriate schedules below. If additional space is needed, please attach a separate sheet.					
ASSETS	AMOUNT	J	LIABILITIES	AMOUNT	J
Cash on Hand & in Bank (Schedule 1)	\$		Loans Against Real Estate (Schedule 4)	\$	
Savings Certificates (Schedule 1)	\$		Notes payable to Banks	\$	
Stocks and Bonds (Schedule 2)	\$		Credit cards & Other Liabilities:		
Cash Value of Life Insurance (Schedule 3)	\$		1.	\$	
Automobiles / Other Vehicles	\$		2.	\$	
Real Estate (Schedule 4)	\$		3.	\$	
Interest in Business Owned	\$		4.	\$	
Other Assets	\$		TOTAL LIABILITIES	\$	
TOTAL ASSETS	\$		NET WORTH (ASSETS MINUS LIABILITIES)	\$	
SCHEDULE 1 – CASH ON DEPOSIT					
Name and Location of Bank	Balance		Type of Account	In Name Of	
SCHEDULE 2 – STOCKS AND BONDS					
# of Shares	Description	Title in Name Of	Market Value	Pledged to Whom	
SCHEDULE 3 – LIFE INSURANCE					
Name of Insurance Company	Name of Insured		Face Amount	Cash Value	
SCHEDULE 4 – REAL ESTATE					
Description and Location	Market Value	Balance Owed	Mortgage Holder	Mo. Pmt.	Purchase Price
DO NOT COMPLETE THE INFORMATION IN THIS BLOCK UNLESS THE PURPOSE OF THIS LOAN IS HOME IMPROVEMENT.					
The following information is requested by the Federal Government for certain types of loans related to a dwelling in order to monitor the Lender's compliance with Equal Credit Opportunity, Fair Housing, and Home Mortgage Disclosure laws. You are not required to furnish this information, but you are encouraged to do so. The law provides that a Lender may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information and you have made this application in person, under Federal Regulations the Lender is required to note race or national origin and sex on the basis of visual observation or surname. If you do not wish to furnish this information, please check below.					
APPLICANT			CO-APPLICANT		
<input type="checkbox"/> I do not wish to furnish this information.			<input type="checkbox"/> I do not wish to furnish this information.		
Sex:			Sex:		
Female		Male	Female		Male
Race / National origin:			Race / National origin:		
American Indian or Alaskan Native			American Indian or Alaskan Native		
Asian or Pacific Islander			Asian or Pacific Islander		
Black			Black		
Hispanic			Hispanic		
White			White		
Other (please specify) _____			Other (please specify) _____		

Applicant's Initials, Date

Co-Applicant's Initials, Date

Number of Pages Attached _____ (Note: Applicant and any Co-Applicant must initial each page of attachment.)