Loan Application Checklist

You can mail, email, or fax the following items to complete your application.

Note: The following is required for both applicants and co-applicants. Additional documents may be required.

☐ Two copies of Identification, one of which must be a Photo ID

*Examples of identification include:* (expired identification NOT ACCEPTED)
- Driver’s license with current address (Photo ID)
- Non-driver’s ID with current address (Photo ID)
- Passport (Photo ID)
- Utility bill with current address
- Medical insurance card
- Social Security card

☐ Proof of Income

*Examples of proof of income include:*
- Two current paystubs and two most recent W-2s
- IRS Tax Return for the past two years (if self-employed)
- Supplemental Security Income (SSI) award letter
- Social Security Disability Insurance (SSDI) award letter
- Child Support/Alimony: You are not required to disclose income from alimony, child support, or separate maintenance payments unless you are using this as a basis for repayment.

☐ An Official Vendor Quote

*The quote should include the following:*
- A breakdown of costs
- Vendor contact information
- If you are purchasing a vehicle, your quote must include: VIN, year, make, mileage, and type of accessible modifications.

☐ Loan Application (all pages must be completed and submitted)

Don’t forget!
- If you have a rep-payee, be sure to read the section regarding rep-payee guidelines on page 5.
- If you are applying for a home modification loan, please complete the HMDA Form on page 9.

*Please Note: We do not reimburse for previously purchased items.*
Check Appropriate Box: □ You are applying for individual credit in your own name and are relying on your own income or assets for repayment of the credit requested.  
□ You are applying for joint credit with another person.

Amount Requested: $ ________________________________

What are you purchasing: ___________________________________________

**SECTION A – APPLICANT INFORMATION**

Full Name: ___________________________________________ Date of Birth: _____ / _____ / ______

Current Street Address: _______________________________________

City: _______________ State: _______ Zip: ___________ County: _______________________

How Long at This Address: ________ Telephone Number: _____________________________

Email Address: ___________________________ Cell Phone Number: _______________________

Social Security Number: ____________________________________________

Number of People in Your Household (Related & Unrelated): ____________________________

Driver’s License or State ID No.: _______________ Issue Date: __ / __ / ___ Exp. Date: __ / __ / ___

What is Your Country of Citizenship? _____________________________________________

Immigration Status: _____ U.S. Citizen _____ Permanent Resident of U.S. _____ Other _________

Previous Street Address (if less than two years): _______________________________________

City: _______________ State: _______________ Zip: _______________________

Current Employer: ___________________________ Work Number: _______________________

Position or Title: ___________________________ Years/Months Employed: _________________

Employer’s Address: _____________________________________________________________

Previous Employer (if less than two years): _________________________________________

Previous Employer’s Address: ______________________________________________________
PATF Loan Application – MUST be completed

Nearest relative or other party not living with you:

Name: ____________________________ Relationship: ____________________________

Address: ________________________________________________________________

Telephone Number: _______________________________________________________

SECTION B – CO-APPLICANT INFORMATION (IF APPLICABLE)

Full Name: ____________________________ Date of Birth: ____ / ____ / _____

Current Street Address: __________________________________________________

City: ______________ State: _____ Zip: ________ County: ______________________

How Long at This Address: __________ Telephone Number: ___________________

Email Address: ___________________________ Cell Phone Number: __________________

Social Security Number: __________________________________________________

Driver’s License or State ID #: ______________ Issue Date: __ / ____ / ____ Exp. Date: __ / ____ / _____

What is Your Country of Citizenship? ________________________________________

Immigration Status: _____ U.S. Citizen _____ Permanent Resident of U.S. _____ Other _____________

Previous Street Address (if less than 2 years): ________________________________

City: ____________________________ State: ______________ Zip: ______________

Current Employer: __________________________ Work Number: __________________

Position or Title: __________________________ Years / Months Employed: ____ / ______

Employer’s Address: _______________________________________________________

Previous Employer (if less than two years): __________________________________

Previous Employer’s Address: ______________________________________________
PATF Loan Application – MUST be completed

INFORMATION ABOUT CO-APPLICANT (continued)

Nearest relative or other party not living with you:

Name: __________________________________________ Relationship: ______________________

Address: __________________________________________

Telephone Number: __________________________________________

SECTION C – MARITAL STATUS

APPLICANT (circle one) Married Separated Unmarried (including single, divorced, widowed)

Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income as a basis for repayment of this obligation, please complete the information below. Documentation verifying income will be required.

Payment Received Pursuant to: ___ Court Order ___ Written Agreement

Alimony per Month: $_________ Child Support per Month: $_________

Separate Maintenance Payment per Month: $_________________

CO-APPLICANT (Circle one - if applicable) Married Separated Unmarried (including single, divorced, widowed)

Alimony, Child Support, Separate Maintenance Payments: You are not required to disclose income from alimony, child support, or separate maintenance payments. However, if you are relying on income as a basis for repayment of this obligation, please complete the information below. Documentation verifying income will be required.

Payment Received Pursuant to: ___ Court Order ___ Written Agreement

Alimony per Month: $_________ Child Support per Month: $_________

Separate Maintenance Payment per Month: $_________________

SECTION D – ASSET AND DEBT INFORMATION

APPLICANT INCOME

Gross Income $_________ Week: ___ Month: ___ Year: ___ Income Source: __________

Do you have a checking account? Yes No

Do you have a savings account? Yes No

ASSETS (Optional): Cash in Banks $_______ Stocks/Bonds $________ Retirement Accts $_______
PATF Loan Application – MUST be completed

CO-APPLICANT INCOME (If Applicable)

Gross Income $_________ Week:_____ Month:_____ Year:_____ Income Source: ______________

Do you have a checking account? Yes No
Do you have a savings account? Yes No

ASSETS (Optional): Cash in Banks $________ Stocks/Bonds $________ Retirement Accts $________

Monthly Expenses (Include installment loans, credit cards, rent, mortgages, etc.) Use separate sheet if necessary.

<table>
<thead>
<tr>
<th>Creditor</th>
<th>Name on Account</th>
<th>Original Debt</th>
<th>Present Balance</th>
<th>Monthly Payment</th>
<th>Past Due? Yes/No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent/Mortgage</td>
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<td>$________</td>
<td>$________</td>
<td>$________</td>
<td></td>
</tr>
<tr>
<td>Credit Cards</td>
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<td>$________</td>
<td>$________</td>
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<tr>
<td>Automobile</td>
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<tr>
<td>Auto Insurance</td>
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<tr>
<td>Student Loan</td>
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<tr>
<td>Other</td>
<td></td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td></td>
</tr>
<tr>
<td>Total Debts</td>
<td></td>
<td>$________</td>
<td>$________</td>
<td>$________</td>
<td></td>
</tr>
</tbody>
</table>

If you are a homeowner, please list an estimated annual amount for the property taxes and homeowner’s insurance. The amounts can be combined into one figure: $________________

If this is a loan request for home modifications over $10,000, please list estimated value of the home: $________________

Are you a co-applicant on any loan or contract? Yes No
If yes, for whom? _________________________________________________________________

Are there any unsatisfied judgments against you? Yes No
If yes, to whom owed? ____________________________________________ Amount: $________

Have you declared bankruptcy in the last 5 years? Yes No
If yes, what state? __________________________ Year dismissed: ________________________
AUTHORIZATION

I/We understand and agree that the information in this application and otherwise collected by PATF may, depending upon the amount and type of credit requested, be provided to one or more Lenders (each, a “Lender”) in connection with my/our request for financing.

Certification: I/We certify that the information provided in this application is true and correct as of the date set forth opposite my/our signature on this application and acknowledge my/our understanding that any intentional or negligent misrepresentation of the information contained in this application may result in civil liability and/or criminal penalties including, but not limited to, fine or imprisonment or both under the provisions of Title 18, United States Code, Section 1001 et seq., and liability for monetary damages to PATF, any other lender, its agents, successors, assigns, insurers, and any other person who may suffer any loss due to reliance upon any misrepresentation I/we made in this application or in any other manner.

_________________________________________  ____________________________
Signature of Applicant                    Date

_________________________________________  ____________________________
Signature of Co-Applicant (if applicable)  Date

**IMPORTANT: If you have a Representative Payee, and the Representative Payee is a family member, that person must be a co-applicant on the loan. By signing as a co-applicant, the rep-payee agrees that he/she is responsible for making the loan payments as he/she would make any payment on behalf of the beneficiary. If the applicant is no longer able to repay the loan the co-applicant would be responsible for paying the remainder of the loan balance.**
PART I - Individual with Disability

Full Name: ______________________________________ Date of Birth: ___/___/____

Relationship to Applicant: __________________________________________________________

Current Street Address: __________________________________________________________________

City: ___________________________ State: _____________ Zip: ______________________

PART II – Disability/Assistive Technology Information

Diagnosis of Disability/Disabilities: ______________________________________________________

Device/Equipment/Service for which the loan is requested: ______________________________________

Cost of Device/Equipment/Service: $ ___________ Amount of loan request: $ _________________

YOU MUST attach quote with detailed information about the product, cost and name of vendor/seller UNLESS you are applying for a prequalification).

Explain how this assistive technology will assist you with your disability. How will this device or service improve your independence, productivity, or quality of life? ________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

How did you hear about PATF? _____________________________________________________________

How did you determine that this is the assistive technology you need? (Circle all that apply)

Evaluation by a Doctor/Therapist Recommended by: _________________________________

Tried this Device Other (specify): _________________________________________________

Have you tried any other sources of funding to purchase this assistive technology?

Yes No

If YES, circle all that apply and describe the outcome:

Medical Assistance School District Vocational Rehabilitation Insurance Medicare

Other (specify)____________________________

Describe outcome: __________________________________________________________________

____________________________________________________________________________________

How Much Could You Afford to Pay Each Month for This Equipment? $ ________________
CERTIFICATION

I/We understand that this is a request for funds that I/We will need to repay. I/We authorize the Pennsylvania Assistive Technology Foundation (PATF) 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 issuance of a loan does not imply any type of warranty by PATF 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 PATF OR ANY LENDER OR ANY OF THEIR AGENTS, AND I/WE EACH HEREBY RELEASE PATF AND ANY OTHER 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.

I/We hereby also authorize PATF and any lender to whom PATF may refer this application to disclose to PATF any information about any of us that the lender obtains or compiles that may be relevant to decisions PATF may make with respect to the application.

___________________________________  __________________
Signature of Applicant                              Date

___________________________________  __________________
Signature of Co-Applicant (if applicable)                              Date

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT
Why are we asking for this information? To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.

_____Unless checked, no Applicant(s) with an interest in this account is either (1) a senior military, governmental, or political official in a non-U.S. country or (2) clearly associated with or an immediate family member of such an official. If checked, identify the name of the official, office held, and country: __________________________________________________________

____________________________________________
Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations.

We are happy to provide this privacy policy notice, and we hope you will take a few minutes to read it. You will have a better understanding of what we do with the information you provide us and how we strive to keep it private and secure.

This notice explains how we collect, handle and disclose personal information about you.

Information We Collect:

We collect non-public personal information about you from the following sources:

- Information we receive from you on applications and other forms;
- Information about your transactions with us or others; and,
- Information we receive from a consumer credit reporting agency (i.e. credit bureaus).

Information We May Disclose:

We do not disclose non-public personal information about our applicants or borrowers or former applicants or borrowers to anyone, except to our partner banks, the credit bureaus and as required by law.

Confidentiality and Security of Non-Public Personal Information

Confidentiality and security of your non-public personal information is of paramount importance to us. We maintain physical, electronic and procedural safeguards in compliance with all applicable laws and regulations to guard your non-public personal information from unauthorized access, alteration and destruction. We restrict access to your non-public personal information to those employees and other parties who must use the information to provide services to you.

Initial that you have read and understand PATF’s Privacy Statement and Notice
HMDA: TO BE COMPLETED FOR HOME MODIFICATION LOANS, ONLY.

Applicant: ____________________________________________________________

Co-Applicant: _________________________________________________________

INFORMATION FOR GOVERNMENT MONITORING PURPOSES (APPLICANT AND CO-APPLICANT)
The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law require that we ask applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity, fair housing, and home mortgage disclosure laws. You are not required to provide this information but are encouraged to do so. You may select one or more designations for “ethnicity” and one or more designation for “race.” The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in-person, Federal regulations require us to note your ethnicity, sex, and race on the basis of visual observation or surname. The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

<table>
<thead>
<tr>
<th>Applicant</th>
<th>Co-Applicant</th>
<th>No Co-Applicant</th>
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<tbody>
<tr>
<td>The Demographic information was provided through:</td>
<td>The Demographic information was provided through:</td>
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<tr>
<td>[ ] Face-to-Face Interview (includes video component)</td>
<td>[ ] Face-to-Face Interview (includes video component)</td>
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<tr>
<td>[ ] Phone Interview</td>
<td>[ ] Phone Interview</td>
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<td>[ ] Fax or Mail</td>
<td>[ ] Fax or Mail</td>
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<td>[ ] Email or Internet</td>
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<td><strong>Ethnicity</strong></td>
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<td>[ ] Mexican</td>
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<td>[ ] Puerto Rican</td>
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<td>[ ] Cuban</td>
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<td>[ ] Cuban</td>
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<tr>
<td>[ ] Other Hispanic of Latino – enter origin</td>
<td>[ ] Other Hispanic of Latino – enter origin</td>
<td>[ ] Other Hispanic of Latino – enter origin</td>
</tr>
<tr>
<td>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</td>
<td>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</td>
<td>For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on.</td>
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<tr>
<td>[ ] Not Hispanic or Latino</td>
<td>[ ] Not Hispanic or Latino</td>
<td>[ ] Not Hispanic or Latino</td>
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<td>[ ] I do not wish to provide this information</td>
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<td>[ ] Information not provided</td>
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<td>[ ] Not applicable</td>
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<td><strong>Race</strong></td>
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<tr>
<td>[ ] American Indian or Alaska Native</td>
<td>[ ] American Indian or Alaska Native</td>
<td>[ ] American Indian or Alaska Native</td>
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<td>Enter name of enrolled or principal tribe:</td>
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<td>Enter name of enrolled or principal tribe:</td>
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<td>[ ] Asian</td>
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<tr>
<td>[ ] Other Asian – enter race:</td>
<td>[ ] Other Asian – enter race:</td>
<td>[ ] Other Asian – enter race:</td>
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<tr>
<td>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</td>
<td>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</td>
<td>For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on.</td>
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<td>Race (continued)</td>
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<td>___ Black or African American</td>
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<tr>
<td>___ Native Hawaiian or other Pacific Islander</td>
<td>___ Native Hawaiian or other Pacific Islander</td>
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<tr>
<td>___ Native Hawaiian ___ Guamanian or Chamorro</td>
<td>___ Native Hawaiian ___ Guamanian or Chamorro</td>
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<td>___ Samoan</td>
<td>___ Samoan</td>
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<tr>
<td>___ Other Pacific Islander – enter race:</td>
<td>___ Other Pacific Islander – enter race:</td>
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<td>For example: Fijian, Tongan, and so on.</td>
<td>For example: Fijian, Tongan, and so on.</td>
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<tr>
<td>___ White</td>
<td>___ White</td>
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<td>___ I do not wish to provide this information</td>
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<td>___ Information not provided</td>
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