



... making assistive technology more accessible to those in need.

A cooperative effort between THE UNIVERSITY OF KANSAS and the SKIL Resource Center

1714 Main, P. O. Box D ~ Parsons, KS 67357 ~ Phone: (620) 421-6554 ~ Toll Free: (866) 465-2826 ~ Fax: (620) 423-3505 Website: www.k-loan.net

ASSISTIVE TECHNOLOGY LOAN PROGRAM APPLICATION

All information on this application form is strictly confidential and will only be used to determine your need for and ability to repay this loan. Potential Borrowers must demonstrate the ability to repay the loan. Completion of this form does not guarantee that a loan will be approved. If you need assistance with this application please contact your regional K-Loan representative (See map on page 4).

This application is for: (check one)

- Individual credit – income and assets of only one person considered
- Joint credit – income and assets of two individuals are considered and both people are responsible for repaying the loan

PART I – ABOUT YOU/YOUR CO-SIGNER

POTENTIAL BORROWER

First Name _____ MI _____ Last Name _____

Date of Birth ____/____/____ SS# _____ - _____ - _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Years/Months There _____

Home Phone (_____) _____ Work Phone (_____) _____

Email _____

Employer _____ Your Occupation _____

Employer's Street Address _____

City _____ State _____ Zip Code _____

Employer's Telephone No. (_____) _____ Years Employed There _____

POTENTIAL CO-SIGNER

First Name _____ MI ____ Last Name _____

Date of Birth ____/____/____ SS# _____ - _____ - _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Years/Months There _____

Home Phone (____) _____ Work Phone (____) _____

Email _____

APPLICANT: Person with Disability (if not Borrower)

First Name _____ MI ____ Last Name _____

Date of Birth ____/____/____ SS# _____ - _____ - _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Years/Months There _____

Home Phone (____) _____ Work Phone (____) _____

Email _____

Relationship to Borrower: Family Member Guardian

NEAREST RELATIVE: (in case K-Loan staff cannot contact you)

First Name _____ MI ____ Last Name _____

Address _____ Apt _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Work Phone (____) _____

Email _____ Relationship to You: _____

BORROWER IDENTIFICATION

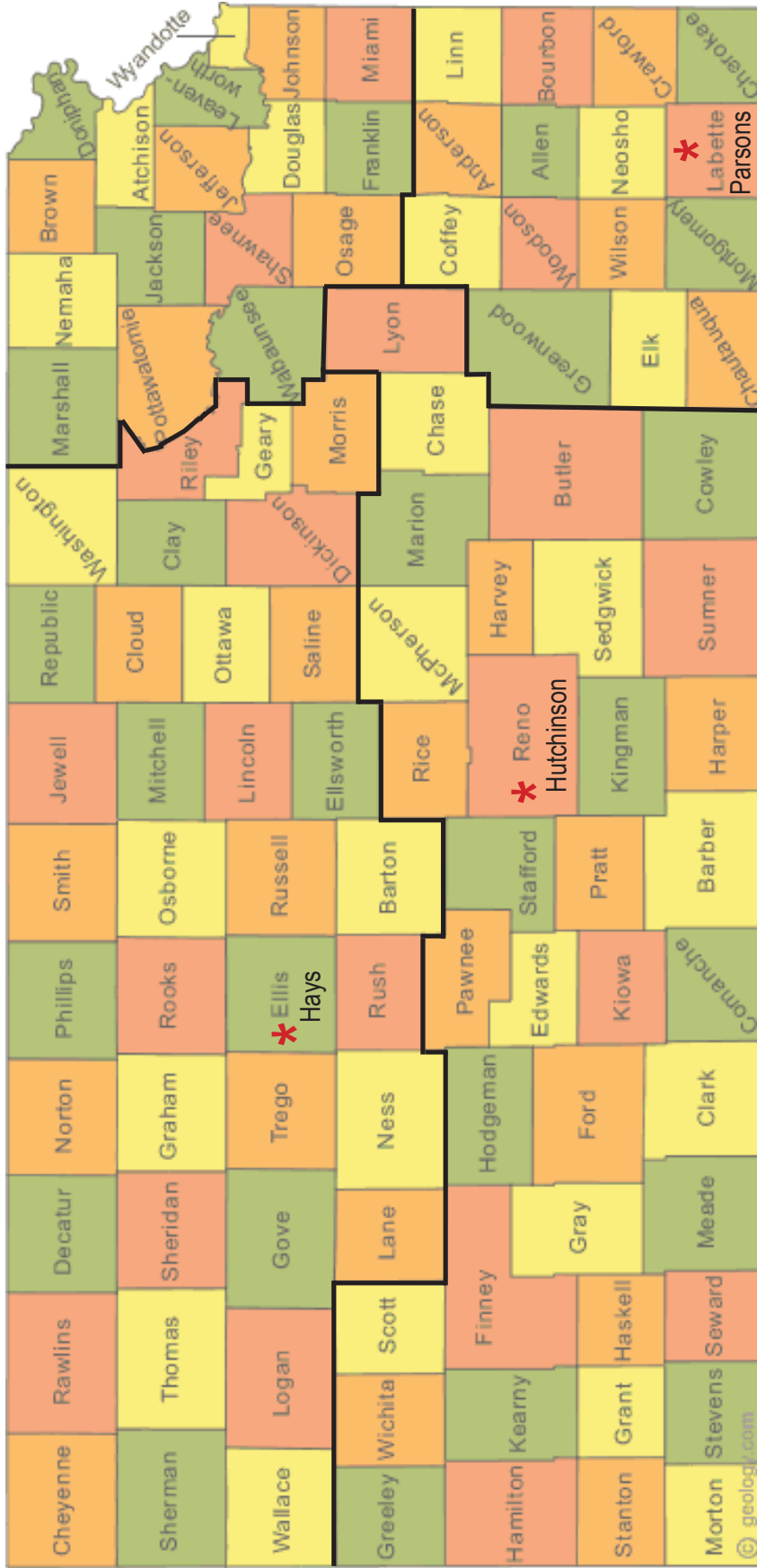
To meet federal lending requirements, two forms of identification are needed for potential borrowers and for potential co-borrowers. Please attach a copy of:

- 1) Your Driver's License or official identification card
- 2) Your Social Security card, birth certificate, or naturalization papers

K-Loan

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Regional Contacts



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 hjones@pilr.org

PART II – DISABILITY/ASSISTIVE TECHNOLOGY INFORMATION

ALL BORROWERS OR APPLICANTS MUST COMPLETE THE FOLLOWING:

1. Describe Disability or Functional Limitations (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Handling objects, reaching |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning new information |
| <input type="checkbox"/> Talking/communicating | <input type="checkbox"/> Remembering |
| <input type="checkbox"/> Getting around/mobility | <input type="checkbox"/> Interacting with others/socializing |
-
-

2. The purpose of the loan application is to acquire the following type of technology:

- | | |
|---|--|
| <input type="checkbox"/> Vision | <input type="checkbox"/> Daily living |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Environmental adaptations |
| <input type="checkbox"/> Speech communication | <input type="checkbox"/> Vehicle modification and transportation |
| <input type="checkbox"/> Learning, cognition, and developmental | <input type="checkbox"/> Computers and related |
| <input type="checkbox"/> Mobility, seating and positioning | <input type="checkbox"/> Recreation, sports, and leisure |

3. Give a full description of the item/s for which the loan is requested (e.g., if vehicle, give year, make, and model).

Give full cost of the item/s, including extended warranty, service agreement, insurance, maintenance, and repair.

\$ _____

Amount of loan request if different from cost of item/s

\$ _____

Reason for Difference _____

(YOU MUST ATTACH WRITTEN QUOTES ON VENDOR LETTERHEAD OR PURCHASE ORDER WITH DETAILED AND ITEMIZED INFORMATION ABOUT THE ITEM/S AND PRICES)

4. I will use the assistive technology primarily for (check one):

- Education
 Employment (If employment, please answer Question 5 & 6, if not, skip to Question 7)
 Community Living

5. Telework: The type of equipment I need for employment could be described as:
- Communication equipment
 - Computer equipment and related software
 - Home/Office modifications
 - Office furniture and equipment
 - Tools of the trade
 - Vehicles
6. Telework: My primary employment goal at the time of this application is to:
- Become newly employed in telework (working by distance) for an employer (Do not have a job now but want to get one)
 - Become newly self-employed (Do not have a job but want to work for self)
 - Change to **teleworking** job for an employer (Have a job but want to change job/kind of work)
 - Change to self-employment job (Have a job but want to work for self)
 - Expand existing business
 - Other: Provide brief description: _____
7. I'm coming to K-Loan because (check one):
- 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
 - None of the above
8. I am currently: Employed Employed and self-employed
 Self-employed Unemployed
9. What is your goal that this technology will help you achieve?
- Goal: _____
- _____
- Action Step: _____
- _____
- I waive my right to set a goal. (Checking this will not affect the loan decision.)
10. How did you determine that this is the assistive technology you need?
- Evaluation by a doctor/therapist Other expert
- Recommended by (fill in) _____
- Tried this device Other (fill in) _____

Will you need training or assistance with installation, customization, or other services to begin using this assistive technology in a correct and safe manner?

Yes No If yes, tell us what you will need _____

Do you have resources to cover these costs? Yes No

11. Are you eligible for any of these programs? Yes No

If yes, check all that apply.

Insurance/Managed care Medicaid Medicare

Vocational Rehabilitation Veterans Administration

12. Have you tried to fund the assistive technology from any source?

Yes No

If yes, which funds did you try?

Insurance/Managed care Medicaid Medicare School District

Vocational Rehabilitation Veterans Administration Work

Nonprofits/Charities

Other (fill in) _____

What happened? _____

PART III – FINANCIAL INFORMATION

13. The purpose of this section is to determine the approximate amount of money you have left over at the end of the month from which a payment toward a loan might be made. Alimony, child support or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for paying this obligation.

BORROWER INCOME: List the amount of your monthly income (joint applicants, show total)

A. Monthly Wages/Salary A. _____

B. SSDI/SSI B. _____

C. Alimony/Child Support C. _____

D. Other Income: _____ D. _____

E. Total of All Monthly Income E. _____

ASSETS

F. Cash in Banks F. _____

G. Other: _____ G. _____

CURRENT FINANCIAL OBLIGATIONS

H. Rent or House Payment H. _____

I. Utilities (Electric, Gas, Water) I. _____

J. Telephone/Cell Phone J. _____

K. Car Payment/Maintenance K. _____

L. Gasoline L. _____

M. Groceries (Food, Supplies, Diapers, Etc.) M. _____

N. Insurance (Health, Car, House/Renters) N. _____

O. Medical (Prescriptions, Doctor, Hospital) O. _____

P. Credit Cards P. _____

Q. Child Care/Child Support Q. _____

R. Cablevision R. _____

S. Eating Out S. _____

T. Cigarettes/Alcohol T. _____

U. Hobbies (Fishing, Bowling, Books, Etc.) U. _____

V. Miscellaneous V. _____

W. Total of All Monthly Expenses W. _____

MONTHLY INCOME AFTER EXPENSES \$ _____

(To figure your monthly income after expenses, subtract the amount in line W from the amount in line E)

14. INCOME DOCUMENTATION

- Attach copies of the last two month's bank statements
- Proof of income – either paystubs or a copy of your SSI/SSDI award letter

GIVEN YOUR INCOME AND OBLIGATIONS, HOW MUCH DO YOU FEEL YOU CAN AFFORD TO

PAY PER MONTH ON A NEW LOAN? \$ _____

AUTHORIZATION

Please read carefully before signing.

I/we understand that this is a loan request and I/we authorize the Kansas Assistive Technology Loan Program staff to review all information provided, and to obtain from employers, credit reporting agencies, and any other source needed, additional information required to verify the contents of this application.

I/we understand that information obtained during the review process will not be shared outside of the loan review.

I/we understand K-Loan will retain this application whether or not it is approved. I/we understand that, if the information is for a loan secured by real property, additional information will be required.

I/we understand that K-Loan offers technical assistance for all Applicants and Potential Borrowers.

I/we agree to notify K-Loan immediately of any material or significant change in the information provided in this application.

I/we understand that issuance of a loan does not imply any type of warranty of the device/s or services that I/we purchase with the loan, nor that the device/s or services will meet my needs. Therefore, K-Loan will not be liable for the possible inappropriateness of the assistive technology, for defects in the device/s or services, or for any accident or injury resulting from the use of the device/s or services.

I/we understand that if my/our loan is denied, I may ask K-Loan for a second review. The request must be in writing and submitted to the K-Loan Manager at K-Loan, 1714 Main, P.O. Box D, Parsons, KS 67357.

I/we certify that the Potential Borrower/s is eighteen (18) years of age, or older, affirm that each of the answers given in this application is true and accurate to the best of my/our knowledge, and affirm that the foregoing is a true and correct statement of my/our financial position. I/we understand that it is a federal crime to knowingly make any false statement or report, or to willfully overvalue any property for the purpose of influencing K-Loan to act on this application.

* Signature of Applicant (Person with disability) _____ Date _____

* Signature of Borrower (if different from Applicant) _____ Date _____

* Signature of Co-Borrower _____ Date _____

Signature of individual completing the application (or assisting the Borrower with the application)

Print Name _____ Phone _____

*Signature _____ Date _____

*** SIGNATURES MUST BE WRITTEN IN INK**

The University of Kansas provides oversight for the K-Loan program. The University prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS 66045, 785-864-6414, TTY 711.

15.

REQUIRED DISCLOSURES: Federal Sale of Insurance Disclosure

Credit Disclosure

You have applied for an extension of credit with K-Loan or a K-Loan financial partner. K-Loan’s financial partners may solicit, offer, or sell you an insurance product in connection with this extension of credit. Federal law prohibits any of our partners from conditioning the extension of credit on either:

1. Your purchase of an insurance product from a partner or from any of its affiliates; or
2. Your agreement to not obtain an insurance product from an entity not affiliated with the partner.

K-Loan’s financial partners may not prohibit you from obtaining insurance from an entity not affiliated with them.

Insurance Disclosure

An insurance product sold in connection with this extension of credit:

- Is not a deposit or other obligation, or guaranteed by K-Loan’s financial partner.
- Is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States.
- Is not insured by the financial partner and/or its affiliates.

By signing and dating, I acknowledge that I have received and read a copy of this form.

Signature of Applicant

Signature of Co-Applicant (if applicable)

Date

Date

16.

OPTIONAL INFORMATION

The following personal information is optional. It would help our program, please complete if you feel comfortable.

Gender _____

Veteran status _____

Ethnicity/Race, please select one:

- Hispanic
- White
- African American
- American Indian
- Asian
- Multi-racial
- Other _____



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17.

RELEASE OF INFORMATION

If you wish, you may allow K-Loan to share information with others who may be able to help with the processing of your loan application.

DATE: _____

PURPOSE OF RELEASE: _____

RELEASE VALID FROM: _____ TO: _____

I, _____ give permission for
customer name

K-Loan staff to discuss my application with:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

This release is valid during the application process and, if approved, through the life of the loan specific to this application.

Potential Borrower's Signature: _____ Date: _____

Potential Co-Borrower's Signature: _____ Date: _____