

Business Equipment (Telework) Loan Application

Loan Application Instructions

1. Please review the guidelines before completing your application.
2. If you are married, each spouse should complete a financial information form.
3. If you have a co-signor or guarantor, both you and the co-signor should complete a financial information form.
4. Please make sure that your application is filled out completely, signed and dated.
5. Please include the requested attachments:
 - a. An invoice, bid or other information showing cost of business items together with description of the equipment or services to be provided
 - b. Verification of Income
 - c. Verification of proper business licenses and insurance
6. Please include a Business Plan* if you are working as an entrepreneur or an Employer-Employee Telework Agreement* if you are working from home as an employee (See instructions on next page)

The Access Fund will conduct a credit check on each individual who completes a financial information form.

RETURN COMPLETED APPLICATION TO:

WATF ACCESS FUND

**100 South King Street, Ste. 280,
Seattle, Washington 98104**

Phone: (206) 328-5116 (V), or, (888) 808-8942 (TTY)

*If you don't have a Business Plan or Employer-Employee Telework Agreement, please contact the Washington Access Fund and we will be happy to help you complete these items.

**TELEWORK BUSINESS PLAN/
EMPLOYER-EMPLOYEE TELEWORK AGREEMENT
INSTRUCTIONS**

Entrepreneur

If you are or will be working for yourself, please attach a business plan that describes what you plan to do, how you will find customers, how much money you expect to earn and what other resources you have or need to get this business going. If you have an existing business, please include financials showing how much your business has earned over the past two years. If you don't have a business plan, the Washington Access Fund staff will be happy to help you complete a plan or refer you to helpful resources. If you need help developing your business plan, please contact our office at 206-328-5116.

Sample Telework Business Plan Outline

- I. **Description of the Business: Write a general introduction to your business that answers the following questions.**
 - What is your business name and what service/product will your business sell?
 - How will your business be organized? (i.e. sole proprietorship, partnership, or corporation)
 - Is your business currently making sales? If not, when do you plan to start?
 - What is your business mission statement?
 - This should be a one or two sentence statement explaining the broad goals of your business. An effective mission statement should be able to tell

your company story and ideals in less than 30 seconds. For example: “JavaNet is a start-up business that will provide a unique forum for communication and entertainment through the medium of the Internet.”

- What are your long-term and short-term business goals?

II. **Marketing Plan:** It is a good idea to interview both potential customers and competitors to get accurate information for this section. You will also want to visit your local library and ask the librarian if there is a business section. You can get demographic information there to help you narrow your target market and determine the best way to sell to them.

- What are the features and benefits of your product/service? What is unique about your product/service?
- How will you (or did you) decide to set your prices?
- Who is your target customer?
- Your target customer should be a very specific group of people. Other people may purchase your product or service, but this group will be your bull’s eye to which you will focus most of your marketing efforts. For example: Students in the Seattle urban area between the ages of 18 and 25 with an annual income of \$25,000/yr. who use the Internet to complete most of their research for school.
- Who are your major competitors? Describe them and assess their strengths and weaknesses.

- What are the current trends in your market? Is your product/service reaching a new level of popularity or has it already hit its peak?
If you haven't gathered this information from your interviews, trade magazines made for business owners specifically in your line of business are a good place to find out about the most recent trends.
- How will you use ads, networking, phone calls, direct mailings, etc. to let your target customer know about the product/service you have to offer?

III. Operating Plan:

- How will you produce and deliver your product/service?
- Describe your bookkeeping method.
- List the people who will be running the business. It is a good idea to include a resume.
- Describe where the majority of the business activities will take place.

IV. Financial Projections: Complete Financial Projection worksheets and include a paragraph explaining the numbers. If you need worksheets call the Access Fund at 206-328-5116. Don't be discouraged if your business is not profitable to start with—it would be a rarity if it was! By looking at your financial projections, you can also determine how long you will need to continue to live on your current income and when you will be able to start paying yourself with business profits

- Sales Forecast
- Profit & Loss Projections

- Cash Flow Projections

Employee

The goal of the Employer-Employee Telework Agreement is meant to establish common understandings, expectations and responsibilities as between the employer, Teleworker (and union as appropriate). An Employer-Employee Telework Agreement should be completed for Telework employees as opposed to independent contractors or small business owners. If you need help developing your Employment Agreement or Plan, please contact the Access Fund at 206-328-5116.

Sample Employer-Employee Telework Agreement Outline

- Length of time the Telework arrangement will be in effect
- Employee's work responsibilities
- Pay rate, method and frequency
- Benefits available to employee
- Workers compensation, unemployment insurance and other coverage
- Number of days/hours to be worked at home
- Work schedule (regular or flexible)
- Specific performance expectations and criteria and timing for evaluation
- Name and role of supervisor
- Procedures – including amount of notice and reasons – for terminating the Telework arrangement

- Responsibility for providing, maintaining and insuring equipment
- Responsibility for workplace health, safety and injuries
- Guidelines for resolving problems

WASHINGTON ACCESS FUND PRIVACY POLICY & DISCLOSURE

The Gramm-Leach-Bliley Act requires us to tell you what steps we take to safeguard the privacy of the financial information you provide to us. Here is a summary of our privacy and disclosure policies.

Our Privacy Policy

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

- Information we receive from you on your loan application
- People and organizations identified on your loan application
- Information about your transactions with us, our affiliates or others
- Information we receive from a consumer credit reporting agency

What We Disclose

Washington Access Fund is a member of the Credit Builders Alliance through which we report loan repayment history to national credit bureaus. As such, your Access Fund loan repayment history may become a part of your credit record. We do not disclose any other non-public personal information about our customers or former customers to anyone except as permitted by law.

Telling Your Story

We may use "your story" (for example, why you needed a loan, what equipment or technology you purchased and how it impacted your life) to explain and market our program to other borrowers and contributors. However, we will not identify you by name unless you give us permission to do so. **If you do not wish to have your story told, please let us know at the time of your application.** It will not affect loan eligibility.

Confidentiality & Security

The Access Fund takes every precaution to ensure that your personal information remains private. Except as noted herein, we restrict access to non-public personal information about you to employees and agents of the Washington Access Fund, members of our loan review committee and Board on a need-to-know basis and guarantors, co-signors, vendors and providers who need to know that information to provide products or services requested by you. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard your non-public personal information.

Questions

If you have any questions or concerns about our privacy and disclosure policies, please contact the Washington Access Fund.

100 South King Street, Suite 280
Seattle Washington 98104
(206) 328-5116
info@washingtonaccessfund.org

PART I

ACCESS FUND BUSINESS EQUIPMENT / TELEWORK APPLICATION

Name(s) of Applicant(s): _____

Date of Application: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____ County: _____

Home Phone: (_____) _____ - _____

Work Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

Email Address: _____

Birthdate (mm/dd/yy): _____

Social Security Number(s): _____

How did you hear about the Washington Access Fund?

Business Owner's / Employee's Disability: _____

Age: _____

List & describe the equipment and services you want to purchase. Include the name(s), addresses & phone number of the vendor(s) and the cost of each item (including accessories, shipping & sales tax). Please attach an invoice or bid from the vendor or other information showing cost.

Please describe, in your own words, how this business equipment will be used and how it will benefit your business endeavor.

Describe in your own words why you are seeking or engaged in work at home as an employee / entrepreneur.

Employment Status at Time of Application

- Unemployed
- Employed
- Self Employed
- Employed and self-employed

Primary employment goal at time of application

What is the primary employment goal at time of application?
(Choose one)

- Become newly employed in telework 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:

Do you have insurance to cover loss or damage to equipment?

Yes No

Please briefly describe the business or job for which you are purchasing the equipment.

Is this a new or existing business or employment arrangement?

New Existing

How many hours per week do you plan to work from home? _____

Are you actively seeking work?

No

Yes – Fulltime

Yes - Part-time

Housing Status:

Subsidized Rental Unit

Rent

Buying or own Home or Condo

Other (Please describe): _____

Veteran Status

None/Not Applicable

Veteran

How did you hear about the Access Fund's low interest loans?
(Please check all that apply.)

Advertising (e.g., TV, radio, newspaper)

Information received in the mail

Information from the World Wide Web/Internet

Friend

Professional (e.g., OT, PT, doctor, case manager)

Disability-related agency: _____

State technology program

Equipment vendor, supplier or dealer

Bank, credit union or lending institution

Other: _____

Don't know

I currently am covered by the following public/private programs.

Dept. of Vocational Rehabilitation

Medicare

Dept. of Services for the Blind

Medicaid

Ticket to Work

Medicaid Cap Waiver

Special Education or 504 Plan
 Workers Compensation
 Private Health Insurance

Food Stamps
 Disability Insurance

PART II

FINANCIAL INFORMATION FORM

Please Complete a Financial Information Form for Each Borrower

Type of Credit Requested:

- Individual Account
- Joint Account with Spouse
- Joint Account with another person

Are you Married? No Yes*

Gross Monthly Household Income** \$ _____
Net Monthly Household Income (A) \$ _____

Sources of Income

- Employment: \$ _____
- Self-Employment \$ _____
- Social Security: \$ _____
- SSI: \$ _____
- SSDI: \$ _____
- Other Public Assistance (GAU, TANF, etc.) \$ _____
- Pension/401K/Retirement: \$ _____
- Savings/Investments: \$ _____
- Trust: \$ _____
- Other Income (Describe): _____ \$ _____

Names & ages of persons supported on this income:

Employment:

Position: _____
Company Name: _____
Supervisor's Name: _____
Phone: _____
Email: _____
Address: _____
City: _____
State: _____
ZIP: _____

How long have you been at this job?

*Both you and your spouse should complete a financial information form -- even if you are not relying on the spouse's income to repay this loan.

**Alimony, child support or separate maintenance income need not be listed unless you want it to be considered in granting credit

PART III
BUDGET WORKSHEET
Basic Monthly Expenses Itemized

Residential Expenses

Rent or Mortgage	\$ _____
Homeowners/Renters Insurance	\$ _____
Homeowner Association Dues	\$ _____
Utilities	\$ _____
Property Taxes	\$ _____
Other Residential Expenses: _____	\$ _____

Transportation Expenses

Car Payment	\$ _____
Gas, Car Maintenance & Repair	\$ _____
Car Insurance	\$ _____
Public Transportation	\$ _____
Other Transportation Costs: _____	\$ _____

Insurance/Medical Expenses

Health/ Life Insurance	\$ _____
Unsubsidized Medical Expenses	\$ _____
Dental Expenses/ Insurance	\$ _____
Glasses/Contacts	\$ _____
Prescriptions	\$ _____
Other Medical Expenses: _____	\$ _____

Essential Expenses

Food & Household goods	\$ _____
Clothing	\$ _____
Haircuts & Make-up	\$ _____

Child Care \$ _____

Pet/ Service Animal Care \$ _____

Entertainment Expenses

Dining Out \$ _____

Cable TV \$ _____

Cigarettes & Alcohol \$ _____

Hobbies \$ _____

Video Rentals & Movies \$ _____

Birthday & Holiday Presents \$ _____

Communication Expenses

Internet Connection \$ _____

Telephone \$ _____

Cell Phone: \$ _____

Other Monthly Expenses

Charitable Contributions/Memberships \$ _____

Travel \$ _____

Monthly Credit Card Payment \$ _____

Student loans \$ _____

Movies \$ _____

Other Expenses: _____ \$ _____

(B) Total Expenses \$ _____

(A) Total Net Income (From Page 1) \$ _____

Dollars Available for Loan Repayment (B-A) \$ _____

What dollar amount would you like your monthly loan payment to be? \$ _____

PART IV

OTHER INFORMATION:

Have you ever declared bankruptcy?

No

Yes. If yes, please describe circumstances below or on a separate sheet of paper.

Are you a co-signer, co-maker or endorser on a note?

No

Yes. If yes, please describe circumstances below or on a separate sheet of paper.

Are you the defendant in a legal action or are there any outstanding judgments against you?

No

Yes. If yes, please describe circumstances below or on a separate sheet of paper

AUTHORIZATION/CERTIFICATION

I certify that the information provided in this application is true and correct to the best of my knowledge. Authorization is hereby given for the release of any and all information concerning bank accounts, employment, credit or mortgage verification as requested by Washington Access Fund. I understand that the Access Fund may need to contact other agencies and individuals to determine my eligibility and to verify my need for the support for which I am applying. I authorize the release of such confidential information.

Signature of Applicant #1

Date

Signature of Applicant #2

Date

Name & contact information of person who assisted with application (if any):