



Washington Assistive Technology Foundation
Assistive Technology Access Fund

100 South King Street, Suite 280 Seattle, WA 98104
(206) 328-5116 V (800) 214-8731 V/TTY (206) 328-5126 Fax

info@watf.org
www.watf.org

Microloan Application
Loans for \$250 to \$1,000

Loan Application Instructions

1. Please review the guidelines before completing your application.
2. If you have a co-signor, both you and the co-signor should complete a Financial Information Form.
3. Please make sure that your application is filled out completely, signed and dated.
4. Please include the requested attachments:
 - a. An invoice, bid or other information showing cost of item together with description of the equipment or services to be provided
 - b. Verification of Income

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

RETURN COMPLETED APPLICATION TO: ACCESS FUND
100 South King Street, Ste. 280, Seattle, Washington 98104.
Phone: (206) 328-5116(V), or, 1(800) 214-8731(TTY)

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

We do not disclose any 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. Accordingly, we restrict access to non-public personal information about you to employees and agents of the Washington Assistive Technology Foundation, 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 Assistive Technology Foundation.

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

ACCESS FUND MICROLOAN APPLICATION

Application Date: _____

Applicant Information

Applicant 1

Applicant 2

Name: _____
Birth Date: _____
SSN: _____
Address 1: _____
Address 2: _____
City: _____
State: _____
Zip: _____
Phone: _____
Alternate Phone: _____
Email: _____

Name: _____
Birth Date: _____
SSN: _____
Address 1
(if different): _____
Address 2: _____
City: _____
State: _____
Zip: _____
Phone: _____
Alternate Phone: _____
Email: _____
Relationship to
Applicant 1: _____

Assistive Technology Information

Assistive Technology user's name: _____

Relationship to applicant(s): _____

Age of assistive technology user: _____

Nature of disability: _____

Type of Assistive Technology or equipment: _____

Vendor, manufacturer, or distributor: _____

Cost: _____

Desired monthly payment: _____

Please describe, in your own words, how this technology will be used and how it will benefit you.

How did you hear about the Washington Assistive Technology Foundation?

FINANCIAL INFORMATION FORM

Type of Credit Requested:

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

Are you Married? No Yes

Please provide amounts for your overall household.

Gross monthly income: _____

Source(s) of income _____

Applicant #1: _____

Source(s) of income _____

Applicant #2: _____

Other income: _____

(description) _____

Bank account balance _____

Other savings: _____

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

Names & ages of persons supported on this income:

MONTHLY HOUSEHOLD EXPENSES

Rent or Mortgage: _____

Utilities: _____

Food & Household _____

Goods: _____

Phone & Cell Phone: _____

Cable TV: _____

Internet: _____

Other Expenses: _____

OTHER INFORMATION:

Have you ever declared bankruptcy?

No Yes. If yes, please describe circumstances 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 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 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 Assistive Technology Foundation. I understand that WATF 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):

I consent to releasing all required information.

OPPORTUNITY TO PARTICIPATE IN FUTURE RESEARCH

Would you like to be added to a special database in order to be contacted for future related research projects related to assistive technology use? The database is secure and your name or other identifying information will NOT be released to anyone.

I'm interested in being contacted for future research projects

OR

I'm not interested in being contacted for future research projects

I give permission to add my information to the UIC research database.

Signature of Loan Applicant

Date

Contact Information:

Name: _____

Address: _____

Telephone Number: _____ Email: _____