

## CCTV Rental Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone: Home (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

1. How did you hear about the CCTV Loan Program?

- Department of Services for the Blind Independent Living Provider
- School District
- College Program
- Other (Please Describe): \_\_\_\_\_

2. Are you currently receiving services from:

- Department of Services for the Blind (DSB)
- Division of Vocational Rehabilitation (DVR)
- School District or College
- None of the above

3. Vision loss Diagnosis (Check all that apply):

- Macular Degeneration
- Glaucoma
- Diabetic Retinopathy
- Retinopathy of prematurity
- Retinitis Pigmentosa
- Usher's Syndrome
- Other (Please describe): \_\_\_\_\_

4. What type of CCTV are you requesting?

- Black & White \$25/month
- Color \$35/month
- Not Sure

5. Do you need help choosing the model that will work best for you?

- Yes  No



## DEMOGRAPHIC INFORMATION

This background information helps us to determine who we are serving. We are requesting this information in accordance with the Equal Credit Opportunity Act and the requirements of the regulatory agencies. Providing the information is voluntary and it will not in any way be a factor in the application approval process.

Gender:  Male  Female

Ethnic/Racial Background:

Caucasian  Hispanic  Asian/Pacific Islander  
 African American  Native American  Other: \_\_\_\_\_

Language Spoken At Home:

English  Spanish  Chinese  
 Korean  Vietnamese  Other: \_\_\_\_\_

Marital Status:

Single with no dependent children  Single with dependent children  
 Married or Domestic Partnership  Divorced  
 Widowed  Other (please describe)

Employment Status:

Employed Fulltime  Employed Part-time  Self-employed Fulltime  
 Self-employed Part-time  Unemployed  Retired on disability  
 Retired  Student (Level completed : \_\_\_\_\_)  
 Homemaker  Other: \_\_\_\_\_

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 WATF's low interest loans?(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.

Medicaid  Medicare  
 Private Health Insurance  Disability Insurance  
 Food Stamps  Special Education or 504 Plan  
 Division of Developmental Disabilities  Other  
 Vocational Rehabilitation or Department of  Medicaid Cap Waiver  
 Services for the Blind (or Ticket to Work)  Workers Compensation

Gross Monthly Household Income\*\*

\$ \_\_\_\_\_

Net Monthly Household Income

\$ \_\_\_\_\_ (A)

Number of people in household supported on this income:

\_\_\_\_\_

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): \_\_\_\_\_ \$ \_\_\_\_\_

# CCTV RENTAL AGREEMENT

This agreement is entered into this \_\_\_\_ day of \_\_\_\_, 200\_\_ between the Washington Access Fund and \_\_\_\_\_ (User). User hereby agrees to pay the Washington Access Fund \$\_\_\_\_\_ per month ("monthly payment") for rental of a Closed Circuit TV. User further agrees that:

- a) s/he will maintain insurance on the CCTV while it is in User's possession and will provide proof of insurance to the Access Fund on an annual basis. If you do not have insurance, the Access Fund will help you to obtain it.
- b) s/he will notify the Washington Access Fund in writing 20 days prior to any change of address, insurance coverage or bank account;
- c) s/he will maintain the equipment in good condition and will pay for any damage to the equipment other than normal "wear and tear";
- d) s/he will surrender the CCTV to the Access Fund in good condition when no longer needed.

If User fails to make any payment when due or to meet any other requirement, the Agreement will be terminated and the equipment will be returned, in good condition, upon demand, to the Washington Access Fund.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
User

Method of Payment:

\_\_ Automatic Funds Transfer (preferred) on the \_\_ day of the Month.

\_\_ Check or Money Order on the \_\_ day of the Month.

**Authorization Agreement for Direct Payments (ACH Debits)**

**Name(s):** \_\_\_\_\_

I/we hereby authorize **WASHINGTON ACCESS FUND**, herein after called the Company, to automatically withdraw funds from my/our  Checking Account  Savings Account (select one) in the amount of \$ \_\_\_\_\_ **per month for rental of a CCTV.** I agree that my account will be debited on the \_\_\_\_\_ **of each month** and that it is my responsibility to ensure that sufficient funds are in my account at that time. I understand that if my payment is returned for "Not Sufficient Funds", I will be responsible for paying a **\$10.00** returned item fee. I understand that I will be notified of changes in the payment amount at least ten (10) calendar days in advance of the scheduled payment date. I agree that in the event of an incorrect amount or entry, I authorize the Company to process a correcting entry.

Financial Institution \_\_\_\_\_

Transit Routing/  
ABA Number \_\_\_\_\_ Account Number \_\_\_\_\_

This authority will remain in effect until I instruct the Company in writing to change or cancel this authorization 10 days prior to the date funds are to be debited from my account.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach a sample VOIDED  
CHECK here**