



**Arizona Loan\$ for Assistive Technology**  
"Independence is priceless. We make it affordable."

Date Received: _____
ID Number: _____
_____
_____
_____

## Arizona MultiBank Loan 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. Borrowers must demonstrate the ability to repay the loan. **Completion of this form does not guarantee that a loan will be granted.**

**Please print or type:**

1. Name of person with a disability: \_\_\_\_\_
2. a). Borrowers' name (if different): \_\_\_\_\_  
b). Co-Borrower's name (if applicable): \_\_\_\_\_
3. Please check the box that best describes the relationship between the person with a disability and the borrower(s):  **SELF**  **SPOUSE**  **PARENTS**  **CHILD**  
 **GUARDIAN**  **SIGNIFICANT OTHER** (specify): \_\_\_\_\_
4. a). Social Security Number of Borrower: \_\_\_\_\_  
b). Social Security Number of Co-Borrower: \_\_\_\_\_
5. a). Borrower's date of birth: \_\_\_\_\_  
b). Co-Borrower's date of birth: \_\_\_\_\_
6. a). Borrower's contact information:  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_  
Street Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
b). Co-Borrower's contact information:  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_  
Street Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_ Fax ( ) \_\_\_\_\_

7. a). Is the Borrower a current Arizona resident?  YES  NO
- b). Is the Co-Borrower a current Arizona resident?  YES  NO
8. Describe the disability of the person who will be using the assistive technology: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Explain how the assistive technology devices/equipment will affect independence, education, and/or employment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10.  Employed  Unemployed If employed, what is the occupation of the Borrower? \_\_\_\_\_  
 \_\_\_\_\_
11. How long have you been in your current position? \_\_\_\_\_
12. Please provide verification of the sources of the borrower's income:
- a. Primary Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_
- b. Secondary Employer \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
 Employer Address \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_
- c. SSI/SSDI Benefits Statement or award letter attached  YES  NO
- d. Alimony - copy of court order attached  YES  NO
- e. Child Support - copy of court order attached  YES  NO
- f. Maintenance - copy of court order attached  YES  NO
- g. Other (specify) \_\_\_\_\_ - documentation attached  YES  NO
- h. Please attach copy of tax returns for the past two (2) years  YES  NO
- i. If employed, please attach copy of pay stubs for the last three (3) months  YES  NO
13. If employed, what is the occupation of the Co-Borrower? \_\_\_\_\_
14. How long has the Co-Borrower been the current position? \_\_\_\_\_

15. Please provide verification of the sources of the Co-Borrower's income:
- a. Primary Employer \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_
  - b. Secondary Employer \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
Employer Address \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip : \_\_\_\_\_
  - c. SSI/SSDI Benefits Statement or award letter attached     YES     NO
  - d. Alimony - copy of court order attached     YES     NO
  - e. Child Support - copy of court order attached     YES     NO
  - f. Maintenance - copy of court order attached     YES     NO
  - g. Other (specify) \_\_\_\_\_ - documentation attached  YES     NO
  - h. Please attach copy of tax returns for the past two (2) years     YES     NO
  - i. If employed, please attach copy of pay stubs for the last three (3) months     YES     NO

16. Please include a list of all current sources of monthly income.

	Borrower	Co-Borrower
Employment (gross income)	\$	\$
Temporary Assistance for Needy Families	\$	\$
Social Security Supplemental Income (SSI)	\$	\$
Social Security Disability Insurance (SSDI)	\$	\$
Pension/Retirement	\$	\$
Disability Benefits (Private/Worker's Compensation)	\$	\$
Unemployment Compensation	\$	\$
Rental Income	\$	\$
Child Support (Need not be revealed if you do not want it considered as income for repayment of this obligation)	\$	\$
Alimony (Need not be revealed if you do not want it considered as income for repayment of this obligation)	\$	\$
Interest Income	\$	\$
General Assistance (GA)	\$	\$
Veteran Benefits	\$	\$
Other: Specify	\$	\$
Other: Specify	\$	\$
Other: Specify	\$	\$
<b>Total Monthly Gross Income for Borrower and Co-Borrower</b>	<b>\$</b>	

17. List total monthly payments of all your financial obligations including all credit card and department store charges. If necessary, use an additional sheet of paper.

Obligation	Creditor and Account Number	Balance	Monthly Payment
Car Loan			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Leases			
Personal Loans			
Rent/Mortgage			
Liens			
Judgments			
Other Loans			
<b>Total Monthly Debt Payment</b>			<b>\$</b>

18. Have you ever filed for Bankruptcy?  YES  NO

19. If so, please state when and under what circumstances did you file for bankruptcy? \_\_\_\_\_

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20. List the name(s) and locations of your financial institution(s) and the account number(s) of your checking, savings, or other account(s):

<b>Bank Name</b>	
<b>Location</b>	
<b>Type of Account</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify) _____
<b>Account Number</b>	
<b>Balance</b>	<b>\$</b>

<b>Bank Name</b>	
<b>Location</b>	
<b>Type of Account</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify) _____
<b>Account Number</b>	
<b>Balance</b>	<b>\$</b>

<b>Bank Name</b>	
<b>Location</b>	
<b>Type of Account</b>	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify) _____
<b>Account Number</b>	
<b>Balance</b>	<b>\$</b>

21. If you do not have an account with a financial institution, you understand and agree to open an account with a financial institution for the electronic transfer of funds as a condition for receiving a loan from this program: **Initials:** \_\_\_\_\_
22. Do you  **RENT** or  **OWN** your residence, or  **Other: (please specify)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
23. How long have you resided at current address? \_\_\_\_\_ **Years** \_\_\_\_\_ **Months**  
 a. If you have lived at this address for less than one year, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
24. Please include the name and phone number of landlord/mortgagee:  
 Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
25. Describe the type of assistive technology equipment/service that you plan to purchase (include specific item brand names): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
26. What is the total cost of the equipment and services you intend to purchase? (*this amount may exceed your loan request*) \$ \_\_\_\_\_
27. Do you have another source of funding contributing toward the purchase of the equipment?  **YES**  **NO**
28. If yes, specify the source and amount of funding:  
 Source: \_\_\_\_\_ \$ \_\_\_\_\_
29. Total dollar amount requested for the assistive technology loan:

	<b>AZLAT</b>	<b>OTHER SOURCE</b>
<b>Equipment</b>	\$	\$
<b>Installation</b>	\$	\$
<b>Insurance</b>	\$	\$
<b>Service Agreements</b>	\$	\$
<b>Maintenance and Repair</b>	\$	\$
<b>Evaluation and/or Training Services</b>	\$	\$
<b>Applicable Taxes</b>	\$	\$
<b>Other (Specify)</b>	\$	\$
<b>TOTAL AMOUNT REQUESTED</b>	\$	

30. In order to verify the cost of the assistive technology, you must attach an itemized price quote from each vendor regarding the device(s) you intend to purchase with this loan.  
**Initials:** \_\_\_\_\_



# ARIZONA MULTIBANK

*Community Development Corporation*

In association with

## *Arizona Loans for Assistive Technology*

### **APPLICATION CERTIFICATION and AUTHORIZATION**

The undersigned, being duly authorized agent(s) and principal(s) of the proposed Borrower, \_\_\_\_\_, collectively referred to as "Applicant" request that this application be accepted for review. Applicant hereby acknowledges that the "Application" includes the information contained herein, the attachments hereto and the information previously or subsequently provided to the Arizona Loans for Assistive Technology, ("AzLAT Program") on behalf of Arizona MultiBank Community Development Corporation ("MultiBank"). The Applicant certifies that the Application is accurate and complete. Applicant understands that any material misstatement or misleading statement herein is cause for denial or rescission of any approval or assistance received in connection with this Application. Applicant understands that the AzLAT Program will retain this Application whether or not Applicant's loan request is approved. Applicant agrees to notify the AzLAT Program, in writing, of any change in name, address, or employment. **Initials:** \_\_\_\_\_

Applicant hereby authorizes the AzLAT Program to check Applicant's credit history and to make all necessary inquiries on behalf of Applicant in order to verify the accuracy of the information Applicant provided to the AzLAT Program. The information obtained will be used to review and approve or deny the application for credit. **Initials:** \_\_\_\_\_

Applicant understands that issuance of a loan does not imply any type of warranty by either the AzLAT Program or MultiBank on the device or equipment purchased with loan proceeds. Therefore, Applicant can make no claims against either the AzLAT Program or MultiBank for any defects in the device or equipment, or any accident or injury resulting from its use.

**Initials:** \_\_\_\_\_

**Because the AzLAT Program guarantees Applicant's loan from MultiBank, should Applicant default on the loan, and AzLAT Program makes a payment on Applicant's behalf, either partial or in full, Applicant understands that Applicant is obligated to repay that amount of money to the AzLAT Program. Initials:** \_\_\_\_\_

Applicant further authorizes the AzLAT Program or MultiBank, as it may deem appropriate, to obtain or to furnish and release all or any portion of this Application to all sources for financial or technical assistance, in its efforts to promote and make a determination on this Application for assistance. Applicant further agrees that the AzLAT Program or MultiBank shall not be held liable for any assistance or advice given by any such referral entity. It is further understood that the AzLAT Program or MultiBank are held without liability for any loss whatsoever that might be incurred by Applicant in any personal relationship that may be established in any activity Applicant should hereinafter undertake. **Initials:** \_\_\_\_\_

Applicant acknowledges that the AzLAT Program or MultiBank, its directors, officers, employees, auditors, counsel, agents, including, but not limited to, Investment Committee members ("MultiBank Representatives") are in possession of, or may access financial or other information concerning Applicant, or any of Applicant's principals or guarantors, and that such information may be shared in the consideration of this Application. Applicant consents to the disclosure of such information among

MultiBank Representatives and releases the AzLAT Program, MultiBank and MultiBank Representatives from any and all claims and causes of action that Applicant may have against the AzLAT Program, MultiBank or MultiBank Representatives arising out of such disclosure and the consideration and disposition of this application. **Initials:** \_\_\_\_\_

Applicant hereby acknowledges that the AzLAT Program or MultiBank does not guarantee any specific performance and that any approval will be subject to terms and conditions set forth in the Loan Documents executed by Borrower and MultiBank. **Initials:** \_\_\_\_\_

Name: (Please Print) \_\_\_\_\_

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

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

**Before mailing your application, did you...**

- Complete all parts of the application?
- Sign and date the application in ink where signatures are required
- Attach copies of income verifications such as SSI/SSDI Benefits Statement or award letter, copy of court ordered Alimony, child support, or maintenance, tax returns, or pay stubs?
- Attach vendor price quotes for the equipment you want to purchase.
- Attach three bids, if applicable, from licensed contractors for home modifications in excess of \$1,000.00?

Mail the completed application to: Pamela Alcala  
Arizona Loans for Assistive Technology  
NAU IHD AzTAP  
2400 N. Central Avenue, Suite 300  
Phoenix, AZ 85004