3496 E Lake Lansing Rd

Suite 170

East Lansing, MI 48823

**Tel** **517.203.1200**

**Tel** **800.828.2714**

**Fax 517.203.1203**

[ucp@ucpmichigan.org](mailto:ucp@ucpmichigan.org)

[www.ucpmichigan.org](http://www.ucpmichigan.org)

**Leslynn R. Angel**

*President & CEO*



Dear Loan Applicant:

Thank you for your interest in the Michigan Assistive Technology Loan Fund

(MATLF). The MATLF is a program of United Cerebral Palsy of Michigan and is available

to Michigan residents with disabilities, Michigan seniors, and their families who want

to enhance their independence through the purchase of assistive technology. **This is a**

**financial loan program; if your loan is approved, you will be required to make**

**monthly loan payments to our credit union partner.**

Upon receipt of your completed loan application, the MATLF Loan Committee will

review your application. All identifying information about you is removed. The

Committee will consider the following information:

1. Your credit report - Do you make loan payments on time each month? Did your disability affect your ability to pay on your loans? If so, please tell us what happened. The MATLF strongly encourages you to obtain a free copy of your credit report each year by going to [www.annualcreditreport.com](http://www.annualcreditreport.com).
2. Have you lived at your residence for at least one year? If not, tell us the reason for your recent move.
3. Do you have enough income to make the new loan payment? The MATLF requires that you provide written proof of income (e.g. pay stubs, benefit or other income letter from the paying organization current within 30 days showing your monthly gross income). You can call us at 1.800.828.2714, ext. 303, to get a loan payment estimate, call your local site, or go to [www.bankrate.com](http://www.bankrate.com) to calculate possible payment amounts.
4. What is your monthly debt (expense) versus your monthly income? MATLF policies allow the Committee to consider a maximum 50% debt to income ratio if the borrower can document enough cash flow to make loan payments. The Committee will look at your Budget Worksheet and credit report to determine your debt to income ratio.

Please contact me with questions or concerns regarding your interest in obtaining a loan and send your completed application to the address listed below:

**Michigan Assistive Technology Loan Fund**

**United Cerebral Palsy of Michigan**

**3496 E. Lake Lansing Rd., Ste. 170**

**East Lansing, MI 48823**

Sincerely,

Brenda R. Henige

Loan Funds Manager

**MICHIGAN ASSISTIVE TECHNOLOGY LOAN FUND - APPLICATION CHECKLIST**

This list is provided to let you know what you need to turn in with your loan application. **You must send ALL items in order for your loan to be processed.** Your loan decision will take longer if you do not send in all required information with your loan application.

* Assistive Technology Explanation
* Loan Application
* Budget Work Sheet– this must be completed for each applicant
* Acknowledgment and Waiver and Authorization to Release Information - **must be original.**
* Identification Certification of Applicant) - **must be original and notarized by notary public.**
* Proof of Income - can be a copy of your pay stub, benefit letter, or other statement – all income reported must be verified in writing in order to count as income, as well as be current (within 31 days).
* Copy of your Michigan Driver’s License or State of Michigan ID with current address - **the address on your ID must match the address on your loan application and be clear and unexpired.**
* Copy of Social Security Card - if you do not have your card you may send in another form of ID—such as a Medicare card—with your name and social security number on it.
* Detailed price quotes for what you want to buy - include price quotes for any training or service needed to use the equipment purchased with the loan.

Official price quotes should come from the equipment seller and should include an expiration date and exact specifications whenever possible.

* Vehicle price quotes must include the make, model, year and mileage of the vehicle*. Vehicle loans should not exceed the blue book value of the vehicle.*
* Written proof of funding from other sources, if applicable. If your funding is conditional on this loan, please tell us that and let us know the name and number of the person at the funding agency.

**Mail completed application to:**

**Michigan Assistive Technology Loan Fund**

**c/o United Cerebral Palsy of Michigan**

**3496 E. Lake Lansing Rd., Suite 170**

**East Lansing, MI 48823** LOAN APPLICATION

*The boxes below must be completed before*

*your loan application can be processed.*

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Application: | | Loan Amount/Credit Limit Requested: | |
| Whose income will be used to process this funding request? | | ⬜ Assistive Technology (AT) User  ⬜ Parent/Guardian of AT User *(Guardians and Rep. Payees must contact us to verify their status)*  ⬜Combined Financial Information | |
| **APPLICANT INFORMATION** | | **CO-APPLICANT INFORMATION** | |
| Legal Name: | | Legal Name: | |
| Married applicants may apply separately. Check the box below to indicate the type of credit you are requesting:  ⬜ Individual Credit ⬜ Joint Credit | | Complete this box for Joint or Secured Credit:  ⬜ Married  ⬜ Single  ⬜ Unmarried | |
| Address: | | Address: | |
| City/State/Zip Code: | | City/State/Zip Code: | |
| Email: | | Email: | |
| Home Phone: | Work Phone: | Home Phone: | Work Phone: |
| County: | Birth Date: | County: | Birth Date: |
| Social Security Number: | | Social Security Number: | |
| Rent/House Payment:  Per Month | Home Loan Balance: | Rent/House Payment:  Per Month | Home Loan Balance: |
| Years There: | | Years There: | |
| Mortgage Holder/Landlord: | | Mortgage Holder/Landlord: | |
| Person Responsible for House/Rent Payment: | | Person Responsible for House/Rent Payment: | |
| MI Driver’s License or MI State ID Number: | | MI Driver’s License or MI State ID Number: | |
| U.S. Citizen or Permanent Resident?  ⬜ U.S. Citizen  ⬜ Permanent Resident  ⬜ Other | | U.S. Citizen or Permanent Resident?  ⬜U.S. Citizen  ⬜Permanent Resident  ⬜Other | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | **CO-APPLICANT INFORMATION** | | |
| Have you ever obtained a credit card under another name? | | | | | |
| ⬜ Yes, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ No | | | ⬜ Yes, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ No | | |
| Have you ever filed for bankruptcy or had something repossessed? | | | | | |
| ⬜ Yes, Year Filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ No | | | ⬜ Yes, Year Filed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ No | | |
| Are you a co-maker, co-signer, endorser, or guarantor on any loan or note? | | | | | |
| ⬜ Yes  ⬜ No | | | ⬜ Yes  ⬜ No | | |
| Does any member of your family belong to Adventure Credit Union? | | | | | |
| ⬜ Yes, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ No | | | ⬜ Yes, Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜ No | | |
| Personal Reference Name: | | | Personal Reference Name: | | |
| Relationship to You: | Phone: | | Relationship to You: | Phone: | |
| Address: | | | Address: | | |
| City/State/Zip: | | | City/State/Zip: | | |
| **SOURCE OF INCOME** | | | | | |
| **APPLICANT INFORMATION** | | | **CO-APPLICANT INFORMATION** | | |
| ***Notice****: Alimony, child support, or separate maintenance income need not be revealed if you do not have it considered as a basis for repaying this loan.*  **You must provide current (within 31 days) copies of pay stubs, benefit letters, or bank statements.** | | | | | |
| Monthly Income after deductions  (List separately): | | Source (List All): | Monthly Income after deductions  (List separately): | | Source (List All): |
| Total Income: | |  | Total Income: | |  |

|  |  |
| --- | --- |
| **EMPLOYMENT INFORMATION** | |
| **APPLICANT INFORMATION** | **CO-APPLICANT INFORMATION** |
| **If you have employment income complete the section below:** | **If you have employment income complete the section below:** |
| Employer Name: | Employer Name: |
| Employment Is (check all that apply):  ⬜Full time  ⬜Part time, hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜Seasonal, Months Worked: \_\_\_\_\_\_\_\_\_\_\_\_\_ | Employment Is (check all that apply):  ⬜Full time  ⬜Part time, hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⬜Seasonal, Months Worked: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Employer Address: | Employer Address: |
| Supervisor Name: | Supervisor Name: |
| Work Phone: | Work Phone: |
| How long have you worked there? | How long have you worked there? |
| Most Recent Prior Employer: | Most Recent Prior Employer: |
| Address: | Address: |
| Supervisor Name: | Supervisor Name: |
| Phone: | Phone: |

In the next section, write down each piece of equipment that you’d like to buy with this loan. A written price quote with the seller’s name, address, phone and detailed information about the item listed must be included with this application. If your loan is approved, your loan check will be written jointly to the seller of the equipment listed on the price quote and to you.

**Your loan will not be processed without a written price quote.**

*However, if you want to buy a vehicle and you want to know the loan amount you might qualify for prior to shopping for a vehicle, check the box below and we will process your loan decision without a written price quote. You will have to submit a written price quote before you can close on your loan.*

⬜ I would like to know how much I qualify for prior to shopping for a modified vehicle.

|  |  |  |  |
| --- | --- | --- | --- |
| **LOAN REQUEST INFORMATION** | | | |
| **Description of AT Equipment/Training**  **For which loan is requested:** | | **Cost:**  **(Include quote for each item)** | |
|  | |  | |
|  | |  | |
|  | |  | |
|  | |  | |
| **Total amount of loan requested (must match amount on page 2):** | |  | |
| How will you make your loan payments to the credit union each month?  ⬜ I will send a check or money order  ⬜ I would like to set up an automatic payment from my  ⬜ Primary Share/Savings Account  ⬜ Checking Account | | | |
| **If you are applying for a vehicle, enter the vehicle information below:** | | | |
| Vehicle Year: | Vehicle Make: | Vehicle Model: | |
| Purchase Price: | Down Payment (if any): | Trade in Payment (if any): | |
| To buy a vehicle using the MATLF it must be modified. This vehicle will be: (check one)  ⬜ Modified – I will pay for modifications with this loan.  ⬜ Modified from another funding source, list source: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *(You will need to provide proof of funding if funding will be from another source).* | | | |
| **PAYMENT PROTECTION COVERAGE** | | | |
| **The Credit Union will discuss the cost of this voluntary insurance with you if you check “yes.” You will need to sign a separate insurance election form that discloses the terms and conditions for coverage to become effective.** | | | |
| Do you want your loan protected for you and your family if you acquire a disability? | | | ⬜ Yes  ⬜ No |
| Do you want your loan protected for you and your family in the event of your death? | | | ⬜ Yes  ⬜ No |

Application Received By:

Date:

*Loan Fund Manager*

Acknowledgment and Waiver and Authorization to Release Information

I promise that everything I have stated in this application is correct to the best of my knowledge. If there are any important changes, I will notify the Michigan Assistive Technology Loan Fund (MATLF) at United Cerebral Palsy of Michigan (UCP of MI) and Adventure Credit Union (Adventure CU) in writing immediately. I also agree to notify the UCP of MI and Adventure CU of any change in my name, address or employment within a reasonable time thereafter.

I authorize Adventure Credit Union/UCP of MI to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If I request, the credit union will tell me the name and address of any credit bureau from which it received a credit report on me. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on any loan application made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA.

I understand that if the piece of equipment breaks or is otherwise inoperable, I am still required to repay this loan. I understand that it is my choice to purchase this piece of equipment.

I understand that Adventure CU and the MATLF are not recommending the specific equipment for which I am requesting a loan. I understand that ADVENTURE CU and the MATLF are not responsible if the equipment does not work for me. I understand that ADVENTURE CU and the MATLF are not responsible for training me to use the equipment I want to purchase. I understand that obtaining this loan does not imply any type of warranty of the equipment that I purchase with the loan. Therefore, I can make no claims against ADVENTURE CU or the MATLF for defects in the device or for any accident or injury resulting from its use.

Since ADVENTURE CU and United Cerebral Palsy of Michigan (UCP Michigan) have entered into an agreement to administer the Michigan Assistive Technology Loan Fund, I authorize ADVENTURE CU to furnish to UCP Michigan any information about me or my account, which ADVENTURE CU would give to me in the normal course of a business relationship.

I understand that the MATLF and Adventure CU will rely on the information in the request and my credit report to make its decision.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Co-applicant Date

**BUDGET WORKSHEET**

**Note:** Complete this form for each applicant. This form is not given to our credit union partner. It is intended to help you decide if you will have enough money each month to make a new loan payment.

**This form is completed for: ⬜ Applicant Only ⬜ Applicant & Co-Applicant**

|  |  |
| --- | --- |
| **ESTIMATED MONTHLY EXPENSES FOR APPLICANT** | **AMOUNT** |
| 1. **Housing:** Rent or Mortgage Payment | $ |
| 1. Utilities (Electricity, Gas, Water, Phone(s), Trash, TV, Internet) | $ |
| 1. House/Renter’s Insurance | $ |
| 1. Property Taxes – include association dues if necessary | $ |
| 1. Home Maintenance | $ |
| 1. **Transportation:** Car Payment and Insurance Amount for first car | $ |
| 1. Car Payment and Insurance Amount for second car, if applicable | $ |
| 1. Car Maintenance (oil, filters, etc.)/Repairs and Gas | $ |
| 1. Bus Fare/Other transportation costs | $ |
| 1. **Loans**: Monthly Credit Card Payments | $ |
| 1. Line of Credit Payments | $ |
| 1. Student Loans or other loans | $ |
| 1. **Food & Living Expenses**: Clothing, laundry, dry cleaning, food and household goods, child care, pets and pet care, personal care, etc. | $ |
| 1. Medical (glasses, prescriptions) – premiums/co-pays | $ |
| 1. **Entertainment & Miscellaneous**: Travel, eating out, cigarettes, alcohol, video rentals, movies, hobbies, birthday or holiday gifts, charitable contributions, gym memberships, etc. | $ |
| 1. Other | $ |
| 1. Other | $ |
| 1. **Total of All Monthly Bills** | **$** |
| 1. **GROSS MONTHLY INCOME (enter from Page 6 of loan application)** | **$** |
| 1. **Total of All Monthly Bills (repeat from line 18)** | **-** |
| 1. **NET MONTHLY INCOME (subtract total of all monthly bills from Gross Monthly Income) - this is how much you will have to repay your loan each month.** | **$** |

**ASSISTIVE TECHNOLOGY EXPLANATION**

**Note:** This form is not required by our credit union partner, nor is it given to them. The MATLF is funded in part by a grant from the U.S. Department of Education’s Rehabilitation Services Administration. They require us to ask you the following questions. Your answers may be reviewed by the Loan Committee as part of the loan review process. All identifying information is removed prior to review. (Please attach a separate page if necessary).

1. The person providing this information is the: ⬜ AT User ⬜ Representative of AT User
2. The AT User is: ⬜ Male ⬜ Female
3. AT User’s Date of Birth:

(Month/Date/Year)

1. Describe the AT User’s Disability:
2. For what type of AT are you currently seeking funding? (Check all that apply)

* Vision
* Hearing
* Speech Communication
* Learning, cognition, and developmental
* Mobility, seating, and positioning
* Daily Living
* Environmental adaptations and home modifications
* Vehicle modifications and transportation
* Computer and related
* Recreation, sports, and leisure
* Other, please specify:

1. Which of your abilities will be affected by the AT requested? (Check all that apply)

* Seeing
* Hearing
* Talking/communicating
* Getting around/mobility
* Handling objects/reaching
* Learning new information
* Remembering
* Interacting with others/socializing
* Other (please describe):
* No Response

1. How will the AT accommodate your disability and improve your independence, productivity, or quality of life?
2. Have you used or tried this AT before? If not, how do you know this AT will work for you?

**Identification Certification of Applicant**

*(A separate, notarized form is needed for each applicant/co-applicant).*

Thank you for your interest in the Michigan Loan Funds!

In compliance with the USA Patriot Act, the following identification is required to apply for a loan through the Michigan Assistive Technology or Employment Loan Fund, programs of United Cerebral Palsy of Michigan, in partnership with Adventure Credit Union. Please provide the information below with your loan application:

1. A photocopy of your valid Driver’s License, State or Military ID
2. A photocopy of your Social Security Card
3. This form completed by a notary public.

Applicant’s Name

Address

City State MI Zip County

Applicant’s Signature

Date Notary Name

My commission expires Notary public, State of Michigan, County of

Acting in the County of

*If performing a notarial act in a county other than the county of commission.*

*A notary public may use a stamp, seal, or electronic process that contains all of the information required. However, the stamp, seal, or electronic process shall not be used in a manner that renders anything illegible on the record being notarized. An embosser alone or any other method that cannot be reproduced shall not be used.*

Michigan Loan Funds c/o United Cerebral Palsy of Michigan 3496 E. Lake Lansing Rd., Ste. 170 East Lansing, MI 48823 1.800.828.2714 www.ucpmichigan.org