

DOCUMENTS TO ACCOMPANY MINI LOAN APPLICATION

Applications cannot be processed until the application is complete and all required documentation is received.

- ☐ **Formal written quote on the vendor's company letterhead**
- ☐ **Identification** (includes one of the following, cannot be expired)
 - US Driver's License (in or out of state)
 - US Passport (including signature portion)
 - US Armed Forces Identification
 - Identification issued by a state agency (e.g. Registry of Motor Vehicles)
- ☐ **Proof of Massachusetts Residency** (includes one of the following, cannot be expired)
 - Massachusetts Driver's License
 - Voter's Registration
 - Utility Bill in your name
 - Non-driver's, state-issued identification
- ☐ **Proof of Income** (may include one or more of the following)
 - Two (2) Months of most recent pay stubs
 - Two (2) Years of IRS Income Tax Returns (include all schedules)
 - Government issued benefits award letter (Social Security, Department of Veterans Affairs, etc.)

Note: If you have additional income, such as rental income, child support and/or alimony, acceptable documentation would include copies of two years of IRS Income Tax Returns or court documents verifying this income
- ☐ **Proof of Disability** (includes one of the following)
 - SSDI Award Letter
 - Letter from a health care professional stating the nature of the disability

Prior to submitting, please make sure that you:

- ☐ Completed all parts of the application
- ☐ Signed and dated the application in ink where needed
- ☐ Initialed the bottom of each page
- ☐ If you have a Power of Attorney authorized to sign for you, please send the POA document with this application



Mini Loan Application

Easterseals Massachusetts
18 Chestnut Street, Suite 200, Worcester, MA 01608
Phone: (800) 244-2756 x431 Fax: (508) 751-6444
Email: afp@eastersealsma.org

SECTION I: Applicant and Co-applicant Information

☐ Applicant Only ☐ Co-applicant included

Applicant Information

Last _____ First _____ MI _____
Date of Birth (mm/dd/yyyy) ____/____/____ SSN: ____-____-____

Contact Information

Email Address: _____
Mobile Phone: () _____ - _____
Home Phone: () _____ - _____

Current Address

Street Address: _____ Apt # _____
City/Town: _____ State: _____ Zip: _____
Years/Months at above address: ____/____ ☐ Rent ☐ Own

Previous Address

Street Address: _____ Apt # _____
City/Town: _____ State: _____ Zip: _____
Years/Months at above address: ____/____ ☐ Rent ☐ Own

Employer Information

Employer: _____

Occupation: _____

Employer Address: _____

City/Town: _____ State: _____ Zip: _____

Employer Phone: () _____ - _____

Years/Months at this job: _____ / _____

Co-applicant Information (if no co-applicant, please continue to Section II)

Relationship to Applicant: _____

Last _____ First _____ MI _____

Date of Birth (mm/dd/yyyy) ____ / ____ / ____ SSN: ____ - ____ - ____

Co-Applicant Contact Information

Email Address: _____

Mobile Phone: () _____ - _____

Home Phone: () _____ - _____

Co-applicant Current Address

Street Address: _____ Apt # _____

City/Town: _____ State: _____ Zip: _____

Years/Months at above address: _____ / _____ ☐ Rent ☐ Own

Co-Applicant Previous Address

Street Address: _____ Apt # _____

City/Town: _____ State: _____ Zip: _____

Years/Months at above address: _____ / _____ ☐ Rent ☐ Own

Co-applicant Employer Information

Employer: _____

Occupation: _____

Employer Address: _____

City/Town: _____ State: _____ Zip: _____

Employer Phone: () _____ - _____

Years/Months at this job: _____ / _____

SECTION II: Financial Information

What is the total amount you are looking to finance: _____

Applicant/Co-applicant MONTHLY Income

	Applicant	Co-applicant
1. Gross Wages (from employer or self-employment)	\$ _____	\$ _____
2. SSDI/SSI	\$ _____	\$ _____
3. Pension/401K/Retirement	\$ _____	\$ _____
4. Other (please describe below)	\$ _____	\$ _____
Total Monthly Income (add lines 1 thru 4)	\$ _____	\$ _____

Other Income Description (if applicable)

Assets

	Applicant	Co-applicant
1. Cash in Bank (savings + checking)	\$ _____	\$ _____
2. Retirement Account/Other Assets	\$ _____	\$ _____
Total Assets (add lines 1 thru 2)	\$ _____	\$ _____

Other Income Description (if applicable)

Monthly Expenses

Expense Description	Vendor / Creditor	Name on Account	Current Balance	Monthly Payment
Mortgage/Rent			\$	\$
Auto Loan			\$	\$
Auto Insurance			\$	\$
Credit Cards (total)			\$	\$
Phone			\$	\$
Utilities			\$	\$
Other			\$	\$
Other			\$	\$
Total Monthly Expenses			\$	\$

Total Monthly Income (from previous page) \$ _____

Total Monthly Expenses \$ _____

AMOUNT YOU ESTIMATE YOU CAN PAY EACH MONTH ON A NEW LOAN

Note: if you are approved, this will NOT be your monthly loan payment

\$ _____

SECTION III: Demographic Information for the Technology User

The Massachusetts Alternative Finance Program is required to maintain statistics regarding ethnic and racial backgrounds of the people receiving program loans. You are not required to answer the questions in Section III. Your decision to answer these questions, as well as the answers themselves if you choose to participate in this section, will not affect your eligibility for a loan through the program.

1. Gender ☐ Male ☐ Female ☐ Gender Neutral ☐ Other

2. Ethnicity/Racial Background:

- | | |
|---|---|
| <input type="checkbox"/> White/Caucasian/European | <input type="checkbox"/> Black/African-American/Caribbean |
| <input type="checkbox"/> Latino/Latina/Hispanic | <input type="checkbox"/> Native American/Alaskan Native |
| <input type="checkbox"/> Asian/Asian-American | <input type="checkbox"/> Asian Indian/Central Asian |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Other: _____ |

3. Primary Language

- ☐ English ☐ Spanish ☐ ASL ☐ Other: _____

4. What is the primary purpose of the requested Assistive Technology?

- ☐ Education ☐ Employment ☐ Community Living

5. Why did you choose the Alternative Finance Program

- ☐ Could only afford the AT through the Statewide Alternative Finance Program
- ☐ AT Was Only available through the Statewide Alternative Finance Program
- ☐ AT was available through other programs, but the system was too complex or the wait time too long

5. Veteran Status ☐ Active ☐ National Guard/Reserve ☐ Veteran ☐ N/A

6. How did you hear about the Financial Loan Program? _____

SECTION IV: Disability/Assistive Technology Information

Person with Disability (if not the applicant)

Last _____ First _____ MI _____

Date of Birth (mm/dd/yyyy) ____ / ____ / ____ SSN: ____ - ____ - ____

Street Address: _____ Apt # _____

City/Town: _____ State: _____ Zip: _____

Relationship to the Applicant: _____

Briefly describe the person's disability:

Briefly describe the device/equipment/service for which the loan is requested:

Briefly describe how the device/equipment/service will assist/improve your disability for increased independence, productivity, and/or quality of life:

SECTION V: General Information (Declarations)

If you or a co-applicant answers "yes" to any of the following questions, please provide an explanation to your loan representative in the space provided.

	Applicant		Co-applicant
1. Do you currently have any outstanding judgements or have you ever filed for bankruptcy, had a debt adjustment plan confirmed under Chapter 13, had property foreclosed upon or repossessed in the last 7 years, or been a party in a lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you any obligations not listed in this application?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you a co-maker, co-signer or guarantor on any loan? (if yes, please provide details)	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No



Privacy Rights Notice

Your right to privacy is important to us, and we take steps to ensure this for each and every applicant to the Massachusetts Alternative Finance Program. State and federal laws require us (and most other financial institutions) to disclose our privacy policy to you. Please take a moment to review this information so you can better understand why we collect certain information and how we keep your personal information private.

INFORMATION WE COLLECT

We collect two types of personal information about you, but only when that information is provided by you or is obtained by us with your consent. The first type of information is required to determine your loan eligibility, such as financial information. The second type of information is regarding your race, gender, and primary language. This information is not shared with the lender. Only the Massachusetts Alternative Finance Program will use this information to compile statistical analysis for required yearly reporting to the federal government. We may obtain this information in various ways. Some examples include interviews, letters, mailings, and phone calls with you, as well as from the application form you submit to the program or lender.

PARTIES TO WHOM WE DISCLOSE INFORMATION

We disclose personal and financial information about our loan applicants to lending institution(s) who consider granting loans to individuals referred by the Program. We also reserve the right to provide limited personal information to an external evaluator, to measure customer satisfaction or to request an interview about the Massachusetts Alternative Finance Program itself. We may also disclose applicant or participant information to a lender or its agents in the course of a regulatory audit and persons authorized by a state or federal organization to review the Massachusetts Alternative Finance Program's practices.

As allowable by law, we may also disclose information about an applicant or participant as necessary to carry out a transaction requested or authorized, to service or maintain an account the applicant or participant may hold with the Massachusetts Alternative Finance Program or the lender in connection with an extension of credit.

In addition, with your prior permission, we may provide your contact information to a media contact for purposes of advertising the Massachusetts Alternative Finance Program. You have the option of declining to take part in any advertising and your decision to opt out of this type of activity will have no impact on your application and/or loan status.

Except for these above-listed situations, we do not disclose personal information about current or former applicants to any third party.

TYPES OF INFORMATION WE MAY DISCLOSE

To help you obtain a loan, we may disclose the following types of nonpublic personal information about you:

- Information we receive from you, such as your name, address, social security number, assets and income,
- Information about your transactions with us or any other lender(s) who receive your application
- Information we receive from a lender that considers your application or makes you a loan.

CONFIDENTIALITY AND SECURITY OF NON-PUBLIC INFORMATION

Confidentiality is of the utmost importance to us. We restrict access to your nonpublic, personal information to only those parties who must use the information to provide Program services to you, or to perform the functions previously described. We also protect your personal information from access, alteration, or destruction by maintaining physical, electronic, and procedural safeguards in compliance with applicable laws and regulations.

NON-DISCRIMINATION

The Massachusetts Alternative Finance Program does not discriminate on the basis of race, religion, color, national origin, gender, sexual orientation, age, or disability in its programs, activities, or employment practices.

We appreciate your business, and thank you for allowing us to serve your assistive technology financing needs. We are committed to protecting your privacy. Please call the Massachusetts Alternative Finance Program at (508) 751-6431 if you have any questions or concerns about this privacy notice.

Certification

I understand that this is a request for funds that I will need to repay. I authorize the Massachusetts Alternative Finance Program (MAFP) to review all information provided and to seek additional information from third parties to verify the contents of this application. All information is true and correct and is presented here to obtain the loan I am seeking. Any misrepresentation on any part of this application could result in rejection of the application and/or termination of the loan agreement.

I also understand that issuance of a loan or acceptance into the program does not imply any type of warranty by the Massachusetts Alternative Finance Program to any Lender regarding the suitability, condition, or safety of the device or equipment purchased with the loan. I understand that I am solely responsible for selecting devices or equipment to be financed. Therefore by signing below, I agree that I can make no claims against the MAFP or any Lender affiliated with this program or any of their agents, and I hereby release the MAFP and each lender and any of their respective agents or affiliates from and against any liability for defects in any device or equipment or any accident or injury resulting from its use.

Additionally, my signature below authorizes the Lender to whom the MAFP refers this application to disclose to the MAFP any and all information obtained or compiled that is relevant to decisions made with respect to the application.

Applicant Signature

Date

Co-Applicant Signature

Date

Authorization

I/we certify that each of us is 18 years of age or older and is a legal resident of the Commonwealth of Massachusetts. This Authorization is being provided in connection with my/our application to participate in the Massachusetts Alternative Finance Program (the "Program").

I/we acknowledge and agree that I/we have been provided with a copy of the privacy policy of Easterseals Massachusetts (the "Lender"). I/we understand and acknowledge that the information that I/we provide to the Lender and any information that may be obtained during the course of reviewing my/our application, including non-public personal information, may be shared by the Lender in connection with the processing, review and/or approval of my/our application, and I/we hereby authorize the Lender to share such information between themselves for this purpose, as well as any correspondence or other written communications from them to me/us. I/we also understand, acknowledge and agree that representatives from the Lender may communicate with third parties who have agreed to accept my/our application in order to enable me/us to participate in the Program, although I/we understand that the Lender will not share with such third parties non-public personal information that is not included in my/our application. I/we further understand that all communications with me/us concerning the status of my/our application will come from the Lender.

I/we authorize health-related information as the Lender reasonably requires in connection with its review of my/our application, provided, however, that I/we understand that any health information provided on this application will not adversely impact my/our application, but is being provided only to establish my/our eligibility for participation in the Program. I/we also authorize the Lender to disclose any information that I/we provide in connection with this application, including any health information, to any other third party to whom such disclosure is necessary for the purpose of review or oversight of the Program.

I/we authorize the Lender to investigate my/our credit and employment histories and to report the credit experience of any party or authorized user to my/our consumer reporting agencies and others. I/we understand the Lender will retain the application whether or not it is approved. At any time after this application and during my/our relationship with the Lender, I/we authorize the Lender to obtain information concerning my/our employment and credit standing and authorize my/our employer, banks, and/or other listed reference to release any requested information to the Lender. I/we agree to notify the Lender immediately of any material change in the information provided on this application.

I/we attest that all information provided to the Lender in connection with my/our application is complete and

Applicant Signature

Date

Co-Applicant Signature

Date

Information Release Authorization

I understand that the Massachusetts Alternative Finance Program (MAFP) will refer me to financial counseling in order to attempt to correct my delinquency on the loan through MAFP. Upon choosing a credit counseling agency, I will notify the program of the contact information. I understand that this will consist of my participating in a debt management and budgetary session(s) designed to explore repayment options. I understand that the parties involved will collect credit history and credit score information, as well as current financial status, including, but not limited to: current income, current financial obligations, and discretionary monies, as well as other personal financial information. I also authorize that the MAFP and the credit counseling agency of my choosing to have a reciprocal agreement and my signature below allows these organizations, including designated representatives from each, to communicate with each other and share relevant information. The information shared will be any they deem necessary to determine repayment options.

I understand that all information gathered by and shared between the MAFP and a credit counseling agency of my choosing will be kept confidential, and no information they obtain will be available to unauthorized third parties.

By signing this release, I give full authorization to the staff persons of the MAFP to collect and share information as noted above.

Applicant Signature

Date

Co-Applicant Signature

Date