



Financial Loan Application

Easterseals Massachusetts
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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.

Previous Employer & Job Title:	Previous Bus. Phone:	Yrs./Mo. at Previous Job:
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Other income:	\$	Other income:	\$
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If you or a joint applicant answers "yes" to any of the following questions, please provide an explanation to your bank representative or in the space provided.	Applicant	Co-Applicant
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Have you any obligations not listed? Yes ☐ No ☐ Yes ☐ No ☐

Are you obligated to make Alimony, Support or Maintenance Payments? Yes ☐ No ☐ Yes ☐ No ☐
If yes, provide details:

[illegible]

You certify that to the best of your knowledge everything you have stated in this credit application, and on any other documents submitted to us, are true and correct as of the date set forth opposite your signature. You have no other debts other than those listed above. You understand that you must update the information contained in this application if either your financial condition materially changes or we make a request to you orally or in writing. You understand that we will retain this credit application whether or not it is approved. You authorize us to request one or more consumer reports to check and verify your credit and employment history. Upon your request, we will tell you if a credit report was obtained and give you the name and address of the credit reporting agency that provided the report. The information the Lender obtains is to be used in the processing of your consumer loan application or in conjunction with quality control review of the file after the loan has closed. The lender may further, request such credit information at any time after the extension of credit has been approved for the purpose of renewal, continuation, or collection of the account.

Applicant's Signature:	Date:	Co-Applicant's Signature:	Date:
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Certification and Signatures

I/We certify that I/We have read and understood this loan application. I/We understand that this is a request for funds and that I/we will need to repay the loan with interest on a monthly basis. Failure to repay will result in further action determined during time of collection. I/We certify that the information contained in the application is accurate and complete. I/We understand that any incorrect or misleading information on the application and/or attachments could result in rejection of the loan request or termination of the loan.

I/We understand the information contained in the application will be used to review and approve or deny the request for credit. I/We hereby authorize the Easter Seals of Massachusetts, Inc., their loan committee (if required) and Berkshire Bank to verify that the information contained in the loan application is correct.

I/We acknowledge that Easter Seals of Massachusetts Inc., and Berkshire Bank have access to this application and any other information attached to the application or obtained in reviewing the loan request. I/We understand that these two entities have the right to exchanged my/our personal information with each other in relation to the application, including information obtained from credit reports, income statements, bank statements, or any other information pertinent to processing the loan request.

I/We give Easter Seals of Massachusetts Inc., and/or Berkshire Bank authorization to make all inquiries deemed necessary to verify the accuracy of information contained herein and to determine the creditworthiness of the undersigned.

I/We understand that Easter Seals of Massachusetts Inc., and Berkshire Bank are not responsible if the requested assistive technology does not function or is not suitable to my/our needs. I/We understand it is my/our responsibility for repairs, maintenance, and insurance (if applicable) unless specified elsewhere during the loan approval process.

Applicant's Signature

Applicant's Name (Please Print)

Date

Joint Applicant's Signature

Joint Applicant's Name (Please Print)

Date Easter Seals Massachusetts



Life is exciting. Let us help.™

Consent to Obtain Consumer Credit Report

I/We authorize Berkshire Bank to order a consumer credit report and verify other credit information. I/We agree that the Bank may exchange credit information about me/us with other affiliates, credit bureaus and agencies. I/We agree that the Bank may also request any information necessary to process this request, such as income/employment and assets. It is understood that a photocopy of this form will also serve as authorization.

The information the Bank obtains is to be used in the processing of my/our Easter Seals Alternative Finance Program application or in conjunction with quality control review of the file after the loan has closed. The Lender may further, request such credit information at any time after the extension of credit has been approved for the purpose of review or collection of the account.

Applicant Signature

Date

Applicant Signature

Date

Acknowledgment of Intent to Apply for Joint Credit

Signature required by each applicant when the application is joint.

We certify that we each intend to apply jointly for credit and the income or assets of each person will be used as a basis for loan qualification.

Applicant Signature

Date

Applicant Signature

Date

DOCUMENTS TO ACCOMPANY FINANCIAL 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**
* If this is for a vehicle, the quote should include all details, such as the VIN, mileage, and a listing of associated costs that will be rolled into the loan (tax, title, registration, etc.)
- ☐ **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

If applying for a modified vehicle loan:

- ☐ Massachusetts Driver's License
- ☐ Insurance binder with the loss payee listed as:
Berkshire Bank, PO Box 186, East Syracuse, NY 13057
- ☐ Any documents listing a lien holder, such as a Bill of Sale, list:
Berkshire Bank, PO Box 186, East Syracuse, NY 13057

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