

ARKANSAS REHABILITATION SERVICES
Assistive Technology Alternative Financing Program
Application Package

Read this document carefully before you complete the loan application forms.

The purpose of the Alternative Financing Program (AFP) is to assist Arkansans with disabilities in obtaining assistive technology equipment and services designed to improve or maintain independence, to better quality of life, and/or assist in becoming more productive members of the community.

This application is for a **LOAN**, not a grant. If you choose to apply, you must meet program eligibility requirements and demonstrate the ability to repay the loan. If you think your financial situation could prevent you from qualifying for a loan, you may want to consider securing a co-borrower.

Applications received by the AFP will be processed on a first come, first served basis. It is important you complete and sign the application form and include any required documents identified on the Documentation/Actions Checklist. Loan applications that are incomplete or require additional information may be returned. It is important you promptly respond to requests for any additional information to avoid delays in the loan approval process.

A fee of \$10.00 (checks or money orders only, NO CASH) must be included with your application for credit verification. Applications that do not include the fee(s) will not be processed. Your check or money order should be made payable to: Arkansas Rehabilitation Services (ARS).

If you need to speak with someone about the loan program or have questions related to the application process, call 501-296-1600.

See the following page for instructions on filling out the application form.

ASSISTIVE TECHNOLOGY ALTERNATIVE FINANCING PROGRAM APPLICATION INSTRUCTIONS

Section

- (A) **Enter the** name, age, sex, date of birth, Social Security Number, telephone number, and marital status of the person with a disability in need of assistive technology.
- (B) Identify the relationship of the borrower if someone other than the person with a disability. Describe the disability of the person in **Section (A)**. **Written documentation verifying disability is required.**
- (C) Briefly explain what you intend to purchase with the loan. Describe the equipment to be purchased, the price (include taxes and other charges), the name and telephone number where the purchase will be made, down payment, and the total amount of the loan.
- (D) Explain in detail how this equipment will meet the needs of the person named in **Section (A)**.
- (E) Check the agencies or organizations you or someone else contacted to obtain assistance in acquiring/purchasing this equipment.
- (F) Enter the name, Social Security Number, age, date of birth, address, and telephone number of the person(s) (Borrower and Co-Borrower) if different from the information in Section (A). Enter current and previous address, landlord information, and employment information. The individual identified in this section is the one applying for the loan to purchase the equipment for the person named in **Section (A)**. You will be required to sign the authorization form at the bottom giving us permission to check your credit history.
- (G) List any Borrower's (Co-Borrower's) other sources and amounts of income. (Financial resources must be sufficient to insure the loan can be repaid.) **Please provide income verification documentation including copies of payroll checks or a letter from your employer and/or your bank statement.**
- (H) List the expenses the Borrower (Co-Borrower) has each month. (This is to assure additional money is available to meet the expense of the loan.)
- (I) List any property (home, land, or cars) currently owned by the Borrower (Co-Borrower).
- (J) List the Borrower's (Co-Borrower's) checking and saving account(s) with the name(s) of the bank(s), account number(s), and balance information included. (Your signature at the bottom will allow this information to be verified.)
- (K) This section is regarding personal bankruptcy. If you answer "yes" to any of the questions in this section, please include a detailed explanation as an attachment to the application.
- (L) List the Borrower's personal references (excluding relatives) by name, address, and phone number.
- (M) List the Borrower's relatives by name, address, and phone number.

The Borrower (Co-Borrower) must read, sign and date all forms as required. Please include any additional information you feel necessary.

The Borrower (Co-Borrower) must fill in his/her name in the appropriate section of the "**Authorization to Release Information**" form and sign the form at the bottom.

Read the instructions on the application package back page before filling out this application.

(A) Name of person with the disability: _____ Age _____ Sex _____
 Date of Birth _____ Social Security # _____ Telephone #: _____
 Marital Status (circle one) Married Separated Single (includes divorced/widowed)

(B) If borrower is someone other than the person with the disability, how are you related? _____

Describe the disability of the person named in (A) and provide documentation for verification:

(C) Purpose of the Loan:

Describe the equipment you intend to purchase.
 (Attach estimates with model & serial numbers.)

Price

Supplier's Name

Telephone

Taxes and other charges

Amount of down payment, if any

Total loan amount requested

(D) How will this equipment help the person named in (A) with employment / education / independence?

(E) Have you asked other agencies or organizations to provide/buy this equipment? If yes, check below.

AR Rehabilitation Services AR Spinal Cord Commission Medicaid Medicare
 Services for the Blind Aging & Adult Services Developmental Disabilities Services
 Children's Medical Services Private Insurance Other _____

(F) CREDIT CHECK INFORMATION: *Incomplete form may result in decline of your application.*

Borrower's Information

Co-Borrower's Information

SS#:	Date of Birth:	SS#:	Date of Birth:
Last Name:	Maiden Name:	Last Name:	Maiden Name:
First Name:	MI:	First Name:	MI:
Street Address:		Street Address:	
City:	State:	Zip:	
Date Moved In:		Date Moved In:	
Home #:	Work#:	Home#:	Work#:

(F) CREDIT CHECK INFORMATION (cont'd)

Borrower:		Co-Borrower:	
Current Landlord:	Phone:	Current Landlord:	Phone:
	Rent/Mortgage :\$		Rent/Mortgage: \$
Previous Street Address:		Previous Street Address:	
City:	State:	Zip:	
Move-In Date:	Move-Out Date:	Move-In Date:	Move-Out Date:
Previous Landlord:	Phone:	Previous Landlord:	Phone:
Current Employer:		Current Employer:	
Address:		Address:	
Phone:	Occupation:	Mthly Salary:	
()		\$	
Hire Date:			
Previous Employer:		Previous Employer:	
Address:		Address:	
Phone:	Occupation:	Mthly Salary:	
()		\$	
Hire Date:	Termination Date:	Hire Date:	Termination Date:
(G) Other Monthly Income		Other Monthly Income:	
Income Source:	Amount	Income Source:	Amount
Total Monthly Income		Total Monthly Income	
(H) Borrower's Monthly Expenses		Co-Borrower's Monthly Expenses	
Rent or Mortgage Payment		Rent or Mortgage Payments	
Utilities(Electric, Gas and Water)		Utilities(Electric, Gas and Water)	
Telephone and TV Cable		Telephone and TV Cable	
Installment Debts/ Credit Cards		Installment Debts/Credit Cards	
Medication/Medical Bills		Medication/Medical Bills	
Food/Personal Expenses		Food/Personal Expenses	
Automobile/Transportation		Automobile/Transportation	
Child Care/Child Support/Alimony		Child Care/Child Support/Alimony	
Miscellaneous		Miscellaneous	
Total Monthly Expenses	\$	Total Monthly Expenses	\$

(I) Property Owned by Borrower (i.e. home, car, land)			Property Owned by Co-Borrower		
Description	Balance Owed	Value	Description	Balance Owed	Value

J) Bank Account Information	Bank	Account Number	Balance
Borrower's Checking			
Borrower's Savings			
		Account Number	Balance
Co-Borrower's Checking			
Co-Borrower's Savings			

(K) Bankruptcy Disclosure:

Has the borrower filed bankruptcy in the past 10 years? No _____ Yes _____ Year _____

If yes, explain: _____

Do you have any outstanding judgements? No _____ Yes _____ What Year? _____

How much do you owe? _____

If YES, to any of these questions, please provide a detailed explanation:

(L) Borrower's Personal References (no relatives):

Name	Address, City, State, Zip	Work#	Home#
1. _____			
2. _____			
3. _____			

(M) Relatives (2) Name	Address, City, State, Zip	Work #	Home #
1. _____			
2. _____			

Everything that I/we have stated in this application is correct to the best of my knowledge. I/we understand the application will be retain whether or not approved. You are authorized to check my/our credit history, bank accounts, credit card accounts, and employment history. I/we have been informed that any fees paid to cover the cost of application processing will not be refunded.

X _____
Borrower's Signature Date

X _____
Co-Borrower's Signature Date

Additional Information (please attach additional sheets if needed)

**ARKANSAS REHABILITATION SERVICES
Assistive Technology Alternative Financing Program**

Authorization for Release of Information

I, _____
(Please Print)

authorize the organizations listed below to obtain information about me that is pertinent to my eligibility for participation in the Alternative Financing Program. I am aware the information requested will be in regard to my employment, income, bank account(s), credit record, residence, assistive technology, equipment purchase, and/or disability.

1. Names of the organizations authorized to receive information:

Arkansas Rehabilitation Services
Alternative Financing Program
P. O. Box 3781
Little Rock, Arkansas 72203
(501) 296-1600, Fax: (501) 682-3431

2. Type of information needed is: _____

3. The purpose and need for this information:

- Vendor communication
- Assistive technology need verification
- Disability verification
- Income verification
- Other: _____

4. This authorization may be revoked at any time and shall be valid no longer than is reasonably necessary to accomplish the purpose for which it is given or when the loan is paid in full.

Borrower's Signature

Date

Co-Borrower's Signature

Date

ACCT#: _____

Name: _____

Alternative Financing Program Documentation/Actions Checklist



Check off each item after the documentation has been attached to the application.

REQUIRED FOR ALL APPLICATIONS:

- 1. Application is filled out & signed by borrower and co-borrower if applicable.
- 2. Application fee (~~\$10.00~~) is enclosed.
- 3. Disability verification enclosed.
- 4. Letter of authorization, if borrower is making application on behalf of someone else who will use the equipment.
- 5. A signed Authorization to Release Information.
- 6. Job paystubs for last 30 days (with year-to-date totals).
- 7. Letters of entitlement (i.e. Social Services benefits, public assistance).
- 8. Survey is filled out and attached.

REQUIRED FOR EQUIPMENT LOANS:

- 9. Name & address of vendor selling equipment:

- Attach copy of estimates from vendors.
- 10. Model and serial numbers of equipment, if applicable.
Model: _____
Serial Number: _____
- 11. Copy of insurance documents for equipment.
Equipment may be covered under homeowner's or rental policy.

REQUIRED FOR VEHICLE MODIFICATION LOANS:

- 12. Copy of vehicle title or who is financing the vehicle.
- 13. Modifications to be made to vehicle (attach documentation).

- 14. Copy of car insurance policy.

REQUIRED FOR HOME MODIFICATIONS LOANS :

- 15. Copy of title policy.
- 16. Copy of warranty deed.
- 17. List of modifications to be made: _____

- 18. Copy of 2 bids or estimates for modifications or rehabilitation to be made to home on contractor letterhead.
- 19. Copy of home insurance documentation.

I have attached all documentation on the checklist that is related to my application.

Borrower Signature

Date

Co-Borrower's Signature

Date

APPLICANT FORM

*** To be completed by individual or business whose credit is to be reported ***



AAA Credit Screening Services, L.L.C.
17041 El Camino Real, Suite 102
Houston, Texas 77058

Phone: (281)282-0447

Toll Free: 1-888-282-0447

FAX: (281)286-7128

APPLICANT *Incomplete form may result in the decline of your application.*

First Name _____ Middle Initial _____ Last Name _____ Jr., Sr., I, II, III (Circle if applies)
Social Security No. _____ Driver Lic.No./State _____ Date of Birth (mm/dd/yy) _____
Current Street Address _____ City _____ State _____ Zip _____
Move In Date _____ Move Out Date _____ Current Landlord/Mgr _____ Their Phone _____ Rent \$ _____
Home Phone () _____ Work Phone () _____ Income \$ _____ Week Month Year
Previous Street Address _____ City _____ State _____ Zip _____
Move In Date _____ Move Out Date _____ Previous Landlord/Mgr _____ Their Phone _____ Rent \$ _____
Current Employer & Address _____ Phone () _____ Occupation _____
Hired Date _____ Termination Date _____ Monthly Salary \$ _____
Previous Employer & Address _____ Phone () _____ Occupation _____
Hired Date _____ Termination Date _____ Monthly Salary \$ _____

I, _____ (Signature), give my authorization to _____ (Company Name or Landlord Name)
and AAA Credit Screening Services, L.L.C. to verify all of the above information, obtain a credit report, criminal history report and verify employment information (including salary) on myself for one of the purposes checked below and I further agree to the terms stated below.

CO-APPLICANT

First Name _____ Middle Initial _____ Last Name _____ Maiden Name _____
Social Security No. _____ Driver Lic.No./State _____ Date of Birth (mm/dd/yy) _____
Current Street Address _____ City _____ State _____ Zip _____
Move In Date _____ Move Out Date _____ Current Landlord/Mgr _____ Their Phone _____ Rent \$ _____
Home Phone () _____ Work Phone () _____ Income \$ _____ Week Month Year
Previous Street Address _____ City _____ State _____ Zip _____
Move In Date _____ Move Out Date _____ Previous Landlord/Mgr _____ Their Phone _____ Rent \$ _____
Current Employer & Address _____ Phone () _____ Occupation _____
Hired Date _____ Termination Date _____ Monthly Salary \$ _____
Previous Employer & Address _____ Phone () _____ Occupation _____
Hired Date _____ Termination Date _____ Monthly Salary \$ _____

I, _____ (Signature), give my authorization to _____ (Company Name or Landlord Name)
and AAA Credit Screening Services, L.L.C. to verify all of the above information, obtain a credit report, criminal history report and verify employment information (including salary) on myself for one of the purposes checked below and I further agree to the terms stated below.

- Rental Purpose Employment Real Estate Purchase Other _____

Applicant: Please read before signing above. Application will not be processed without signature/s.: Applicant and Co-Applicant (if applicable) agree to release and indemnify AAA Credit Screening Services, L.L.C. (C.S.S.), as well as C.S.S.'s owners, employees and C.S.S.'s clients (Company or Landlord specified above) from all liability arising from (1) C.S.S.'s access to or disclosure of information under this application, (2) Applicant and Co-Applicant's use or reliance on consumer credit information, and (3) any other violations of the FCRA or other applicable laws due to the acts or omissions of C.S.S. or C.S.S.'s clients (Company or Landlord specified above). Further, Applicant and Co-Applicant agree to release and indemnify C.S.S.'s information suppliers, their parent, sister, and affiliate entities, as well as their officers, employees, contractors, and agents from all liability arising from C.S.S.'s client's (Company or Landlord specified above) unauthorized access, improper use, or reliance on consumer credit information provided by C.S.S. pursuant to this agreement.