

# The Connecticut Tech Act Project's Assistive Technology Loan Program

## LOAN APPLICATION PACKET



**CT Tech Act Project, AT Loan Program**  
25 Sigourney Street, 11th floor  
Hartford, CT 06106  
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# **The Connecticut Tech Act Project's Assistive Technology Loan Program**

## **PLEASE READ THIS SECTION CAREFULLY BEFORE APPLYING**

Thank you for requesting a loan application from the Connecticut Tech Act Project's **Assistive Technology Loan Program (ATLP)**. The information contained in this section of the loan application will help you complete the application process. Please feel free to contact us if you need assistance or clarification.

### **What is the Connecticut Tech Act Project's Assistive Technology Loan Program (ATLP)?**

The Connecticut Tech Act Project's Assistive Technology Loan Program assists Connecticut citizens with disabilities and older citizens to obtain the assistive technology they need to enhance independence and productivity in the community, education and employment with an improved quality of life.

### **Who can apply for a loan?**

An individual with a disability or older adult who has been a resident of the State of Connecticut for at least one year may apply for a loan. The individual must have a disability that permanently affects a major life activity. A borrower may also be a parent, guardian, family member or legal representative of the person with the disability. They are not required to live with the individual.

### **What can I borrow money for?**

Loans are provided to purchase a broad range of assistive technology devices and services. Examples include, but are not limited to, the following:

- Wheelchairs and scooters
- Braille note takers / equipment
- Assistive listening devices
- Augmentative communication devices
- Electronic aids to daily living
- Visual aids with voice output or magnifying features
- Computers and adaptive peripherals
- Home modifications for accessibility

- Motor vehicles that have been adapted or need adaptations
- Assistance / Service Animals

### **How much can I borrow and for how long?**

Loan amounts generally are approved from \$500 to \$30,000. Approval of loans that do not fall within this range may only occur in rare situations, as outlined in the Program's Policies and Procedures. Loan repayment periods will range from one (1) year to (10) years depending upon the amount of the loan, the borrower's repayment capacity, and the type of assistive technology obtained through the loan. The period of a loan is based on the expected useful life of the assistive technology device to be purchased.

### **Who approves my loan?**

The Program Manager and the Loan Committee will approve loans. The Loan Committee includes individuals with disabilities / older adults, family members and advocates who work with individuals with disabilities / older adults. Initial review of the application is completed by the Program Manager. Once an application is complete, further approval by the Loan Committee may be required. Once further approval occurs, the Program Manager will work with The Connecticut Bank and Trust Company (the servicing institution) for loan processing. This could take on average two weeks to one month.

**ALSO PLEASE NOTE THAT EVEN IF YOU ARE APPROVED FOR A LOAN, FUNDS ARE EXTREMELY LIMITED AND MAY NOT BE AVAILABLE AT THE TIME A REQUEST FOR LOAN PROCESSING OCCURS. PLEASE BE SURE FUNDS ARE AVAILABLE PRIOR TO PURCHASE OF ASSISTIVE TECHNOLOGY.**

### **How do I apply?**

Complete and return this application along with verification of disability, copy of a photo ID, itemized price quote for assistive technology device(s) or service(s) being requested, and proof of income. Additional information needed can be found in the checklist as part of this application.

Please be as complete and accurate as possible to prevent any delay in processing the application. Please type or write clearly in blue or black ink only.

**Please Submit the Following:**

- Connecticut Tech Act Project's Assistive Technology Loan Program Loan Application (attached)
- Bank Credit Application (attached)
- Photo ID (copy of valid driver's license or Connecticut State ID)
- Verification of disability (see further description)
- Itemized price quote for the specific item to be purchased
- Proof of all sources of income to be considered for this loan
- Any other documentation (evaluations, assessments, etc.) that may assist with loan approval
- If a third party is paying for a portion of the assistive technology, verification of payment is required.

**Verification of Disability (Submit one of the following)**

- A statement from a licensed, treating medical professional or social worker / caseworker indicating how the disability substantially affects one or more major life activity; **or**
- Proof of enrollment in one of the following:
  - State Vocational Rehabilitation Services Program
  - Social Security Disability Insurance (SSDI)
  - Medicare enrollment based on disability
  - Medicaid enrollment based on disability
  - Veterans Administration enrollment based on disability
  - Educational services enrollment under an individualized family service plan (birth to three) or individualized education plan (IEP); **or**
- Other proof of disability that affects a major life activity.

**Verification of Income (Include all of the following that apply)**

- Paystubs from your employer for the past three pay periods
- IRS Tax Return for the past two years (if self-employed)
- SSI or SSDI award or verification letter
- Other reportable income you would like to be considered
- Child Support / Alimony (optional for consideration)

### **For Vehicle Loans Only**

- Sales quote that includes adaptive equipment or modifications in addition to the cost of the vehicle (if applicable)
- Insurance quote that includes fully adapted vehicle coverage
- Inspection report by certified mechanic for vehicle and modifications (if vehicle is used)

### **For Home Modifications Only**

- Quote for modifications and proof that the contractor is licensed and bonded to do the work
- If you are a renter who wants modification to the property you rent, you must include a letter from your landlord agreeing to the modifications.

### **For Assistance / Service Animal Only**

- A Copy of a signed contract from the organization that trains / monitors the assistance animal partners
- Documentation that follow-up from the organization will occur at least annually through the life of the loan with the assistance animal partners.

### **For Other Used Equipment**

- Inspection report by a certified professional that the equipment is in good, working condition.

**Please mail the completed application, attachments AND a check or money order made out to The Connecticut Bank and Trust Company in the amount of \$9.25 for an individual applicant or \$11.75 if there is a co-applicant to cover the cost of obtaining a credit report.**

**FUNDS ARE NOT REFUNDABLE! Please mail to:**

CT Tech Act Project  
AT Loan Program (ATLP)  
25 Sigourney Street, 11th floor  
Hartford, CT 06106

If you need assistance filling out this application, require an alternative format, or if you want to check on the status of your application, please contact the ATLP at the above address, by phone at (860) 424-5619 or email at [lisa.abdus-salaam@ct.gov](mailto:lisa.abdus-salaam@ct.gov).

## Assistive Technology 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 and funds will be available in order to close on a loan.**

### BACKGROUND INFORMATION

#### Applicant's Information:

Applicant's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home / Street Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

#### Co-Applicant's Information:

Co-Applicant's Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home / Street Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Additional Contact Person:**

In the event you cannot be reached, please provide the name and contact information of a contact person who is not living in your household:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home / Street Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Name of Person with a Disability Who Will Benefit from Assistive Technology  
(if different from applicant / co-applicant information):**

Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home / Street Address (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Please check the box that best describes the relationship between the person with a disability and the applicant(s):

- Self
- Spouse
- Parents
- Child
- Guardian
- Significant Other (specify) \_\_\_\_\_

Describe the disability of the person who will be using the assistive technology:

\_\_\_\_\_

## ASSISTIVE TECHNOLOGY INFORMATION

Device / Equipment for Which the Loan is Requested (please describe further):

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Explain how the assistive technology device / equipment will affect independence, education and / or employment: \_\_\_\_\_

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Cost of Device / Equipment / Service: \$\_\_\_\_\_ (Required)

Amount of Loan Requested: \$\_\_\_\_\_ (Required)

***Please attach quote with detailed information about the product, cost and name of vendor / seller.***

How was it determined that this is the assistive technology that is needed? (Check all that apply and explain further if needed):

- Evaluation by a doctor / therapist
- Recommended by \_\_\_\_\_
- Tried this device
- Other (specify) \_\_\_\_\_

Would you like additional support in determining if this assistive technology device or equipment will meet your needs prior to purchasing equipment? If yes, please describe further below:

- No
- Yes (please describe) \_\_\_\_\_

Will you need training, assistance with installation, customization or other services that apply to this assistive technology device or equipment? State what resources will be needed to cover these costs. *(If you are including these costs in the loan, please include quotes from vendor, provider, etc. in this application.)* Please check services needed:

- No
- Yes
  - Training
  - Assistance with installation
  - Customization
  - Other (please specify) \_\_\_\_\_

Please describe in detail what is needed above and attach quote(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have another source of funding contributing toward the purchase of the device or equipment?

- No
  - Yes
- What is the source? \_\_\_\_\_

What are they providing? Please specify amount they will be providing and include verification of payment from this source. \$ \_\_\_\_\_

- Cost towards device or equipment
- Installation
- Service Agreements
- Evaluation and/or Training Services
- Other (specify) \_\_\_\_\_

If you are covering any of the costs yourself that is not included in the loan, please specify below: (Please note that you are required to have insurance coverage for any device or equipment that is applicable as mentioned in the instructions – such a vehicle insurance.) \_\_\_\_\_  
\_\_\_\_\_

Have you explored other sources of funding prior to request for this loan. Please complete below:

Financing Option	Explored	Applied	Denied	N/A
Self Pay				
Medicare				
Medicaid				
Medicaid Waiver				
Private Insurance				
Vocational Rehabilitation Services				
Early Childhood (Birth to 3) Funding				
School System Funding (K-12)				
Employer Funding				
Worker's Compensation				
Social Security (PASS Program)				
Traditional Bank Loan				
Loan or Gift from Family Member or Friend				
Foundation or Community Agency				
Other (specify)				

Have you previously applied to the CT Tech Act Project's Assistive Technology Loan Program?

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

No

Have you previously been denied funding by the CT Tech Act Project's Assistive Technology Loan Program?

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

No

## FINANCIAL INFORMATION

**A Personal Financial Statement** subtracts your liabilities (contract debt including mortgages, credit card balances, loans, etc.) from your assets (cash, savings, cash value of vehicle, etc.) to determine your personal financial net worth.



Have you ever filed for bankruptcy?

- No
- Yes

Date of Bankruptcy Closure: \_\_\_\_\_

Describe under what circumstances did you file for bankruptcy? (Examples may include medical, divorce, loss or employment, etc.)

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Is there any additional financial information you would like to share in consideration of your loan request?

- No
- Yes (Please Describe) \_\_\_\_\_

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**Your Personal Budget** reflects your regular, reliable monthly income (wages from employment, Social Security, etc.) and subtracts your regular monthly living expenses (rent, monthly mortgage payment, cable television, etc.).

**Monthly Income:** Please include all current sources of **current net monthly income** for both the applicant and co-applicant (if applicable).

Income Source	Applicant Amount	Co-Applicant Amount
Wages / Earnings from Employer	\$	\$
Wages / Earnings from Self-Employment	\$	\$
Supplemental Social Security Income (SSI)	\$	\$
Social Security Disability Insurance (SSDI)	\$	\$
General Assistance (i.e. money from family)	\$	\$
Temporary Assistance for Needy Families (TANF)	\$	\$
State Supplement	\$	\$
Alimony / Child Support (specify)	\$	\$
Federal Food Stamp Program	\$	\$
Other Income (specify)	\$	\$
Other Income (specify)	\$	\$
Other Income (specify)	\$	\$
<b>Total Monthly Income</b>	\$	\$

If applicable, please provide a copy of your most recent paystub when submitting Application.

**Monthly Expenses:** Please include all current sources of **monthly expenses** for both the applicant and co-applicant (if applicable).

<b>Monthly Expenses</b>	<b>Applicant</b>	<b>Co-Applicant</b>
Rent or Mortgage Payment	\$	\$
Utilities (Water, Electric, Gas)	\$	\$
Home Phone & Cell Phone	\$	\$
Property Taxes	\$	\$
Auto Loan	\$	\$
Gas / Vehicle Repairs	\$	\$
Auto Insurance	\$	\$
Other transportation Expenses (Parking, bus fares, driver, etc.)	\$	\$
Health / Life Insurance	\$	\$
Dental Expenses / Insurance	\$	\$
Glasses / Contacts / Exams	\$	\$
Prescriptions	\$	\$
Other Unsubsidized Medical Expense (this may include personal assistance costs not covered by insurance/waiver, service animal, etc)	\$	\$
Groceries	\$	\$
Clothing	\$	\$
Dining Out	\$	\$
Cable	\$	\$
Pet Care	\$	\$
Other Entertainment	\$	\$
Internet	\$	\$
Credit Card #1	\$	\$
Credit Card #2	\$	\$
Credit Card #3	\$	\$
Credit Card #4	\$	\$
Other Monthly Expenses (specify)	\$	\$
Other Monthly Expenses (specify)	\$	\$
Other Monthly Expenses (specify)	\$	\$
Other Monthly Expenses (specify)	\$	\$
<b>Total Monthly Expenses</b>	<b>\$</b>	<b>\$</b>

**Subtract your total monthly expenses from your total monthly income:**

Total Monthly Income \$ \_\_\_\_\_

Total Monthly Expenses (subtract) \$ \_\_\_\_\_

**Monthly Balance of Discretionary Income** \$ \_\_\_\_\_

## **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 and collection proceedings which may result in repossession of equipment or other 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 loan request. I/We hereby authorize the CT Tech Act Project's Assistive Technology Loan Program, the loan committee (if required) and The Connecticut Bank and Trust Company (the servicing institution) to verify that the information contained in the loan application is correct.

I/We acknowledge that the CT Tech Act Project's Assistive Technology Loan Program and The Connecticut Bank and Trust Company (the servicing institution) 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 exchange personal information with each other relating to the application, credit reports, or any other information pertinent to processing the loan request.

I/We give The Connecticut Bank and Trust Company (the servicing institution) and/or the CT Tech Act Project's Assistive Technology Loan Program authorization to make all inquiries deemed necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned.

I/We understand that the CT Tech Act Project's Assistive Technology Loan Program and The Connecticut Bank and Trust Company (the servicing institution) are not responsible if the requested assistive technology does not function or is not suitable to my needs. I/We understand it is my/our responsibility for repairs, maintenance and insurance (if applicable) unless specified elsewhere during the loan approval process.

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**Applicant's Signature**

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**Applicant's Name (Please Print)**

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**Date**

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**Co-Applicant's Signature**

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**Co-Applicant's Name (Please Print)**

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**Date**

# CT Tech Act Project's Assistive Technology Loan Program

## AUTHORIZATION TO OBTAIN CREDIT REPORT

### Applicant's Name / Information

Name: \_\_\_\_\_  
Last First Middle Initial

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Address if less than three years: \_\_\_\_\_  
\_\_\_\_\_

### Purpose for Credit Information

The report is used to review the applicant's loan request to the CT Tech Act Project's Assistive Technology Loan Program.

### Applicant's Authorization

I hereby authorize the CT Tech Act Project's Assistive Technology Loan Program and its servicing institution, The Connecticut Bank and Trust Company, to obtain a credit report for the purposes indicated above and authorize its release. I authorize these two entities to make all inquiries deemed necessary to determine the credit-worthiness of the undersigned. I authorize any person or consumer reporting agency to give you any information it may have on me as the undersigned.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Date

# CT Tech Act Project's Assistive Technology Loan Program

## AUTHORIZATION TO OBTAIN CREDIT REPORT

### Co-Applicant's Name / Information (If applicable)

Name: \_\_\_\_\_  
Last First Middle Initial

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
\_\_\_\_\_

Previous Address if less than three years: \_\_\_\_\_  
\_\_\_\_\_

### Purpose for Credit Information

The report is used to review the applicant's loan request to the CT Tech Act Project's Assistive Technology Loan Program.

### Applicant's Authorization

I hereby authorize the CT Tech Act Project's Assistive Technology Loan Program and its servicing institution, The Connecticut Bank and Trust Company to obtain a credit report for the purposes indicated above and authorize its release. I authorize these two entities to make all inquiries deemed necessary to determine the credit-worthiness of the undersigned. I authorize any person or consumer reporting agency to give you any information it may have on me as the undersigned.

\_\_\_\_\_  
Co-Applicant's Signature

\_\_\_\_\_  
Co-Applicant's Name (Please Print)

\_\_\_\_\_  
Date

## ASSISTIVE TECHNOLOGY USER INFORMATION

Completion of the following section is **optional**. The information is collected for research purposes and is not used for loan determination. Please answer the questions below about the person who will be using the assistive technology device or equipment. (Note: AT = Assistive Technology)

What is the gender of the AT User?

- Male  Female

What is the AT User's Race?

- White/Caucasian  Asian Indian  
 African-American/Black  Native American  
 Asian  Other (specify)  
\_\_\_\_\_

What is the AT User's Primary Language?

- English  Other (specify)  
 Spanish \_\_\_\_\_

Does the AT User currently work for pay or profit?

- Yes, full-time (30+ hours per/wk)  
 Yes, part-time (29 hours per/wk or less)  
 No

How did you hear about the loan program?

- Advertising (e.g. radio, newspaper)  
 Information received in the mail  
 Information from the internet  
 Referral from a disability organization  
 Referral from a professional (e.g. doctor)  
 Referral from a friend  
 Referral from a bank  
 Other (specify) \_\_\_\_\_