



FINANCIAL LOAN PROGRAM APPLICATION



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APPLICATION

A project of the California Foundation for Independent Living Centers
with funding support from Ability Tools.

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U.S. Department of Education, Rehabilitation Services Administration.

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PRIVACY POLICY & DISCLOSURE

California Foundation for Independent Living Centers (CFILC) Privacy Policy & Disclosure.

The Gramm-Leach-Bliley Act requires us to tell you what steps we take to safeguard the privacy of the financial information you provide to us. Here is a summary of our privacy and disclosure policies.

Our Privacy Policy:

We may collect non-public personal information about you from the following sources:

- Information we receive from you on your loan application
- People and organizations identified on your loan application
- Information about your transactions with us, our affiliates or others
- Information we receive from a consumer credit reporting agency

What We Disclose:

We do not disclose any non-public personal information about our customers or former customers to anyone except as permitted by law.

Telling Your Story:

We may use “your story” (for example, why you needed a loan, what equipment or technology you purchased and how it impacted your life) to explain and market our program to other borrowers and contributors. However, we will not identify you by name unless you give us permission to do so. If you do not wish to have your story told, please let us know at the time of your application. It will not affect loan eligibility.

Confidentiality & Security:

CFILC takes every precaution to ensure that your personal information remains private. Accordingly we restrict access to your personal information. Your information is provided only to employees and agents of CFILC who require access to your information in order to perform their duties. Your information is provided to vendors and providers who need to know the information in order to provide products or services requested by you. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard your non-public personal information.

ELIGIBILITY CHECKLIST

Complete the checklist below to determine your eligibility.

Are you at least 18 years of age?

Yes No

Are you a resident of California?

Yes No

Are you able to afford monthly loan payments?

Yes No Unsure

Do you or the person that will be using the assistive technology identify as an individual with a disability?

Yes No Unsure

If you answered no to any one of the above questions, you may not be eligible for the program.

If you answered unsure to any of the questions, please contact us by phone or email:

Phone: 916-737-5358 / 916-325-1695 TTY

Email: info@freedomtech.org

LOAN APPLICATION INSTRUCTIONS

1. Take a Deep Breath – We understand the application may seem long and daunting; however, this is primarily due to the large print and additional space for accessibility purposes.

The form may be completed one of two ways:

- The form contains fillable fields, so you may fill the form out from your PDF/Acrobat reader and save on your computer as you go.
- Print the application and then fill it out by hand (please print legibly).

2. Request a quote, invoice, bid, or other information showing cost of assistive technology and or services from the vendor/seller or service provider.

3. Complete loan application to the best of your ability and print out all pages. If you are applying jointly with another applicant (co-applicant or co-signer), please be sure to have them enter their information in the co-applicant sections. If there is not a co-applicant, please leave those sections blank.

4. Sign & Date Application – Be sure that all applicants sign and date the authorization page at the end with penned signature(s).

5. Complete the application checklist at the end of the application package.

Contact us with any questions:

Phone: 916-737-5358 / 916-325-1695 TTY
Email: info@freedomtech.org

LET'S GET STARTED!

Check appropriate box:

- I am applying for individual credit in my own name and am relying on my own income or assets for repayment of the credit requested.
- I am applying for joint credit with my spouse (please have your spouse fill out co-applicant information).
- I am applying for joint credit with another person other than my spouse (please have second applicant fill out co-applicant information).

ASSISTIVE TECHNOLOGY INFORMATION

Loan Amount Requested:

\$

Please describe equipment, device, or item you would like to purchase:

Please describe any services required to install or setup the assistive technology:

Cost of Product:

\$

Cost of Services:

\$

You must enclose a quote, bid or other information from the vendor/seller with a description and cost of the product and/or service being purchased.

ASSISTIVE TECHNOLOGY USER INFORMATION

Recipient's Full Name: (Leave section blank if same as applicant.)

Relationship to Applicant:

Date of Birth:

 / /

(MM)

(DD)

(YYYY)

Recipient's Current Street Address:

City:

ST:

Zip Code:

Do you have a Representative Payee?

Yes No

If yes, please provide name, phone number and address below:

Please tell us about the disability or condition and explain how this device or service will improve your/their independence, productivity or quality of life:

How did you determine that this is the assistive technology that you/they need?

(Choose all that applies.)

- Evaluation by a doctor, therapist, or other qualified professional.
- Recommended by a doctor, therapist, or other qualified professional.
- Tried this device.
- Other.

If other, please specify:

Have you tried any other sources of funding to purchase this assistive technology?

- Yes
- No

If yes, check all that apply and describe outcome:

- Medicare/Medi-Cal
- School District
- Vocational Rehabilitation
- Private Insurance
- Veteran's Administration
- Other

Please describe outcome:

APPLICANT INFORMATION

Please complete all applicable questions on this form.

Applicant's Full Name: (First, Middle, Last Name)

Primary Telephone Number:

() -

Additional Telephone Number:

() -

Email Address:

Current Street Address:

City:

ST:

Zip Code:

Previous Street Address: (If less than 3 years at current address.)

City:

ST:

Zip Code:

Social Security Number:

- -

Date of Birth:

/ /
(MM) (DD) (YYYY)

Driver's License / State ID Number:

Expiration Date:

/ /
(MM) (DD) (YYYY)

Issuing State:

Issue Date:

/ /
(MM) (DD) (YYYY)

Applicant's Marital Status:

- Married
- Unmarried
- Separated

ALTERNATE CONTACT INFORMATION

Please list an alternate contact that doesn't live with you that we may contact if we're unable to reach you.

Alternate Contact's Name: (First, Middle, Last Name)

Relationship:

Phone Number:

 () -

Email Address:

Alternate Contact's Street Address:

City:

ST:

Zip Code:

EMPLOYMENT HISTORY

Name of Current Employer:

Position / Job Title:

Years / Months Employed:

Gross Monthly Income:

\$

Supervisor's Name:

Supervisor's Phone:

 () -

Employer's Street Address:

City:

ST:

Zip Code:

Do we have your permission to contact this employer to verify employment?

Yes

No

Name of Previous Employer: (if less than 5 years at current employer.)

Position / Job Title:

Years / Months Employed:

Gross Monthly Income:

\$

Supervisor's Name:

Supervisor's Phone:

() -

Employer's Street Address:

City:

ST:

Zip Code:

Do we have your permission to contact this employer to verify employment?

Yes

No

CO - APPLICANT INFORMATION

Please have co-applicant complete this section.

Note: A co-applicant/co-signer may be necessary if you have poor credit or don't have the ability to repay the loan with your income alone.

Co-Applicant's Full Name: (First, Middle, Last Name)

Primary Telephone Number:

() -

Additional Telephone Number:

() -

Email Address:

Current Street Address:

City:

ST:

Zip Code:

Previous Street Address: (If less than 3 years at current address.)

City:

ST:

Zip Code:

Social Security Number:

- -

Date of Birth:

/ /
(MM) (DD) (YYYY)

Driver's License / State ID Number:

Expiration Date:

/ /
(MM) (DD) (YYYY)

Issuing State:

Issue Date:

/ /
(MM) (DD) (YYYY)

Co-Applicant's Marital Status:

- Married
- Unmarried
- Separated

EMPLOYMENT HISTORY

Name of Current Employer:

Position / Job Title:

Years / Months Employed:

Gross Monthly Income:

\$

Supervisor's Name:

Supervisor's Phone:

() -

Employer's Street Address:

City:

ST:

Zip Code:

Do we have your permission to contact this employer to verify employment?

Yes No

Name of Previous Employer: (If less than 5 years at current employer.)

Position / Job Title:

Years / Months Employed:

Gross Monthly Income:

\$

Supervisor's Name:

Supervisor's Phone:

() -

Employer's Street Address:

City:

ST:

Zip Code:

Do we have your permission to contact this employer to verify employment?

Yes No

HOUSEHOLD INCOME & ASSETS

Please enter your household income below. Include combined income for both you and your spouse; even if you are not relying on your spouse's income to repay this loan. If your spouse is the co-applicant, please enter their information into the co-applicant column. If your spouse is not the co-applicant combine with your income in the applicant section.

SOURCES OF INCOME

Income Source	Applicant	Co-Applicant
Take-Home Employment Wages:	\$ <input type="text"/>	\$ <input type="text"/>
Take-Home Self-Employment:	\$ <input type="text"/>	\$ <input type="text"/>
Social Security:	\$ <input type="text"/>	\$ <input type="text"/>
SSI:	\$ <input type="text"/>	\$ <input type="text"/>
SSDI:	\$ <input type="text"/>	\$ <input type="text"/>
Other Public Assistance (CalWORKs, Unemploy., etc):	\$ <input type="text"/>	\$ <input type="text"/>
Pension / 401k / Retirement:	\$ <input type="text"/>	\$ <input type="text"/>
Savings / Investments:	\$ <input type="text"/>	\$ <input type="text"/>
Trust Accounts:	\$ <input type="text"/>	\$ <input type="text"/>
Food Stamps:	\$ <input type="text"/>	\$ <input type="text"/>
Alimony / Child Support / Separate Maintenance*:	\$ <input type="text"/>	\$ <input type="text"/>
Other Income (Describe):	\$ <input type="text"/>	\$ <input type="text"/>
Total Income:	\$ <input type="text"/>	\$ <input type="text"/>

* Alimony, child support or separate maintenance income need not be listed unless you want it to be considered in granting credit.

Persons supported on this income (not including you):

Full Name	Age	Relationship to You

ASSET INFORMATION

Asset Type	Applicant	Co-Applicant
Cash-on-Hand:	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
Checking Account Balance:	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
Savings Account Balance:	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
IRA / 401k / Retirement Account Balance:	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
Stocks & Investments:	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
Real Estate:		
Primary Residence Value:	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
Rental / Vacation / Other Property Value:	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
Automobiles:		
Vehicle #1 Value:	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
Make & Models: _____		
Vehicle #2 Value:	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
Make & Models: _____		
Other Assets:	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>
Please describe other assets:		

MONTHLY EXPENSES

Enter your monthly expenses below. If married but applying without your spouse, please include combined household expenses for you, your spouse, and any dependents in the applicant section. If married and applying jointly with your spouse, please include your spouses information in co-applicant section.

Monthly Expenses

Applicant

Co-Applicant

Residential Expenses

Rent: \$ \$

Mortgage Payment: \$ \$

Balance Owed: \$ _____

Homeowners / Renters Insurance: \$ \$

Homeowner's Association Dues: \$ \$

Utilities: \$ \$

Property Taxes: \$ \$

Other Residential Expenses: \$ \$

Transportation Expenses

Car Payment: \$ \$

Gas, Car Maintenance & Repair: \$ \$

Car Insurance: \$ \$

Public Transportation: \$ \$

Other Transportation Costs: \$ \$

Monthly Expenses

Applicant

Co-Applicant

Insurance / Medical Expenses

Health / Life Insurance Payments:

\$

\$

Out-of-Pocket Medical Expenses:

\$

\$

Dental Expenses / Insurance:

\$

\$

Glasses / Contacts:

\$

\$

Other Medical Expenses:

\$

\$

Essential Expenses

Food:

\$

\$

Household Products:

\$

\$

Haircuts:

\$

\$

Child Care:

\$

\$

Pet / Service Animal Care:

\$

\$

Entertainment Expenses

Dining Out:

\$

\$

Cigarettes & Alcohol:

\$

\$

Hobbies:

\$

\$

Video Rentals & Movies:

\$

\$

Birthday & Holiday Presents:

\$

\$

Communication Expenses

Cable / Internet / Home Phone:

\$

\$

Cell Phone:

\$

\$

Monthly Expenses

Applicant

Co-Applicant

Other Monthly Expenses

Charitable Contributions / Memberships:

\$

\$

Travel:

\$

\$

Credit Card Payments:

\$

\$

Balance Owed: \$ _____

Student Loan Payments:

\$

\$

Balance Owed: \$ _____

Personal Loan Payments:

\$

\$

Balance Owed: \$ _____

Other Expenses (Please list): _____

\$

\$

\$

\$

\$

\$

HOUSEHOLD INCOME & EXPENSE TOTALS

Applicant

Co-Applicant

Total Household Income:

\$

\$

Total Household Expenses:

\$

\$

Dollars Available for Loan Repayment:

\$

\$

(Total Income – Total Expenses = Available Dollars)

QUESTIONNAIRE

Applicant

Co-Applicant

Are you a co-maker or endorser on any loan or contract?

Yes No

Yes No

Are there any outstanding judgments against you?

Yes No

Yes No

Have you been a debtor in a bankruptcy proceeding within the last 10 years?

Yes No

Yes No

If yes, which state:

Did you obtain a discharge?

Yes No

Yes No

If Yes, what is the date of discharge?

How did you hear about FreedomTech Financial Loan Program?

What payment due date would you prefer?

5th of the month

20th of the month

No preference

What dollar amount would you like your monthly loan payment to be?

\$

Do we have your permission to share "your story" (for example, why you needed a loan, what equipment or technology you purchased and how it impacted your life) to explain and market our program to other borrowers and contributors?

Yes No

If Yes, can we identify you by name? Yes No

VOLUNTARY DEMOGRAPHIC INFORMATION

This information is being requested about the person who will be using the assistive technology purchased with this loan. As a non-profit loan program we are required by our funders to maintain statistics regarding the people we serve. You are not required to provide this information. Your decision to answer these questions will not affect your eligibility for a loan, nor will how you answer these questions affect your eligibility.

Do you wish to provide this demographic information?

- Yes, I wish to provide this information.
- No, I prefer not to provide demographic information (skip to next page).

If you answered yes to the question above:

Please state your gender:

Are you a military veteran?

- Yes
- No

What is your ethnicity?

- Hispanic / Latino
- Non-Hispanic / Non-Latino

Please indicate your race: (Check all that applies.)

- | | |
|---|---|
| <input type="checkbox"/> American Indian / Alaskan Native | <input type="checkbox"/> Asian / Asian-American |
| <input type="checkbox"/> Black / African-American / Caribbean | <input type="checkbox"/> Native Hawaiian / Pacific Islander |
| <input type="checkbox"/> White / Caucasian / European | |

BORROWER'S AUTHORIZATION

- I/we certify that I/we have read and understood the notices contained herein and, to the best of my/our knowledge, the information provided in this application is true and correct as of the date below.
- I/we hereby authorize California Foundation for Independent Living Centers (CFILC) to obtain a consumer credit report through a credit reporting company chosen by CFILC.
- I/we understand and agree that CFILC intends to use the consumer credit report for evaluating my/our financial ability to repay a loan for assistive technology and/or for educational purposes.

Print Name of Applicant:

Signature:

Date:

Print Name of Co-Applicant:

Signature:

Date:

Mail back the completed application in an envelope with postage to this mailing address:

**California Foundation for Independent Living Centers
Attn: FreedomTech Financial Loan Program
1000 G Street, #100
Sacramento, CA 95814**

(Please do not fax or email your application to us.)

APPLICATION CHECKLIST

1. **Enclose an invoice**, bid or other information showing cost and description of assistive technology from vendor/seller or service provider.
2. **Enclose Proof of Identity** – See acceptable proof of identity on next page.
3. **Enclose Proof of Residence** – See acceptable proof of residence on next page.
4. **Enclose Proof of Income:**
 - Copies of last 2 years W-2s or SSI Award letter or Verification letter.
 - If self employed - past 2 years IRS income tax returns (Copies).
 - 1 Month most recent payment stubs, pension or annuity statements, and/or bank statement showing most recent deposits for other income sources (Copies).
5. **Enclose Proof of Assets:**
 - 2 Months Most Recent Bank Statements
 - Proof of Additional Assets – 401k, IRA, or other investment account statements.
6. **Review Application for Completeness.**
7. **Sign & Date Borrower’s Authorization.**
8. **Mail completed application** with required documents enclosed in an envelope with postage or deliver in person to:

California Foundation for Independent Living Centers
Attn: FreedomTech Financial Loan Program
1000 G Street, #100
Sacramento, CA 95814

Please do not fax or email your application to us.

Contact us with any questions:

Phone: 916-737-5358 / 916-325-1695 TTY

Email: info@freedomtech.org

PROOF OF IDENTITY & RESIDENCE

Acceptable Proof of Identity:

- CA Drivers License
- CA Identification Card
- Other State issued ID or Driver's License
- US Passport or U.S. Passport Card
- Permanent Resident Alien Card or Alien Registration Receipt Card
- Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa (MRIV)
- Employment Authorization Document Card that contains a photograph.

Acceptable Proof of California Residence:

- **One of the following:**
 - » California Driver's License
 - » California Identification Card
- **Or two of the following documents:**
 - » California voter's registration card
 - » California (540) tax returns giving California as the home address (with acceptable dates)
 - » Paycheck stub OR letter of employment verification on company letterhead (signed by a manager of the personnel department)
 - » California Driver's License OR California ID card OR DMV printout
 - » California bank account – checking or savings statements
 - » Marriage license or divorce decree issued in California
 - » License or certificate issued by the State (with issue & expiration dates)
 - » California utility bill (DWP, gas, telephone, cable - all utility bills count as one proof)
 - » California State Aid or Social Welfare
 - » Car registration and/or car insurance (California company)
 - » California health insurance OR Medi-Cal ID
 - » Military discharge papers (DD214) OR Leave and Earnings statement (indicating California as State of Record)
 - » California property taxes
 - » Union membership in a California local
 - » California public library membership (verified by letter or printout with letterhead or branch stamp)



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