



Utah Assistive Technology Foundation

Introduction

The nonprofit Utah Assistive Technology Foundation (UATF) and Zions Bank help make independence affordable by offering low interest financial loans to purchase assistive technology devices, including home modifications and adapted vehicles. Our goal is to assist Utahns with disabilities by enhancing their independence, education, employment, and quality of life through assistive technology.

There are three parts to the application. Complete all forms completely in **black ink** and return with an invoice indicating model/serial number and total price, to:

**Utah Assistive Technology Foundation
6835 Old Main Hill
Logan, UT 84322**

If you prefer, you can fax completed application to: **(435) 797-2355**, or email to:
lois.summers@usu.edu

Please ensure all forms are filled out completely to assist in timely processing.

Part One: Information Disclosure

Applicant's signature on this letter allows the UATF to discuss your information with Zions Bank. Your signature and date is all that is required on this form.

Part Two: Device Information

Provide UATF with information about the vendor and equipment. **You will need to send an invoice from each vendor with the total price (including tax, shipping and handling).**

Part Three: Consumer Loan Application

Zions Bank uses this form to determine loan approval. Complete and accurate information and your signature are required on this form. The loan application requires you list a physical address, not just a P.O. Box.

- Send an invoice or statement with total price for the assistive device you want to purchase.
- Completed application forms will first be reviewed by the UATF. If the applicant is eligible, the forms will be forwarded to the Zions Bank Loan Center.

If you have any questions, please contact us at (800) 524-5152.



Utah Assistive Technology Foundation

Part One: Information Disclosure Letter

Zions Bank

RE: Utah Assistive Technology Foundation Loan Referral

To Whom It May Concern:

The undersigned has/have applied to Zions Bank for a loan through the Utah Assistive Technology Foundation (UATF) loan program. I/We have been referred to you by the UATF, a nonprofit foundation that is not related to Zions Bank.

In connection with the application, I/we understand and agree that Zions Bank may disclose to UATF and communicate to UATF any and all information in the possession of Zions Bank relating to me/us, the application, and any loan made in connection with the application. I/We waive any and all rights we may have to object to the disclosure to UATF of otherwise confidential information.

I/We further understand that the application is subject to credit approval or denial according to Zions Bank's credit standards.

Certification

I/We further understand that issuance of a loan does not imply any type of warranty by UATF or any lender regarding the suitability, condition, merchantability or safety of the device or equipment that I purchase with the loan. I/We understand that I/We alone are responsible for selecting the devices or equipment to be financed. Therefore, I/we can make no claims against UATF or any lender or any of their agents, and I/We each hereby release UATF and each lender, and all of their respective agents, from and against all liability, for defects in any device or equipment or any accident or injury resulting from its use.

Signature of Applicant

Date

Signature of Co-Applicant (if applicable)

Date

Revised September 2014



Utah Assistive Technology Foundation

Part Two: Device Information

Please provide the equipment device(s) for which you are requesting a loan, including the name and address of the supplier. Also, record the information for each provider/vendor. You must include an invoice that shows the make/model and total cost.

Equipment/Supplier

Name _____
Address _____
Telephone _____
Device/Service (be specific) _____
Loan Amount Requested \$ _____

Equipment/Supplier

Name _____
Address _____
Telephone _____
Device/Service (be specific) _____
Loan Amount Requested \$ _____

Equipment/Supplier

Name _____
Address _____
Telephone _____
Device/Service (be specific) _____
Loan Amount Requested \$ _____

Total Amount Requested \$ _____

Send an invoice from each vendor, including device information, exact price including tax, shipping and handling.

If you are purchasing a vehicle we need: VIN, mileage, make, model, and year of vehicle.



Utah Assistive Technology Foundation - Part Three: Eligibility Form

How did you hear about this program? _____

1. Applicant's Name _____

2. Date of Birth _____ SS# _____

3. Home Address _____

City _____ County _____ State _____ Zip _____

Telephone _____ Email address: _____

4. Race/Ethnicity (optional) _____

5. Type of disability _____

6. Name of person with disability (**if not applicant**) _____

Date of Birth _____ SS# _____

7. Type of Disability _____

<u>8. Source(s) of Household Income</u>	<u>Gross Income Per Month</u>
a. _____	\$ _____
b. _____	\$ _____
c. _____	\$ _____
Total Gross Monthly Household Income:	
	\$ _____

9. Do you have insurance, Medicare or Medicaid? (please list) _____

10. How many people live in your household? _____

11. Reason you applied for funding through this program: (**please check one**)

- Could only afford the device/equipment through UATF
- Device/equipment was only available through UATF
- Device/equipment was available elsewhere, but this was an easier/faster process
- Other _____

12. Did you explore any other funding source(s) prior to applying through the UATF? **Please list.**

13. Indicate the amount of your total monthly household expenses (include housing, food, credit cards, transportation, loan payments, utilities, etc.) \$ _____

My signature below indicates that if my request is approved for funding to purchase this device(s), I: a) accept all liability for any damage or injury that may be caused by its use; and b) hold harmless the Utah Assistive Technology Foundation, Utah Assistive Technology Program, the Center for Persons with Disabilities and Utah State University for any injuries or damage that may occur as a result of its use.

Applicant's Signature _____ Date _____



For Branch use only

<input type="checkbox"/> HRL	\$ _____	Br # _____
<input type="checkbox"/> HECL <input type="checkbox"/> ETHEL	\$ _____	Emp # _____
<input type="checkbox"/> Other _____	\$ _____	Contact _____

Date disclosures provided / mailed _____

CONSUMER LOAN APPLICATION - Please Print Clearly

I am requesting credit in the amount of \$ _____ for _____ months. **Purpose (required):** _____

Will any of the funds be used for post secondary educational expenses including, but not limited to: tuition, books, fees, supplies, personal expenses, room/board, computers, refinancing or consolidation of education debt? Yes No

Installment Loan (Select one): Fixed-rate Variable rate
(Select one): Secured (Complete "Collateral Information" Section) Unsecured

Line of Credit (Select one): Home Equity Credit Line (Complete "Collateral Information" Section) Reddi-Credit
 Check Reserve Overdraft Line Checking Account # _____

Credit Card (Select one): VISA Platinum (128) VISA Classic (85) MasterCard (178) VISA Secured (78)

Charge my monthly payments to my Zions Bank Account No. _____

My preferred payment date is _____ (does not apply to Lines of Credit)

INDIVIDUAL APPLICATION: I am applying for credit based solely on my own creditworthiness and income.

JOINT APPLICATION: I am applying with a Co-applicant based on our combined incomes and creditworthiness. I understand that if any assets are not jointly owned, I must identify on the joint financial information who owns the asset or complete a separate application.

CO-SIGNER APPLICATION: I am applying as a co-signer for another applicant(s). In case of default by the applicant(s), I agree to pay the debt in full, plus late fees or collection costs that may be incurred. If this debt is ever in default, I understand that the default may become a part of my credit report.

NOTICE: If you are married, you can still apply for a separate account in your own name. If you are married and reside in a community property state such as AK, AZ, CA, ID, LA, NM, TX, NV, WA or WI, the assets of your marital community may be liable on this account even if you apply for an individual account and this application is not signed by your spouse (unless you attach a signed statement that you wish to apply for a separate account based solely on your separate assets).

APPLICANT INFORMATION

First Name		M.I.	Last Name		Sr., Jr. or III.	Social Security No.		Date of Birth	
Home Address		Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own	How long? ___ Yrs ___ mo	
Mailing Address		Street		City	State	Zip Code	<input type="checkbox"/> Live w/Parents/Relatives		
Previous Address		Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	How long? ___ Yrs ___ mo	
(if at current address < 2 yrs)							<input type="checkbox"/> Lived w/Parents/Relatives		
Name of your Employer		Position Held	Business Phone		How long? ___ Yrs ___ mo	Gross Monthly Salary		Monthly Mortgage or Rent Payment: \$ _____	
			()			\$ _____			
OTHER INCOME: You need not disclose alimony, child support or separate maintenance payments unless you wish to have it considered as a basis for repaying this loan						I receive \$ _____ per month from _____			
						I receive \$ _____ per month from _____			
Name of Previous Employer		Position Held		Business Phone		How long? ___ Yrs ___ mo			
(if at current employer < 2 yrs)				()					
Name and address of nearest relative not living with you			Relationship	Home Phone		Name of Applicant's Bank		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
				()					

CO-APPLICANT INFORMATION

First Name		M.I.	Last Name		Sr., Jr. or III.	Social Security No.		Date of Birth	
Home Address		Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rent <input type="checkbox"/> Own	How long? ___ Yrs ___ mo	
Mailing Address		Street		City	State	Zip Code	<input type="checkbox"/> Live w/Parents/Relatives		
Previous Address		Street	APT #	City	State	Zip Code	<input type="checkbox"/> Rented <input type="checkbox"/> Owned	How long? ___ Yrs ___ mo	
(if at current address < 2 yrs)							<input type="checkbox"/> Lived w/Parents/Relatives		
Name of your Employer		Position Held	Business Phone		How long? ___ Yrs ___ mo	Gross Monthly Salary		Monthly Mortgage or Rent Payment: \$ _____	
			()			\$ _____			
OTHER INCOME: You need not disclose alimony, child support or separate maintenance payments unless you wish to have it considered as a basis for repaying this loan						I receive \$ _____ per month from _____			
						I receive \$ _____ per month from _____			
Name of Previous Employer		Position Held		Business Phone		How long? ___ Yrs ___ mo			
(if at current employer < 2 yrs)				()					
Name and address of nearest relative not living with you			Relationship	Home Phone		Name of Applicant's Bank		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
				()					

OTHER INFORMATION

<input type="checkbox"/> I do <input type="checkbox"/> I do not have debts that are past due.	<input type="checkbox"/> I have <input type="checkbox"/> I have not had collateral repossessed or foreclosed. If yes, date: _____	<input type="checkbox"/> I have <input type="checkbox"/> I have not filed for bankruptcy. If yes, date of filing: _____
<input type="checkbox"/> I have <input type="checkbox"/> I have not transferred my assets to a Trust or Life Estate. If yes, I will provide Zions Bank with a complete copy of my Trust or Life Estate documents.		

ZIONS BANK

CONSUMER LOAN APPLICATION (Page 2)

Applicant's First Name	M.I.	Last Name	Sr., Jr. or III.	Co-Applicant's First Name	M.I.	Last Name	Sr., Jr. or III.
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COLLATERAL INFORMATION		I estimate the value of my collateral to be: \$ _____	
<input type="checkbox"/> Real Estate or a Dwelling will secure this loan <input type="checkbox"/> first mortgage on my (Select one): <input type="checkbox"/> second mortgage on my (Select one):		The loan I am requesting will be secured by a (Select one): <input type="checkbox"/> primary residence <input type="checkbox"/> second/vacation home <input type="checkbox"/> rental property <input type="checkbox"/> land/lot <input type="checkbox"/> primary residence <input type="checkbox"/> second/vacation home <input type="checkbox"/> rental property <input type="checkbox"/> land/lot	
Collateral Property Address: _____ City _____ County _____ ST _____ ZIP _____		Property Type (Select one): <input type="checkbox"/> 1-4 family residential real estate <input type="checkbox"/> Mobile/Manufactured Home, the land: <input type="checkbox"/> will <input type="checkbox"/> will not be financed <input type="checkbox"/> 5+ unit multi-family dwelling <input type="checkbox"/> Land/Lot	
<input type="checkbox"/> Other Collateral will secure this loan: Describe (for vehicle loans, please include year, make and model): _____ _____ _____			

Title to the collateral property is held in the following names: _____

If you are applying only for a VISA, MasterCard or Check-Reserve product, please proceed to the signature area of this application.

ASSETS			DEBTS (Place an * next to balances to be paid with this loan)				
DESCRIPTION	VALUE	TITLED OWNERS	MONTHLY PMTS	PAID TO WHOM	ORIGINAL BALANCE	CURRENT BALANCE	MONTHLY PAYMENT
Home	\$		1 st Mortgage/Rent		\$	\$	\$
	\$		2 nd Mortgage		\$	\$	\$
Automobiles	\$		Vehicle Loans		\$	\$	\$
Other Real Estate	\$		Other Mortgage		\$	\$	\$
Cash in Financial Institutions	\$		Credit Cards (List)		\$	\$	\$
Marketable Securities	\$				\$	\$	\$
Other Assets (List)	\$				\$	\$	\$
	\$				\$	\$	\$
	\$				\$	\$	\$
	\$		Other		\$	\$	\$
	\$		Alimony/Child Support		\$	\$	\$
TOTAL ASSETS	\$		TOTAL LIABILITIES		\$	\$	\$

Service Provider Authorization

In the event that Zions Bank cannot approve my loan request, I understand that Zions Bank may refer the application file in its entirety to a lender who may be able to approve my application. I am under no obligation to accept any offer of loan terms made by a referral lender, nor is the referral lender under any obligation to provide financing. I further understand that in the event the referral lender or lenders may not be able to approve the loan request, the referral lender is obligated to issue a statement of Credit Denial.

I understand that Zions Bank provides this referral service for the convenience of its clients and is not responsible for any change in terms, including rate, number of months (term), dollar amount (loan amount), or type of credit offered; actions or failure to act by the referral lender, including but not limited to, Truth-in-Lending and Real Estate Settlement Procedures Act. I further understand that Zions Bank may receive a fee for this referral.

I hereby authorize Zions Bank to refer my loan application to another lender together with all necessary credit information which may include my employment records and earnings amounts, savings and checking account information, consumer credit balances, and payment history including mortgage payment records and balances. This authorization does not cancel or annul any election I may have made under Zions Bank Consumer Privacy Policy. I hereby hold Zions Bank harmless of any legal action or liability resulting from this referral.

I do not authorize Zions Bank to refer my loan application to another lender for consideration.

Everything you have stated in this application is correct to the best of your knowledge. You understand that Zions Bank will retain this application whether or not it is approved. Zions Bank is authorized to check your credit and employment history and to answer questions about its credit experience with you. You have read and understand the application form and agree to provide any additional information which may be legally required to determine creditworthiness. (NOTE: Falsification of credit information to a federally insured bank may be a federal offense and may result in exemption from discharge in the event a petition for bankruptcy is filed.)

For credit cards, you authorize issuance of your Personal Identification Number (PIN) for use of your card(s) in any accepting Automated Teller Machine (ATM) and Point of Sale (POS) Debit Device and agree to be bound by the agreement that will be provided to you and which will govern your account if this application is approved.

For Check Reserve Overdraft Lines, you agree to be bound by the terms included in the "Deposit Agreement."

Except as noted in this paragraph, applicant(s), (1) represents that it has no claims against, or defenses to obligations owing by applicant(s) to Zions Bank or (2) waives all such claims and defenses to the extent allowed by law. This provision is subject to claims for performance of express contractual obligations owing to applicant(s) by Zions Bank.

All disagreements arising as a result of this application or processing of the application shall be resolved by binding arbitration in accordance with Commercial Arbitration Rules of the American Arbitration Association.

Applicant's Signature _____ Date _____ Co-Applicant's Signature _____ Date _____

Acknowledged by: _____ (Bank Representative) Date _____ How Application Received: In Person Phone Mail

Application must be signed by all applicants