



Assistive Technology Financial Loan APPLICATION



PERSON WITH THE DISABILITY

Date _____

Name _____ Date of Birth _____
Last First Middle

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ County _____

SSN _____ Occupation _____

E-Mail Address _____

Employer _____ Years Employed _____

Employer Address _____ Phone _____

City _____ State _____ Zip _____

Relationship to the applicant: _____

APPLICANT INFORMATION

(If this is the person with the disability, please disregard this section)

Name _____ Date of Birth _____
Last First Middle

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ County _____

SSN _____ Occupation _____

E-Mail Address _____

Employer _____ Years Employed _____

Employer Address _____ Phone _____

City _____ State _____ Zip _____

Relationship to the person with a disability: _____



CO-APPLICANT INFORMATION

(If this is the person with the disability, please disregard this section)

Name _____ Date of Birth _____
Last First Middle

Address _____ Daytime Phone _____

City _____ State _____ Zip _____ County _____

SSN _____ Occupation _____

E-Mail Address _____

Employer _____ Years Employed _____

Employer Address _____ Phone _____

City _____ State _____ Zip _____

Relationship to the applicant: _____

Assistive Technology Financial Loan

Information Regarding Person with Disability

(If needed, please attach explanations)

Describe the disability: _____

Tasks the individual is unable to do or has difficulty doing without the requested equipment:

Device(s) Recommendation and Cost: _____

Amount Requested: \$ _____

Vendor Name: _____

Vendor Address: _____



How did you determine that this is the technology that you need? Did you have an assessment or did someone help you? Please attach all pertinent reports.

Did you try other similar devices? If so, what were they? _____

Will you need training or assistance with installation, customization, or other services to begin using this assistive technology device? Yes No If yes, please state what you will need and whether you have resources to cover these costs. _____

Have you tried any other sources of funding to purchase this assistive technology?
 Yes No If yes, please check all that apply and results.

Medicaid Medicare School District
 Insurance Vocational Rehabilitation Veterans Administration
 Private funds and/or donations

If no, would you like help in finding other funding sources before taking out a loan?
 Yes No

Certification

I certify that everything I have stated in this application and on any attachments is correct. IPAT may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

I further understand that issuance of a loan does not imply any type of warranty of the device or equipment that I purchase with the loan. Therefore, I can make no claims against the ATFL for defects in the device or any accident or injury results from its use.

All signatures must be written in ink. Thank you.

Individual with Disability or Parent/Guardian Signature

Date

Signature of Applicant

Date

Signature of Co-Applicant

Date

Please return completed application to:

IPAT
3240 15th Street South, Suite B
Fargo, ND 58104
(701) 365-4728 • 1-800-895-4728
www.ndipat.org



Assistive Technology Financial Loan

Financial Information – Monthly Income

Person with Disability	Gross Amount for 1 Month	Applicant	Gross Amount for 1 Month	Co-Applicant	Gross Amount for 1 Month
Employment (before tax income)	\$	Employment (before tax income)	\$	Employment (before tax income)	\$
Social Security Supplemental Income (SSI)	\$	Social Security Supplemental Income (SSI)	\$	Social Security Supplemental Income (SSI)	\$
Social Security Disability Insurance (SSDI)	\$	Social Security Disability Insurance (SSDI)	\$	Social Security Disability Insurance (SSDI)	\$
Pension/Retirement	\$	Pension/Retirement	\$	Pension/Retirement	\$
Disability Benefits	\$	Disability Benefits	\$	Disability Benefits	\$
Unemployment Insurance	\$	Unemployment Insurance	\$	Unemployment Insurance	\$
Rental Income	\$	Rental Income	\$	Rental Income	\$
Child Support	\$	Child Support	\$	Child Support	\$
Alimony	\$	Alimony	\$	Alimony	\$
Interest Income	\$	Interest Income	\$	Interest Income	\$
Fuel Assistance	\$	Fuel Assistance	\$	Fuel Assistance	\$
Housing Assistance	\$	Housing Assistance	\$	Housing Assistance	\$
Family Subsidy	\$	Family Subsidy	\$	Family Subsidy	\$
TANF	\$	TANF	\$	TANF	\$
Home Health Income	\$	Home Health Income	\$	Home Health Income	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

NOTE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

Person with Disability	Amount	Applicant	Amount	Co-Applicant	Amount
Current Amount in Checking Account	\$	Current Amount in Checking Account	\$	Current Amount in Checking Account	\$
Current Amount in Savings Account	\$	Current Amount in Savings Account	\$	Current Amount in Savings Account	\$

Assistive Technology Financial Loan

Financial Information – Monthly Payments

Person with Disability	Monthly Payments	Applicant	Monthly Payments	Co-Applicant	Monthly Payments
Car Loan	\$	Car Loan	\$	Car Loan	\$
Mortgage/Rent	\$	Mortgage/Rent	\$	Mortgage/Rent	\$
Phone	\$	Phone	\$	Phone	\$
Cable	\$	Cable	\$	Cable	\$
Heat	\$	Heat	\$	Heat	\$
Utilities	\$	Utilities	\$	Utilities	\$
Car Insurance	\$	Car Insurance	\$	Car Insurance	\$
Health Insurance	\$	Health Insurance	\$	Health Insurance	\$
Homeowners/ Rental Insurance	\$	Homeowners/ Rental Insurance	\$	Homeowners/ Rental Insurance	\$
Childcare	\$	Childcare	\$	Childcare	\$
Child Support	\$	Child Support	\$	Child Support	\$
Alimony	\$	Alimony	\$	Alimony	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Leases	\$	Leases	\$	Leases	\$
Food	\$	Food	\$	Food	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Medical Payments	\$	Medical Payments	\$	Medical Payments	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

Applicant	Answer	Co-Applicant	Answer
Can you afford a monthly payment?	Yes or No Circle One	Can you afford a monthly payment?	Yes or No Circle One
If Yes, how much?	\$	If Yes, how much?	\$

Please return completed financial information with loan application to:

IPAT
 3240-15th Street South, Suite B
 Fargo, ND 58104
 (701) 365-4728 • 1-800-895-4728
www.ndipat.org

ALERUS FINANCIAL LOAN APPLICATION



Amount Requested: \$ _____ Loan Purpose: _____
 ___ I am applying for individual credit. ___ (initials) ___ We are applying for joint credit. ___ (initials)

APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Date of Birth: _____ Social Security #: _____
 Marital Status*: Married Separated Unmarried (single, divorced, widowed)
**Complete marital status only if for joint or secured credit, or applicant resides in a community property state.*
 Street Address: _____
 City: _____ State _____ Zip _____ Phone Number _____
 Residential Status: Own Rent Other: _____
 Time at Residence: Year(s): _____ Month(s): _____ Monthly Payment: \$ _____
 Employer: _____ Occupation: _____
 Time with Employer: Year(s): _____ Month(s): _____ Work Phone Number: _____
 Gross Income: \$ _____ Annually Monthly Biweekly Other: _____
 Other Income: \$ _____ Annually Monthly Biweekly Other: _____
Other Income: Income from alimony, child support of separate maintenance need not be revealed if the applicant does not choose to have it considered as a basis for repaying this loan.

CO-APPLICANT INFORMATION

First Name: _____ MI: _____ Last Name: _____
 Date of Birth: _____ Social Security #: _____
 Marital Status*: Married Separated Unmarried (single, divorced, widowed)
**Complete marital status only if for joint or secured credit, or applicant resides in a community property state.*
 Street Address: _____
 City: _____ State _____ Zip _____ Phone Number _____
 Residential Status: Own Rent Other: _____
 Time at Residence: Year(s): _____ Month(s): _____ Monthly Payment: \$ _____
 Employer: _____ Occupation: _____
 Time with Employer: Year(s): _____ Month(s): _____ Work Phone Number: _____
 Gross Income: \$ _____ Annually Monthly Biweekly Other: _____
 Other Income: \$ _____ Annually Monthly Biweekly Other: _____
Other Income: Income from alimony, child support of separate maintenance need not be revealed if the applicant does not choose to have it considered as a basis for repaying this loan.

ASSET AND LIABILITY INFORMATION

Indicate Accounts with Alerus Financial: Checking Savings CDs Loans Other
 Indicate Accounts with Another Institution: Checking Savings CDs Loans Other

ASSETS:	Description	Value
Home		
Vehicle		
Other		
Other		



LIABILITIES:

Creditor's Name	Payment	Balance

SIGNATURES:

I hereby certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature

Date

Co-Applicant's Signature

Date

YOUR PRIVACY IS IMPORTANT TO US. ALL APPLICATIONS WILL BE HANDLED WITH THE UTMOST CONFIDENTIALITY.