



The DakotaLink Assistive Technology Loan Fund (DakotaLink AT Loan Fund)

DakotaLink AT Loan Fund Application

Application Instructions

Please fully complete each section of the application and attach all required verification items listed in Part 6. In most cases, the minimum loan amount is \$500 and the maximum is \$15,000. If you are seeking financing for vehicle or home modifications, the maximum loan amount is \$20,000. If you have any questions, please call toll-free at 1-800-645-0673.

MAIL THE COMPLETED APPLICATION FORM AND ATTACHMENTS TO:

DakotaLink AT Loan Fund
1161 Deadwood Avenue, #5
Rapid City, SD 57702

OR YOU MAY EMAIL THE APPLICATION AND ATTACHMENTS TO:

atinfo@dakotalink.net

OR FAX THE APPLICATION AND ATTACHMENTS TO: 605-394-6744.

You must return the authorization/certification form containing original signatures from all applicants by mail.

How Your Application Will Be Reviewed

The DakotaLink AT Loan Fund will review the application making sure the applicant intends to use the loan to purchase assistive technology for a South Dakota resident with a disability, and has the ability to repay the loan.

The DakotaLink AT Loan Fund will use the information on this application form only to determine your need for and ability to repay this loan. Borrowers must demonstrate the ability to repay the loan. At the end of this application in PART 6 is a complete list of required attachments that must accompany the application in order to begin the application process. You can call the office staff if you have any questions before applying.

The DakotaLink AT Loan Fund manager with the advice of a loan review committee will decide if you meet the standard criteria for a loan and notify you of a decision in writing.

If you have a problem credit history or have any questions, you may contact the DakotaLink AT Loan Fund before completing your application. The toll-free number is 800-645-0673.

Interest rates: Most approved borrowers will have an interest rate of 5%.



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PRIVACY POLICY AND 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 our affiliates, others or us
- 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. We may report your payment history to a credit bureau.

Confidentiality and Security

DakotaLink takes every precaution to ensure that your personal information remains private. Accordingly, we restrict access to non-public personal information about you to employees and agents of the DakotaLink and members of our loan review committee and on a need-to-know basis and co-signors, vendors and providers who need to know that information 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.

If you have any questions or concerns about the privacy and disclosure policies, please contact the DakotaLink AT Loan Fund, 1-800-645-0673.



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DakotaLink AT Loan Fund
INDIVIDUALIZED FINANCING FOR ASSISTIVE TECHNOLOGY

LOAN APPLICATION

Part 1 (All Applicants)

Name of Person with a Disability: _____

Age _____ what is the disability? _____

Which of your abilities will be effected by the AT requested?

- Seeing
- Hearing
- Mobility
- Speech/Communication
- Learning/Cognitive/Developmental
- Reach/Handling objects
- Remembering
- Interacting with others
- Other

Borrower's Name on the Application: _____

Relationship to Person with a Disability: _____

Part 2 (All Applicants) Place a check or "X" in the box next to your device to finance.

- Modifications to a vehicle
- Hearing Aids
- Modifications to a Home I/family owns
- AT for non-employment reasons
- AT For Employment

Describe what you need to purchase: _____

Note: If you do not find an option for what you wanted to finance listed above, please stop here and contact our office to clarify.

How did you decide on this device, service or modification? _____



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Identify any business(es) that assisted you with this selection.

How will this purchase improve the life of the person with a disability?

What is the cost of the Device, service or modification? \$ _____

Amount from other sources or deposit? - \$ _____

Total Amount needed for Financing: \$ _____

Name of other funding source: _____

Identify a range of a monthly payment you can afford \$ _____

How did you hear about the DakotaLink AT Loan Fund?

Part 3 (All Applicants)

APPLICANT

First Name, Initial, and Last Name:

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____,

Zip Code: _____

Mailing Address (If Different):

Home Phone: _____ Cell Phone: _____



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County: _____

Email Address: _____

Driver's License #: _____

Registered Vehicle, Make: _____ Model: _____

Serial Number: _____

Rent: _____ Own: _____ Years at Residence: _____

Monthly Gross Income or Benefit: \$ _____

Employer: _____ Occupation: _____

Employer Address: _____

Phone: _____ Years employed _____

Name of Bank: _____

Type of Account? Checking _____ Savings _____

Marital Status: Married _____ Separated _____ Unmarried _____ US Resident? YES _____ NO _____

Two Alternative Contacts:

Name #1: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

Name #2: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____



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CO-APPLICANT

First name, Initial, Last Name:

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____

State: _____ Zip: _____

Mailing Address (If Different): _____

Home Phone: _____ Cell Phone: _____

County: _____ Email Address: _____

Driver's License #: _____

Registered Vehicle, Make, Model and License Number:

Rent: _____ Own: _____ Years at Residence: _____

Monthly Gross Income or Benefit: \$ _____

Employer: _____ Occupation: _____

Employer Address: _____

Phone: _____ Years There: _____

Name of Bank: _____

Type of Account? Checking _____ Savings _____

Marital Status: Married _____ Separated _____ Unmarried _____ US Resident? YES _____ NO _____

Two Alternative Contacts:

Name #1: _____ Relationship: _____

Address: _____ City: _____ State: _____



**The DakotaLink Assistive Technology Loan Fund
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Zip: _____ Phone: _____

Name #2: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

OPTIONAL CO-SIGNER*

First name, Initial, Last Name:

Date of Birth: _____ Social Security Number: _____

Address: _____ City: _____ State: _____

Zip: _____

Mailing Address (If Different):

Home Phone: _____ Cell Phone: _____

County: _____

Email Address: _____

Driver's License #: _____

Registered Vehicle, Make, Model and License Number:

Rent: _____ Own: _____ Years at Residence: _____

Monthly Gross Income or Benefit: \$ _____

Employer: _____ Occupation: _____

Employer Address: _____



**The DakotaLink Assistive Technology Loan Fund
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Phone: _____ Years There: _____

Name of Bank: _____

Type of Account? Checking ____ Savings ____

Marital Status: Married ____ Separated ____ Unmarried ____ US Resident? Yes ____ No ____

Two Alternative Contacts:

Name #1: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

Name #2: _____ Relationship: _____

Address: _____ City: _____ State: _____

Zip: _____ Phone: _____

*Optional Co-signer must provide written proof of income and a copy of state identification.

You must read, sign and return the following required form for an applicant and any co-signers joining the application.

The Authorization/Certification form for all applicants.

(Page 11 of this application packet)



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Part 4 Monthly Budget and Monthly Financial Obligations

Applicant (Combine with Spouse or Partner)

Mortgage/Rent \$ _____

Transportation Costs (Car payment, Car Maintenance, Accessible transportation costs)
\$ _____

Insurance: Health, Auto, Home \$ _____

Utilities (Water, Gas, Electric) \$ _____

Phones, TV, Internet \$ _____

Food & Living Expenses (Groceries, laundry, personal care, pets)
\$ _____

Total Monthly Credit card payments \$ _____

Child Care/Child Support \$ _____

Line of Credit, Secured Loans, Other Type of Loan \$ _____

Student Loans \$ _____

Entertainment or Hobbies: (Eating Out, Recreational Activity costs, Cigarettes/Alcohol, Movies, Gifts, etc.) \$ _____

Taxes or association dues \$ _____

Miscellaneous – Other Bills \$ _____

Total Gross Monthly Income \$ _____

Total of Monthly Expenses - \$ _____

Total Available for Loan Payment = \$ _____



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Part 5 – Vehicle Modifications

Vehicle to be modified:

Make: _____ Model: _____

VIN Number: _____ Current Mileage: _____

If the loan includes hand controls, did you receive a written statement from your physician?
Yes _____ No _____

Have you had an evaluation to determine the type of equipment you need? Yes ____ No ____

Will you need training on the equipment? Yes ____ No ____

Where will this evaluation/training be (or has been) conducted? _____

Attach an estimate from the Mobility Vendor that defines the modifications and cost.



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AUTHORIZATION / CERTIFICATION FORM FOR ALL APPLICANTS

I have read and understand this application requesting financing for Assistive Technology. Everything that I have stated is true and correct to the best of my knowledge. I understand the DakotaLink AT Loan Fund will retain this application whether or not approved. I agree to notify the DakotaLink Loan Fund, in writing, of any change of name, address, employment or financial status during this application process and the entire length of time covered by my loan should my application be approved.

I authorize the DakotaLink Loan Fund to check my credit and make all inquiries necessary to verify the accuracy of the information provided. I understand the information obtained will be used to review and approve or deny the application for a loan. I understand that this is an application for a loan that must be repaid to the DakotaLink AT Loan Fund.

By signing below, I authorize all persons inquired of to respond in full to DakotaLink AT Loan Fund requests and the DakotaLink AT Loan Fund to provide information about its credit experience with me to credit reporting bureaus.

Authorization is hereby given for the release of any and all information concerning bank accounts, employment, and credit or mortgage verification as requested by the DakotaLink AT Loan Fund.

I understand that the DakotaLink AT Loan Fund may need to contact other agencies and individuals to determine my eligibility and to verify my need for the support for which I am applying. I authorize the release of such confidential information.

I authorize the DakotaLink AT Loan Fund to share financial, credit, and other pertinent information with required entities for the sole purposes of loan approval and loan maintenance.

Signature Date

Signature Date

Signature Date

Name and Contact Information of Person who assisted with Application (if any)



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Part 6 - Required Documentation

Your loan application will not be processed without providing the following items:

- The completed Loan application
- Photocopy of South Dakota state or military Identification for all parties on the application
- Photocopy of written verification of income or benefit for all parties on the application
- Tax returns for the past two years for loans over \$5,000.00
- Written quote of the Assistive Technology (AT) you wish to finance
- Written verification confirming the specific disability of the applicant
- Written verification of additional funds from another source towards the cost of the AT

Additional Information:

1. Let us know if you are expecting any change in your income or expenses in the near future
2. If you are expecting any changes in living arrangements in the near future;
3. If reasons for any credit problems are related to a disability.
4. Detail what steps you have taken to improve any past or current credit problems.
5. Let us know whether any recent moves were required by a job change, promotion, or to improve the quality of life; or any other details you would like to provide for consideration of your application. You may attach another sheet for any responses.

Part 7: Please answer the following questions about the loan you are applying for.

1. The primary purpose for which I need (or the person I represent needs) an assistive technology device or service is related to: (Please mark only one answer)

- Education – participating in any type of educational program.
- Community Living – carrying out daily activities; participating in community activities; using community services; or living independently.
- Employment – finding or keeping a job; getting a better job; participating in other employment training, or other program related to employment.

2. Why did you choose to obtain an assistive technology (AT) device/service through a loan from our program? (Please mark only one answer)

- I could only afford the AT through this program. (I could not afford it through other programs.)
- The AT was only available to me through this program. (I am not eligible or don't qualify for other programs, the AT is not provided by other funding sources or other programs do not provide specific device I need.)
- The AT was available to me through other programs, but the system was too complex or the wait time too long.
- None of the above. Explain: _____