



Michigan Assistive Technology Loan Fund

Program Qualification Certification

To: Option 1 Credit Union
2400 West Road
East Lansing, MI 48823

From: United Cerebral Palsy of Michigan – Assistive Technology Loan
Fund (UCP-ATLF) Certifying Officer

Borrower Name: _____

Borrower Address: _____

Borrower City/State/Zip: _____

Certification of Program Qualifications:

Submitted with this loan is the standard Option 1 Credit Union loan application for the above-listed proposed borrower. This request will certify that the individual named above qualifies under the UCP-ATLF Loan Guarantee Program, under the existing Option 1 /UCP-ATLF Loan Guarantee Agreement.

Furthermore, the above-named individual is within the Option 1 field of membership.

Signature of Certifying Officer

Date

Printed Name of Certifying Officer

Agency of Certifying Officer

(Submit this completed form with every application you submit to the Michigan Assistive Technology Loan Fund).