

Dear Loan Applicant:

Thank you for your interest in the Michigan Assistive Technology Loan Fund (MATLF). The MATLF is a program of United Cerebral Palsy of Michigan and is available to Michigan residents with disabilities, Michigan seniors, and their families who want to enhance their independence through the purchase of assistive technology. You may borrow up to \$30,000. **This is a loan program; if your loan is approved, you will be required to make monthly loan payments to our credit union partner.**

Upon receipt of your completed loan application, the MATLF Loan Committee will review your application. All identifying information about you is removed. The Committee will consider the following information:

1. Your credit report – do you make loan payments on time each month? Did your disability affect your ability to pay on your loans? If so, please let tell us about what happened. The MATLF strongly encourages you to obtain a free copy of your credit report each year by going to [www.annualcreditreport.com](http://www.annualcreditreport.com)
2. Have you lived at your residence for at least one year? If not, tell us the reason for your recent move
3. Do you have enough income to make the new loan payment? The MATLF requires that you provide written proof of income (e.g. paystubs current within 30 days of loan application, benefit letter, etc.). You can call us at 1.800.828.2714 to get a loan payment estimate, call your local site, or go to [www.bankrate.com](http://www.bankrate.com) to calculate possible payment amounts
4. What is your monthly debt (expense) versus your monthly income? MATLF policies allow the Committee to consider a maximum 50% debt to income ratio if the borrower can document enough cash flow to make loan payments. The Committee will look at your Budget Worksheet and credit report to determine your debt to income ratio.

Please contact the application site closest to you to submit your loan application. If you're unsure who that is, contact us and we'll help you. The site person can help you determine if you are eligible for a loan from the Loan Fund and see if other funding sources are available to you. He/she can also help you find agencies in your area that sell the equipment you are looking to purchase.

Sincerely,

Leah C. March  
Loan Fund Manager



4970 Northwind Drive  
Suite 102  
East Lansing, MI 48823  
TEL 800.828.2714  
TTY 517.203.1200  
FAX 517.203.1203

**LINDA POTTER**  
Executive Director

ucp@ucpmichigan.org  
WEB [www.ucpmichigan.org](http://www.ucpmichigan.org)



## APPLICATION CHECKLIST

Please review each item and check off the box for completion. **You must submit ALL items in order for your loan to be processed.** Loan decisions are generally issued within two weeks but your loan decision will take longer if you do not send in all required information.

- Assistive Technology Explanation (enclosed)
- Loan Application (enclosed)
- Budget Work Sheet (enclosed) – If applying with a co-applicant, specify if worksheet is filled out for applicant only or applicant and co-applicant
- Acknowledgment and Waiver and Authorization to Release Information (enclosed)
- Proof of Income: This may be a copy of your pay stub, benefit letter, or other statement that can verify income – all income reported must be verified in writing in order to count as income
- Proof of Identity & Residency: This must be a copy of your valid picture ID (Michigan driver's license or State of Michigan ID) with current address. **The address on your ID must match the address on your loan application.**
- Copy of your social security card. You may submit another form of ID with your name and social security number on it if you do not have a copy of your card.
- Price quotes for all items to be purchased or modifications to be completed as well as price quotes for any training needed to use the equipment purchased with the Loan Funds.

This estimate should come from a vendor/seller of the equipment or service and should include exact specifications whenever possible. If you're applying for a modified vehicle, your price quote must include the make, model, model year and mileage of the vehicle. *Vehicle loans should not exceed the blue book value of the vehicle.*

- Written proof of funding from other sources, if applicable. If your funding is contingent on this loan, please tell us that and let us know the name and number of the person at the funding agency.

***If you are applying for a modified vehicle and your loan is approved, you must provide proof of full coverage insurance before closing on the loan. Full coverage insurance must be maintained throughout the life of the loan.***

***If your loan is approved, you will be required to provide a check or money order in the amount of \$5.00 made payable to Option 1 Credit Union.*** This \$5.00 will go into a permanent share account in your name. You can use the account as you would any savings account or you can get the \$5.00 back once your loan is paid in full.

**Mail completed application to the Application Site closest to you.**

**See enclosed list (Pgs. 9 and 10) of Application Sites for address or call 1.800.828.2714 to find out where to mail your complete loan application.**



## ASSISTIVE TECHNOLOGY EXPLANATION

**Note:** This form is not required by our credit union partner, nor is it submitted to them. The MATLF is funded in part by a grant from the U.S. Department of Education's Rehabilitation Services Administration. In order to comply with federal requirements, the MATLF is required to ask you the following questions. Your answers may be reviewed by the Loan Committee as part of the loan review process. All identifying information is removed prior to review. (Please attach a separate page if necessary).

1. The person providing this information is the:  AT User  Representative of AT User
2. The AT User is:  Male  Female
3. AT User's Date of Birth: \_\_\_\_\_  
(Month/Date/Year)
4. Describe the AT User's Disability:
5. For what type of AT are you currently seeking funding? (Check all that apply)

<input type="checkbox"/> Vision	<input type="checkbox"/> Environmental adaptations and home modifications
<input type="checkbox"/> Hearing	<input type="checkbox"/> Vehicle modifications and transportation
<input type="checkbox"/> Speech Communication	<input type="checkbox"/> Computer and related
<input type="checkbox"/> Learning, cognition, and developmental	<input type="checkbox"/> Recreation, sports, and leisure
<input type="checkbox"/> Mobility, seating, and positioning	<input type="checkbox"/> Other, please specify:
<input type="checkbox"/> Daily Living	
6. Which of your abilities will be affected by the AT requested? (Check all that apply)

<input type="checkbox"/> Seeing	<input type="checkbox"/> Learning new information
<input type="checkbox"/> Hearing	<input type="checkbox"/> Remembering
<input type="checkbox"/> Talking/communicating	<input type="checkbox"/> Interacting with others/socializing
<input type="checkbox"/> Getting around/mobility	<input type="checkbox"/> Other (please describe):
<input type="checkbox"/> Handling objects/reaching	<input type="checkbox"/> No Response
7. How will the AT accommodate your disability and improve your independence, productivity, or quality of life?
8. Have you used or tried this AT before? If not, how do you know this AT will work for you?



## BUDGET WORKSHEET

**Note:** The MATLF uses this form to make its decision on your loan request. This form should be filled out for all applicants. This form is not required by the credit union nor is it sent to them. It is intended to help you decide if you will have enough money each month to make a new loan payment.

This form is completed for:       Applicant Only                       Applicant & Co-Applicant

ESTIMATED MONTHLY EXPENSES FOR APPLICANT	AMOUNT
Rent or House (Mortgage) Payment	\$
Utilities (Electric, Gas for Home, Water)	\$
House/Renter's Insurance	\$
Property Taxes – include association dues if necessary	\$
Home Maintenance	\$
Current Car Payment and Insurance Amount – if selling or trading in vehicle, write that here: _____	\$
New Car Payment and Insurance Amount (if loan is approved)	\$
Car Maintenance (oil, filters, etc.)/Repairs – include amount for gas	\$
Food/Household Goods	\$
Clothing/Laundry/Dry Cleaning	\$
Telephone/Cell Phone	\$
Medical (glasses, prescriptions) – premiums/co-pays	\$
Bus Fare/Other transportation costs	\$
Child Care/Baby Sitting	\$
Pets/Pet Care	\$
Personal Care (haircuts, makeup, etc.)	\$
Entertainment (travel, eating out, cigarettes, alcohol, video rentals, movies, cable TV, Satellite, Internet, other hobbies)	\$
Monthly credit card payments & revolving debt	\$
Birthday and Holiday Presents	\$
Other	\$
Charitable Contributions/Memberships	\$
<b>Total of All Monthly Bills</b>	<b>\$</b>
<b>GROSS MONTHLY INCOME (enter from application)</b>	<b>\$</b>
<b>NET MONTHLY INCOME (subtract total of all monthly bills from Gross Monthly Income)</b>	<b>\$</b>



### MATLF LOAN APPLICATION

The boxes below must be completed before your loan application can be processed.



Date of Application:		Loan Amount/Credit Limit Requested:	
Whose income will be used to process this funding request?		<input type="checkbox"/> Assistive Technology (AT) User <input type="checkbox"/> Parent/Guardian of AT User <input type="checkbox"/> Authorized Representative of AT User <input type="checkbox"/> Combined Financial Information	
<b>APPLICANT INFORMATION</b>		<b>CO-APPLICANT INFORMATION</b>	
Legal Name:		Legal Name:	
Married applicants may apply separately. Check the box below to indicate the type of credit you are requesting: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit		Complete this box for Joint or Secured Credit: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unmarried	
Address:		Address:	
City/State/Zip Code:		City/State/Zip Code:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:
County:	Birth Date:	County:	Birth Date:
Social Security Number:		Social Security Number:	
Rent/House Payment: Per Month	Home Loan Balance:	Rent/House Payment: Per Month	Home Loan Balance:
Years There:		Years There:	
Mortgage Holder/Landlord:		Mortgage Holder/Landlord:	
Person Responsible for House/Rent Payment:		Person Responsible for House/Rent Payment:	
MI Driver's License or MI State ID Number:		MI Driver's License or MI State ID Number:	
U.S. Citizen or Permanent Resident? <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other		U.S. Citizen or Permanent Resident? <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other	

APPLICANT INFORMATION		CO-APPLICANT INFORMATION	
Have you ever obtained a credit card under another name?			
<input type="checkbox"/> Yes, Name: _____		<input type="checkbox"/> Yes, Name: _____	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Have you ever filed for bankruptcy or had something repossessed?			
<input type="checkbox"/> Yes, Year Filed: _____		<input type="checkbox"/> Yes, Year Filed: _____	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Are you a co-maker, co-signer, endorser, or guarantor on any loan or note?			
<input type="checkbox"/> Yes		<input type="checkbox"/> Yes	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Does any member of your family belong to Option 1 Credit Union?			
<input type="checkbox"/> Yes, Name: _____		<input type="checkbox"/> Yes, Name: _____	
<input type="checkbox"/> No		<input type="checkbox"/> No	
Personal Reference Name:		Personal Reference Name:	
Relationship to You:	Phone:	Relationship to You:	Phone:
Address:		Address:	
City/State/Zip:		City/State/Zip:	
SOURCE OF INCOME			
APPLICANT INFORMATION		CO-APPLICANT INFORMATION	
<b>Notice:</b> Alimony, child support, or separate maintenance income need not be revealed if you do not have it considered as a basis for repaying this loan.			
<b>You must provide copies of pay stubs, benefit letters, or bank statements.</b>			
Income (List separately):	Source (List All):	Income (List separately):	Source (List All):
Total Income:		Total Income:	
Income is : <input type="checkbox"/> Annual <input type="checkbox"/> Per Month <input type="checkbox"/> Per Hour		Income is : <input type="checkbox"/> Annual <input type="checkbox"/> Per Month <input type="checkbox"/> Per Hour	

EMPLOYMENT INFORMATION	
APPLICANT INFORMATION	CO-APPLICANT INFORMATION
<b>If you have employment income complete the section below:</b>	<b>If you have employment income complete the section below:</b>
Employer Name:	Employer Name:
Employment Is (check all that apply): <input type="checkbox"/> Full time <input type="checkbox"/> Part time, hours: _____ <input type="checkbox"/> Seasonal, Months Worked: _____	Employment Is (check all that apply): <input type="checkbox"/> Full time <input type="checkbox"/> Part time, hours: _____ <input type="checkbox"/> Seasonal, Months Worked: _____
Employer Address:	Employer Address:
Supervisor Name:	Supervisor Name:
Work Phone:	Work Phone:
How long have you worked there?	How long have you worked there?
Most Recent Prior Employer:	Most Recent Prior Employer:
Address:	Address:
Supervisor Name:	Supervisor Name:
Phone:	Phone:

In the next section, write down each piece of equipment that you'd like to buy with this loan. A written price quote with the seller's name, address, phone and detailed information about the item listed must be included with this application. If your loan is approved, your loan check will be written jointly to the seller of the equipment listed on the price quote and to you.

**Your loan will not be processed without a written price quote.**

*However, if you want to buy a vehicle and you want to know the loan amount you might qualify for prior to shopping for a vehicle, check the box below and we will process your loan decision without a written price quote. You will have to submit a written price quote before you can close on your loan.*

I would like to know how much I qualify for prior to shopping for a modified vehicle.

LOAN REQUEST INFORMATION		
Description of AT Equipment/Training for which loan is requested:		Cost Estimate:
<b>Total amount of loan requested (be sure to include all applicable fees):</b>		
<p>How will you make your loan payments to the credit union each month?</p> <input type="checkbox"/> I will send a check or money order <input type="checkbox"/> I would like to set up an automatic payment from my <input type="checkbox"/> Primary Share/Savings Account <input type="checkbox"/> Checking Account		
<p><b>If applying for a modified vehicle loan, and your loan is approved you must provide proof of full coverage insurance before closing on the loan. Full coverage insurance must be maintained throughout the life of the loan. Enter the vehicle information below:</b></p>		
Vehicle Year:	Vehicle Make:	Vehicle Model:
Purchase Price:	Down Payment (if any):	Trade in Payment (if any):
<p>To buy a vehicle using the MATLF it must be modified. This vehicle will be: (check one)</p> <input type="checkbox"/> Modified – I will pay for modifications with this loan. <input type="checkbox"/> Modified from another funding source, list source: _____ <i>(You will need to provide proof of funding if funding will be from another source).</i>		
PAYMENT PROTECTION COVERAGE		
<p><b>The Credit Union will discuss the cost of this voluntary insurance with you if you check “yes.” You will need to sign a separate insurance election form that discloses the terms and conditions for coverage to become effective.</b></p>		
Do you want your loan protected for you and your family if you acquire a disability?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you want your loan protected for you and your family in the event of your death?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Application Received By:

\_\_\_\_\_  
MATLF Loan Fund Manager

Date: \_\_\_\_\_



**Acknowledgment and Waiver and Authorization to Release Information**

I promise that everything I have stated in this application is correct to the best of my knowledge. If there are any important changes, I will notify the Michigan Assistive Technology Loan Fund (MATLF) and Option 1 Credit Union (Option 1 CU) in writing immediately. I also agree to notify the MATLF and Option 1 CU of any change in my name, address or employment within a reasonable time thereafter.

I authorize the credit union to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If I request, the credit union will tell me the name and address of any credit bureau from which it received a credit report on me. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on any loan application made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA.

I understand that if the piece of equipment breaks or is otherwise inoperable, I am still required to repay this loan. I understand that it is my choice to purchase this piece of equipment.

I understand that Option 1 CU and the MATLF are not recommending the specific equipment for which I am requesting a loan. I understand that OPTION 1 CU and the MATLF are not responsible if the equipment does not work for me. I understand that OPTION 1 CU and the MATLF are not responsible for training me to use the equipment I want to purchase. I understand that obtaining this loan does not imply any type of warranty of the equipment that I purchase with the loan. Therefore, I can make no claims against OPTION 1 CU or the MATLF for defects in the device or for any accident or injury resulting from its use.

Since OPTION 1 CU and United Cerebral Palsy of Michigan (UCP Michigan) have entered into an agreement to administer the Michigan Assistive Technology Loan Fund, I authorize OPTION 1 CU to furnish to UCP Michigan any information about me or my account, which OPTION 1 CU would give to me in the normal course of a business relationship.

I understand that the MATLF and Option 1 CU will rely on the information in the request and my credit report to make its decision.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-applicant

\_\_\_\_\_  
Date

**Mail your loan application to the application site that serves your county. If you're unsure where to send it, call 1.800.828.2714 and someone will help you.**

**Ann Arbor Center for Independent Living**

Serves Livingston and Washtenaw Counties

Attn: MATLF Contact

3941 Research Park Dr.

**Ann Arbor, MI 48108**

Phone: 734-971-0277

Fax: 734-971-0826

**Blue Water Center for Independent Living**

Serves Huron, Lapeer, Saint Clair, Sanilac, and Tuscola Counties

Attn: MATLF Contact

310 Water St.

**Port Huron, MI 48060**

Phone: 810-987-9337

Fax: 810-987-9548

**Capital Area Center for Independent Living**

Serves Clinton, Eaton, Ingham, Ionia, and Shiawassee Counties

Attn: MATLF Contact

1048 Pierpoint, Suite 9-10

**Lansing, MI 48911**

Phone: 517-241-0404

Fax: 517-241-0438

**Tri-County Office on Aging**

Serves Clinton, Eaton, and Ingham Counties

Attn: MATLF Contact

5303 S. Cedar St.

**Lansing, MI 48911**

Phone: 1-800-405-9141 or 517-877-1440

Fax: 517-887-8071

**Community Connections**

Serves Berrien and Cass Counties

Attn: MATLF Contact

133 E. Napier, Suite #2

**Benton Harbor, MI 49022**

Phone: 269-925-6422

**Disability Advocates of Kent County**

Serves Ionia, Kent, and Montcalm Counties

Attn: MATLF Contact

3600 Camelot Drive SE

**Grand Rapids, MI 49548**

Phone: 616-949-1100

Fax: 616-949-7856

**Disability Connection**

Serves Lake, Mason, Mecosta, Muskegon, Newaygo, and Oceana Counties

Attn: MATLF Contact

1871 Peck

**Muskegon, MI 49441**

Phone: 231-722-0088

Fax: 231-722-0066

**Disability Network/ Flint**

Serves Genesee County

Attn: MATLF Contact

3600 S Dort Hwy., Suite 54

**Flint, MI 48507**

Phone: 810-742-1800 x. 317

Fax: 810-742-2400

**Disability Network Lakeshore**

Serves Allegan and Ottawa Counties

Attn: MATLF Contact

426 Century Lane

**Holland, MI 49423**

Phone: 616-396-5326

**Disability Network of Mid-Michigan**

Serves Arenac, Bay, Clare, Gladwin, Gratiot, Iosco, Isabella, Mecosta, Midland, Ogemaw, and Saginaw Counties

Attn: MATLF Contact

1160 James Savage Road, Suite C

**Midland, MI 48640**

Phone: 989-835-4041

**Disability Network Northern Michigan**

Serves Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Kalkaska, Lake, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Osceola, Oscoda, Otsego, Presque Isle, Roscommon, and Wexford Counties

Attn: MATLF Contact  
2301 Garfield, Suite A  
**Traverse City, MI 49686**  
Phone: 231-922-0903

**Disability Network of Oakland and Macomb**

Serves Macomb and Oakland Counties

Attn: MATLF Contact  
16645 15 Mile Road  
**Clinton Township, MI 48035**  
Phone: 586-268-4160  
Fax: 586-268-4720

**Disability Network/Southwest Michigan**

Serves Allegan, Barry, Branch, Calhoun, Kalamazoo, Saint Joseph, and Van Buren Counties

Attn: MATLF Contact  
517 E. Crosstown Parkway  
**Kalamazoo, MI 49001**  
Phone: 269-345-1516 or 800-394-7450  
Fax: 269-345-0229

**Disability Network/Wayne County – Detroit**

Serves Wayne County  
Attn: MATLF Contact  
5555 Connor Ave  
Suite 2075  
**Detroit, MI 48213**  
Phone: 313-923-1655

**Monroe Center for Independent Living**

Serves Monroe County  
Attn: MATLF Contact  
40 N. Roessler Street  
**Monroe, MI 48162**  
Phone: 734-242-5919

**Northeast Michigan Community Service Agency (NEMCSA)**

Serves Alpena, Arenac, Bay, Cheboygan, Clare, Gladwin, Huron, Iosco, Lapeer, Mecosta, Midland, Montmorency, Oceana, Ogemaw, Osceola, Presque Isle, Roscommon, Sanilac, and Tuscola Counties

Attn: MATLF Contact  
2375 Gordon Road  
**Alpena, MI 49707**  
Toll-free Phone: 800-219-2273  
Phone: 989-356-3474 x. 272  
Fax: 989-354-6913

**Superior Alliance for Independent Living**

Serves Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties

Attn: MATLF Contact  
129 W. Baraga Ave. Suite H  
**Marquette, MI 49855**  
Phone: 906-228-5744  
Fax: 906-228-5573

**UCP of Metropolitan Detroit**

Serves Wayne, Oakland, and Macomb Counties  
Attn: MATLF Contact  
23077 Greenfield, Suite 205  
**Southfield, MI 48075**  
Phone: 248-557-5070 x 223  
Fax: 248-557-4456

**UCP Michigan, Assistive Technology Center**

Serves Upper Peninsula  
Contact: Sara Menzel  
321 E. Ohio Street  
**Marquette, MI 49855**  
Phone: 906-226-9903  
Fax: 906-226-9905