



Box K091  
Richmond Virginia 23288-0300  
**(804) 662-9000 (V/T) (804) 662-9533 (Fax)**

---

## **Loan Fund Information Sheet**

The Assistive Technology Loan Fund (ATLFA) makes low-interest loans to qualifying borrowers. Qualifying borrowers must demonstrate that the purchase of assistive technology equipment will help one or more Virginians with disabilities become more independent or more productive members of the community. The Authority will review applications not approved by the bank for consideration under its loan guarantee program.

Qualifying borrowers must meet the ATLFA criteria of being creditworthy and able to repay the loans. Note: the Assistive Technology Loan Fund Authority will not approve loan refinancing.

**Applications for auto, truck or van loans that do not require modifications (such as hand controls, ramps or wheelchair lifts) or computers which do not include modifications (voice input/output, large print/Braille output) are not considered to be assistive technology by the Board of Directors. These are not eligible for guaranteed loans by the ATLFA without a written recommendation from an occupational therapist, physician or other licensed professional, as appropriate.**

### **Loan Application Instructions**

Complete the Assistive Technology Loan Fund Authority Personal Credit Application and the SunTrust Loan Application Form. Answer all questions on both forms. Mail both of the application forms to the:

**Assistive Technology Loan Fund Authority  
Box K-091  
Richmond, Virginia 23288.**

Eligible applications will be sent to SunTrust Bank. The bank will notify you of its decision. You may call SunTrust Bank toll-free at 800-428-4837 to learn if your application has been approved.

Applications not approved by the bank will be reviewed for a possible ATLFA guaranteed loan. If the bank or ATLFA approves your loan, you may close the loan in the most convenient SunTrust office.

If you need assistance in either completing the application or in device selection, call (804) 662-9000, a Consumer Counselor may be assigned to assist you with the process.



ASSISTIVE TECHNOLOGY LOAN FUND AUTHORITY

Assistive Technology Loan Fund Authority

Box K-091

Richmond, Virginia 23288

(804) 662-9000

(804) 662-9000(TTY)

## **Loan Fund Personal Credit Application**

All information on this application form is strictly confidential and will only be used to determine your need for and ability to repay this loan. Borrowers must demonstrate the ability to repay the loan.

Completion of this form does not guarantee that a loan will be granted.

***Please print or type***

Person with a Disability: \_\_\_\_\_

Borrower's Name (if different) \_\_\_\_\_

Describe what you plan to purchase (include brand name). \_\_\_\_\_

\_\_\_\_\_

Describe the disability. \_\_\_\_\_

\_\_\_\_\_

Describe how the disability limits your employment/education/ independence.

\_\_\_\_\_

\_\_\_\_\_

Explain why the equipment will help you with your employment /education/ independence.

\_\_\_\_\_

\_\_\_\_\_

What is the cost of the equipment? \$ \_\_\_\_\_

Will family member or insurance pay for part of the cost of equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

Amount of loan requested: \$ \_\_\_\_\_

How did you hear about the ATLFA? \_\_\_\_\_

**ATLFA Application - Page 2**

Name of the company / person I am buying the equipment from:

---

**I authorize the Authority to share all financial, credit, and other pertinent information with SunTrust for loan approval and loan maintenance purposes.**

**Initials:** \_\_\_\_\_

**I understand the bank will provide me with a decision on my application in 30 days or less. However, I agree to waive the right to a decision in 30 days or less should a loan guarantee be required from the ATLFA.**

**Initials:** \_\_\_\_\_

I have read and understood this application, everything that I have stated is correct to the best of my knowledge. I understand that the ATLFA will retain this application whether or not it is approved. I agree to notify the ATLFA, in writing, of any change of name, address, or employment.

**Should the Assistive Technology Loan Fund Authority guarantee my loan and make a payment on my behalf, either partial or in full, I understand that I am obligated to repay that amount of money to the ATLFA.**

The ATLFA is authorized to check my credit and to make all inquiries necessary to verify the accuracy of the information provided. Information obtained will be used to review and approve or deny the application for credit. By signing below, I authorize all persons inquired of to respond in full to the Assistive Technology Loan Fund Authority, also I authorize you to answer questions about your credit experience with me.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

---

If you are not registered to vote where you live now, would you like to apply to register to vote today?

- No, I do not want to register to vote.                       Yes, I would like to register to vote.

If you wish to register, we will send you a Voter Registration Application Form. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private if you desire.

**If you do not check any box, you will be considered to have decided not to register to vote at this time. Applying to register to vote or declining to register to vote will not affect the assistance or services that you will be provided by this agency.**