



## **Loan Pre-Application for Alternative Financing Program and Telework Program**

Thank you for requesting a loan application for the Alternative Financing Program and Telework Program. Please read through the application carefully and answer each question completely. The information contained herein should help you complete the application process. If you have any further questions or need assistance with the application process please contact, The Abilities Fund, 307 North 13<sup>th</sup> Street, Suite 500, Centerville, Iowa 52544 or leave a message at Toll Free 1.888.222.8943 ext. 225 or email: [claudiahollatz@abilitiesfund.org](mailto:claudiahollatz@abilitiesfund.org).

**Step One:** Determine which of the following programs best fits your needs:

I. **Iowa Alternative Financing Program**

**Purpose:** Loan funds used to obtain home modifications and assistive technology equipment and services to become more independent and productive

**Who is eligible for a loan through the Alternative Financing Program?**

Individuals with disabilities, their guardians, family members, advocates and authorized representatives who are residents of the State of Iowa at the time of application are eligible to apply to the Alternative Financing Program. No applicant will be denied funding or services based on age, race, creed, gender, religious affiliation, type or nature of disability.

**What can I borrow money for?**

In the Alternative Financing Program, funds may be used for home building modifications, worksite or school modifications, seating or positioning equipment, mobility equipment adapted transportation or vehicle modifications, alternative/augmentative communication devices, computer and related equipment, computer access hardware, environmental control devices, medical/rehabilitation technology, hearing and vision aids, recreation aids, farm machinery adaptations, daily living/personal care, and other uses deemed appropriate by program staff and advisory board.

## II. Iowa Telework Lending Program

**Purpose:** Loan funds used for the purchase computers, software, peripherals and other equipment deemed necessary to become employed or self-employed through a home based or Telework setting.

### Who is eligible for a loan through the Telework Lending Program?

Individuals with disabilities who are residents of the State of Iowa or their guardians, family members, employers, advocates and authorized representatives are eligible to apply to the Telework Program. No applicant will be denied funding or services based on age, race, creed, gender, religious affiliation, type or nature of disability. Further eligibility will be determined as to the likelihood of these funds to adequately secure employment or develop a self employment venture at a level of sufficiency necessary to repay loan funds.

### What can I borrow money for?

Equipment deemed by an employer as necessary for telecommuting, or equipment deemed by entrepreneur as necessary for home-based employment including computer and peripheral equipment, internet services, assistive technology hardware (AT), software, equipment and modifications to home-based work site to facilitate increased productivity.

## Iowa Alternative Financing Program and Telework Program Information

### How much money can I borrow, for how long and at what rate?

The minimum loan value is \$500. While there is no specific maximum limit to the loan amount, the amount of money a person can borrow is related to factors such as credit, ability to repay and debt to income ratio.

Loan repayment schedules will be termed at levels appropriate with the ability to repay and at interest rates dependent on the prior credit history and size of the loan request. Loan Program staff along with lending partners will work with you to determine the appropriate loan for your situation.

### Who approves the loan?

All pre-applications will be reviewed by the Iowa Able Foundation's community based organization partner, The Abilities Fund. Abilities Fund staff will review each application for completeness, obtain any additional or missing information, work with the consumer to ensure the requested home modifications, assistive technology, etc. to meet the needs of the consumer and the employment / self employment expectations for Telework applicants.

For loans under \$10,000, The Iowa Able Foundation can make direct loans to consumers. For loans greater than \$10,000, an application to a partner lending institution will be made. Final approval will be determined by the partner lending

institutions. The Iowa Able Foundation has the ability to utilize loan guarantees as requested by the partner lending institutions.

How do I apply?

Complete the attached pre application form and submit to:

**The Abilities Fund  
307 North 13<sup>th</sup> Street, Suite 500  
Centerville, Iowa 52544**

If you have any questions or need assistance with the application process please contact: Claudia Hollatz, The Abilities Fund, 307 North 13<sup>th</sup> Street, Suite 500, Centerville, Iowa 52544, or leave a message at Toll Free 1.888.222.8943 ext. 225 or email: [claudiahollatz@abilitiesfund.org](mailto:claudiahollatz@abilitiesfund.org)

## **Application Checklist**

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*Please review each item and check-off the box for completion.  
Send the document with the loan application.*

- |   |       |
|---|-------|
| <input type="checkbox"/> Part One: Applicant Information            | 4     |
| <input type="checkbox"/> Part Two: Loan Request                     | 5-6   |
| - For Telework Applicants only                                      | 7     |
| <input type="checkbox"/> Part Three: Financial Information          | 8-9   |
| <input type="checkbox"/> Part Four: Signatures and Certifications   | 10    |
| - Authorization for Credit Report                                   | 11    |
| <input type="checkbox"/> Part Five: AT User Survey and Release Form | 12-15 |





Please complete the table below concerning the alternative financing options you have explored related to this loan request.

*Check all that apply.*

*If the financing option is not applicable to this loan request write N/A.*

<b>Financing Option</b>	<b>Explored</b>	<b>Applied</b>	<b>Denied</b>
Self Pay			
Medicare			
Medicaid			
Medicaid Waiver			
Private Insurance			
State Vocational Rehabilitation Services			
State Developmental Disability Funds			
Early Childhood (infant/toddler 0-3) Funds			
School System Funding (K-12)			
Employer Funding			
Worker's Compensation			
Social Security Disability Insurance (SSDI)			
Supplemental Security Insurance (SSI)			
Traditional Bank Loan			
Loan or Gift from Family Member			
Foundation or Community Agency			

**For Telework Funding Program Applicants Only:**

a. What is the goal of the Telework loan request?

b. How will the loan request lead to employment / self-employment?

c. What is the nature of employment / self-employment sought? How many years experience does the applicant have in this field?

d. If applicable, is this application supported by an employer?

Yes       No

If yes, name of employer: \_\_\_\_\_

e. The Teleworker is: (*check one*)

Currently employed from home based setting

Currently employed moving to home based setting full time

Currently employed moving to home based setting part time

Currently self employed from home based setting

Seeking full time employment from home based setting

Seeking part time employment from home based setting

Seeking to be self employed from home based setting

## Part Three: Financial Data

### a. Whose income level is being used to process this funding request?

- AT User  
 Parent or Guardian of AT User  
 Employer of Teleworker  
 Authorized Representative of AT User/Teleworker  
 Combined Financial Information

### b. Estimated Net Worth. Please complete the table below.

Assets	Value	Liabilities	Balance
Cash on Hand	\$ _____	Mortgage	\$ _____
Personal Savings	\$ _____	Auto Loan	\$ _____
IRA & Retirement Accounts	\$ _____	Credit Cards	\$ _____
Life Insurance (Cash Surrender Value)	\$ _____	Personal Loans	\$ _____
IDA Account	\$ _____	Unpaid Taxes	\$ _____
Real Estate	\$ _____	Other Debt	\$ _____
Automobile(s) (current market value)	\$ _____		\$ _____
Other Assets: <i>Describe</i>	\$ _____		
	\$ _____	Total Debts	\$ _____
	\$ _____		
	\$ _____	Subtract Debts from Assets	
Total Assets	\$ _____	Net Worth	\$ _____

### c. Estimated Monthly Income. Please include all current sources of monthly income

Income Source	Amount
Wages/Earnings from Self-Employment (include spouse's income)	\$ _____
Supplemental Social Security Insurance (SSI)	\$ _____
Social Security Disability Insurance (SSDI)	\$ _____
General Assistance (i.e. money from family members)	\$ _____
Other Income (describe)	
_____	\$ _____
_____	\$ _____
Total Monthly Income	\$ _____



## Part 4: Certification and Signatures

I hereby certify that I have read and understood this loan application. I certify that the information contained in the application is accurate and complete. I understand that any incorrect or misleading information on the application and/or attachments could result in rejection of the loan request or termination of the loan.

I understand the information contained in the application will be used to review and approve or deny the loan request. I hereby authorize Iowa Able Foundation and any group affiliated with Alternative Financing Program or Telework Program to verify that the information contained in the loan application is correct.

I acknowledge that the Iowa Able Foundation may have access to this application and any other financial information attached to the application or obtained in reviewing the loan request.

I understand that Iowa Able Foundation or any group affiliated with Alternative Financing Program or Telework Lending Program is not responsible if the requested assistive technology does not function or is not suitable to my needs.

Name: (Please Print) \_\_\_\_\_

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

Signature: \_\_\_\_\_

# ALTERNATIVE FINANCING PROGRAM (AFP) & TELEWORK PROGRAM

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## AUTHORIZATION TO OBTAIN APPLICANT CREDIT REPORT

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Applicant Information	<b>Social Security Number:</b>
<b>Name</b>	_ _ _ - _ - _ _ _
Last                      First                      M.I.	

<b>Present Address</b>	<b>Previous Address if Less Than Two Years</b>

<b>Date of Birth:</b>
Month(MM)      Day(DD)              Year (YYYY)

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## PURPOSE FOR CREDIT INFORMATION

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The report is used to review the applicant's loan request to the Alternative Financing Program or the Telework Program.

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## APPLICANT AUTHORIZATION

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I hereby authorize The Iowa Able Foundation and its authorized representatives to obtain a credit report for the purposes indicated above and authorize its release as above.

X \_\_\_\_\_  
**Signature**
**Date**

## Part 5: Assistive Technology User Information

### Release of Information for Required Data Collection Form

The loan for which you are applying is provided through the Alternative Financing Program (AFP) or the Alternative financing Telework Fund (ATF) program. The federal sponsors of these programs (National Institute of Disability and Rehabilitation Research and the Rehabilitation Services Administration) require that your state program, The Iowa Able Foundation, submit certain information to ensure that the money being invested in the programs is being delivered equitably and to demonstrate the outcomes of the program. Information being collected includes: individual information (e.g., age, race, sex, primary language spoken, and geographic location), type of technology and equipment being requested, information about the loan and loan terms, and information about how the financing and technology received have worked for you and your overall satisfaction with the program.

The federal government is working with the Rehabilitation Engineering and Assistive Technology Society of North America (RESNA), the University of Illinois at Chicago (UIC) and your state program to submit this information to a secure, web-based data system. All personally identifying information about you is removed, and summary results are then made available to the public at an accessible website.

As part of this data collection process, we would like to invite you to participate in two interviews to provide information: one interview at the time of your initial application, and another follow-up interview (done at 1 month post if funding was denied or not accepted, done at 6 months post if funding was approved and accepted). The initial interview will be completed with a representative from your state program. After the loan decision has been made, personnel from UIC will contact you at a future date for a follow-up phone interview to discuss the impact of the loan program and your feedback about the process. During both of these interviews, you are free to refuse to answer any questions you do not want to answer. You have the right to decline to participate. All responses will be kept confidential and you will not be identified by name or other personally identifying information within the database or in any reports. Your decision to participate or not in this evaluation process will not effect your loan application or participation in other programs.

**Release of Information:** I consent to releasing this federally required information into the secure database maintained at UIC. I understand that the information submitted will NOT contain my name, address or any other identifying information, and contact information is requested only for UIC to do the follow-up interview with me.

I consent to releasing all required information.

Contact Information for Follow-up Interview by UIC:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_  
Signature of Loan Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
State Program Witness

\_\_\_\_\_  
Date

### **Opportunity to Participate in Future Research**

Would you like to be added to a special database in order to be contacted for future related research projects related to assistive technology use? The database is secure and your name or other identifying information will NOT be released to anyone.

I'm interested in being contacted for future research projects

OR

I'm not interested in being contacted for future research projects

I give permission to add my information to the UIC research database.

\_\_\_\_\_  
Signature of Loan Applicant

\_\_\_\_\_  
Date

Please answer the questions below about the person who will be using the requested assistive technology. (Note AT=assistive technology)

- a. What is the gender of the AT User?     \_\_\_ Male   \_\_\_ Female
- b. What is the AT User's Race?           \_\_\_ White   \_\_\_ African- American  
  \_\_\_ Asian   \_\_\_ Hispanic  
  \_\_\_ Asian Indian  
  \_\_\_ Native American/ Alaskan Native  
  \_\_\_ Other: \_\_\_\_\_
- c. What is the AT User's Primary Language?   \_\_\_ English  
  \_\_\_ Spanish  
  \_\_\_ Other: \_\_\_\_\_
- d. What is the AT User's date of birth?   \_\_\_ / \_\_\_ / \_\_\_\_\_ (MM/DD/ YYYY)
- e. What is the nature of the AT user's disability? \_\_\_\_\_
- f. Does the AT User currently work for pay or profit?  
\_\_\_ Yes, full time (30+ hrs/wk)   \_\_\_ Yes, part time (29 or less hrs/wk)   \_\_\_ No
- g. Describe the community of the AT User?  
\_\_\_ Urban   \_\_\_ Suburban   \_\_\_ Rural   \_\_\_ Other: \_\_\_\_\_
- h. How did you hear about this loan program?  
\_\_\_ Advertising (e.g. radio, newspaper)  
\_\_\_ Information Received in the Mail  
\_\_\_ Information from the Internet  
\_\_\_ Referral from a disability-related agency  
\_\_\_ Referral from a professional (e.g. doctor)  
\_\_\_ Referral from a friend  
\_\_\_ Referral from a state technology program  
\_\_\_ Referral from an equipment vendor  
\_\_\_ Referral from a lending institution (e.g. bank)  
\_\_\_ Don't Know  
\_\_\_ Other

Note: In an effort to track long term goals of the Telework program, those accepting approved loans will be contacted on a yearly basis to obtain the following data:

- 1) Whether they are currently employed in a Telework setting or operating a home based business
- 2) Whether this employment or self-employment is the direct result of obtaining Telework financing
- 3) Whether or not additional financing was obtained to meet objectives
- 4) Source of additional financing
- 5) Current status of loan
  - Paid in full
  - Current
  - Past due
  - Delinquent
  - Defaulted
- 6) Current household income status compared to application status