

**WEST VIRGINIA TECHNOLOGY-RELATED ASSISTANCE
REVOLVING LOAN FUND APPLICATION**

CHECKLIST FOR THE REVOLVING LOAN	
Be sure to fully complete the application. Incomplete applications cannot be considered. Be sure to sign in both places.	
	PROOF OF IDENTITY – A copy of your driver’s license or non-driver identification issued by the Department of Motor Vehicles OR copy of passport OR current military ID or other proof of identity
	PROOF OF INCOME - This can be a paystub OR banking document OR other legal document showing proof of income.
	PROOF OF DISABILITY - A Statement from a physician or medical professional OR qualifying governmental representative such as a rehabilitation counselor, social worker, or related, OR licensed non-medical personnel in a specialty field such as speech language pathologist, audiologist, psychologist, or other licensed fields.
	INFORMATION/QUOTE/PRICING OF REQUESTED SERVICE OR DEVICE - For example: This can be a printout from the website you are ordering from, OR an estimate from contractor/other who is building/modifying OR the materials if labor is volunteer, an estimate from any supplier(s) of the item(s)/service(s) you are requesting OR any other written/printed estimate of costs.
	COMPLETED APPLICATION - <i>BE SURE TO SIGN IN BOTH PLACES WHERE INDICATED</i>
	COPY OF THIS CHECKLIST - Be sure to make yourself a copy of the application for your records prior to mailing.
Please enclose an APPLICATION FEE of \$20.00 made payable to WV REVOLVING LOAN FUND BOARD and return with the completed application and attachments to:	
Attn: Cynthia Lokey Rehabilitation Technology Unit WV Division of Rehabilitation Services 10 McJunkin Road Nitro, WV 25143	
If you need assistance in completing this application, please call: 304-760-7147	
<i>The Technology-Related Assistance Revolving Loan Fund provides loans for the provision of technology-related devices or technology-related service to improve the independence, quality of life, or productive involvement in the community of individuals with disabilities who are residents of West Virginia. A Qualifying Borrower is an individual with a disability, or their representative or guardian or caregiver, who is seeking a loan to provide the technology or technology related service indicated. Loans may be made for amounts from five hundred dollars to a maximum of five thousand dollars, for up to 90% of the cost of the technology related device(s) or service(s). Loans must be used to purchase item(s) indicated on loan application. THIS IS A LOAN AND MUST BE REPAID.</i>	

WEST VIRGINIA TECHNOLOGY-RELATED ASSISTANCE REVOLVING LOAN FUND APPLICATION

Applicant A			
Name (Last, First, Middle Initial)	Date of Birth	Social Security Number	Phone Number
Mailing Address including City, State, Zip	County of Residence	Years Lived Here	Other phone/contact information
Applicant A Income Information			
(Income from alimony, child support, or maintenance payments need not be revealed if you do not wish it to be considered as a basis for repaying this loan.) Gross Monthly is the amount of your income/check before any deductions. *Net Monthly is the amount you receive after taxes, but not including any other automatic payments taken out of your check.			
Employer and Employer Address	Employer Phone #	Gross Monthly	*Net Monthly
Other Income Source		Gross Monthly	*Net Monthly
Other Income Source		Gross Monthly	*Net Monthly
Is this a Joint Loan?	If no, skip Applicant B section. If yes, complete Applicant B section	Total Gross Monthly- Add previous three lines	Total Net Monthly- Add previous three lines
YES NO			
Have you filed Bankruptcy in the past ten years?	Do you have life Insurance?	Do you have accident and/or health insurance?	
YES NO	YES NO	YES NO	
Name, Address and Phone Number of nearest relative not living with you.			
Applicant B			
Name (Last, First, Middle Initial)	Date of Birth	Social Security Number	Phone Number
Mailing Address including City, State, Zip	County of Residence	Years Lived Here	Other phone/contact information
Applicant B Income Information			
(Income from alimony, child support, or maintenance payments need not be revealed if you do not wish it to be considered as a basis for repaying this loan.) Gross Monthly is the amount of your income/check before any deductions. *Net Monthly is the amount you receive after taxes, but not including any other automatic payments taken out of your check.			
Employer and Employer Address	Employer Phone #	Gross Monthly	*Net Monthly
Other Income Source		Gross Monthly	*Net Monthly
Other Income Source		Gross Monthly	*Net Monthly
Is this a Joint Loan?	If no, skip Applicant B section. If yes, complete Applicant B section	Total Gross Monthly- Add previous three lines	Total Net Monthly- Add previous three lines
YES NO			
Have you filed Bankruptcy in the past ten years?	Do you have life Insurance?	Do you have accident and/or health insurance?	
YES NO	YES NO	YES NO	
Name, Address and Phone Number of nearest relative not living with you.			

Financial Statement			
<i>Owned By</i>	Assets Owned	Value	
	Complete Each Line. Write N/A if not applicable. Indicated under "Owned by" by an A if owned by Applicant A, and by a B if owned by Applicant B. If the asset is a joint asset, indicate by putting an X .		
	Checking Account Number and Name of Bank		
	Checking Account Number and Name of Bank		
	Savings Account Number and Name of Bank		
	Savings Account Number and Name of Bank		
	Real Estate		
	Real Estate		
	Automobile		
	Automobile		
	Other Assets (EG: Cash Value Life Insurance Or Other Cash Value Investment Instruments)		
	Other Assets		
	Other Assets		
<i>Owed By</i>	Liabilities Owed	Balance	Monthly Payment
	Complete Each Line. Write N/A if not applicable. Indicate under "Owed by" by an A if owed by Applicant A, and by B if owed by Applicant B. If the debt is a joint debt, indicate by putting an X . You must list all debt and payment amounts. <i>For each debt owed, give the name and city, state of the company.</i>		
	Mortgage or Rent		
	Mortgage or Rent		
	Automobile		
	Automobile		
	Monthly Utilities		
	Monthly Utilities		
	Other Liabilities (EG: Alimony, Child Support, Student Loans, Court Ordered Payments, Medical Payments, Credit Card Payments)		
	Other Liabilities		
	Other Liabilities		
	Other Liabilities		
	Other Liabilities		
	Other Liabilities		

I (WE) CERTIFY THAT THE ABOVE INFORMATION GIVEN FOR THE PURPOSE OF OBTAINING CREDIT, IS TRUE AND CORRECT, AND I (WE) AUTHORIZE YOU TO OBTAIN SUCH INFORMATION AS YOU MAY REQUIRE CONCERNING THIS APPLICATION, AND AGREE THAT IT SHALL REMAIN YOUR PROPERTY WHETHER OR NOT THE LOAN IS GRANTED.

<i>APPLICANT A signature</i>	<i>DATE</i>
<i>APPLICANT B signature</i>	<i>DATE</i>

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(A) Describe your disability. Tell how the equipment/service you are requesting will help you in your employment, education, or independence; how will the requested item(s) help you?

(B) Vendors name, address, and phone number. Or, if a website, the website address. Attach quote/print out.

(C) Device/Service Price	Taxes/Other Charges	Down Payment	Total Amount Loan Requested

(D) Have you tried other resources for acquiring the device/service? YES NO
 If yes, please check box below.

<input type="checkbox"/>	Insurance	<input type="checkbox"/>	WV Div. of Rehabilitation Services	<input type="checkbox"/>	Independent Living Centers
<input type="checkbox"/>	Medicare	<input type="checkbox"/>	WV Dept. Health Human Res.	<input type="checkbox"/>	Non-Profit Charities
<input type="checkbox"/>	Medicaid	<input type="checkbox"/>	Other Government Funding	<input type="checkbox"/>	Private Resources
<input type="checkbox"/>	Other Health Provider	<input type="checkbox"/>	Department of Education	<input type="checkbox"/>	Specialized Disability Groups
<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>		<input type="checkbox"/>	Specialized Disability Provider

I (we) certify that the above information is true. I (we) are a person with a disability, or are seeking this loan to provide services for an individual with a disability. I (we) understand funds obtained under this loan are to be utilized for the purchase of the services/equipment as described above.

<i>APPLICANT A signature</i>	<i>DATE</i>
<i>APPLICANT B signature</i>	<i>DATE</i>

Please enclose an application fee of \$20.00 made payable to WV Revolving Loan Fund Board and return with the completed application and attachments to:

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