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 at the bottom of both pages 3 and 4.	
☐	**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 personnel in a specialty field such as speech language pathologist, audiologist, psychologist, or other licensed fields.
☐	**PROOF OF DISQUALIFICATION/REJECTION** - Attach TWO(2) of either: 1) A letter of rejection OR 2) Direct copy of qualifying criteria, and state the reason you are not eligible under the criteria, for assistance from another government program or other source offering services or aid for your need.
☐	**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** - *BE SURE TO SIGN IN BOTH PLACES WHERE INDICATED on Pages 3 and 4*
☐	**COPY OF THIS CHECKLIST** - Be sure to make yourself a copy of the application for your records prior to mailing.

Please enclose a check for the APPLICATION FEE of $5.00 made payable to **West Virginia Division of Rehabilitation Services** and return with the completed application and attachments to:

Attention: Cristine Watson
WV Division of Rehabilitation Services
State Capitol PO Box 50890
Charleston, WV 25305

Please email any questions to Cristine Watson at cristine.d.watson@wv.gov.

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.

WEST VIRGINIA TECHNOLOGY-RELATED ASSISTANCE REVOLVING LOAN FUND APPLICATION

Applicant A			
Name (Last, First, Middle Initial)	Date of Birth	Last 4 digits of Social Security No.	Phone Number
Mailing Address including City, State, Zip	County of Residence	Years Lived Here	Other contact information (phone/ email)

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 yes, complete Applicant B section. YES NO		**Total Gross Monthly** (Add previous three lines)	**Total Net Monthly** (Add previous three lines)

Have you filed Bankruptcy in the past ten years? YES NO	Do you have life Insurance? YES NO	Do you have accident and/or health insurance? YES NO

Monthly Expense Estimates:				No. of people in household:
Medical costs (including prescriptions): per mo.	Utilities: per mo.	Automobile Insurance: per mo.	Out of Pocket Food Cost (after assistance): Cost of Food: per mo.	Amount of Assistance (if any): per mo.

Name, Address and Phone Number of nearest relative not living with you.

Applicant B			
Name (Last, First, Middle Initial)	Date of Birth	Last 4 digits of Social Security No.	Phone Number
Mailing Address including City, State, Zip	County of Residence	Years Lived Here	Other contact information (phone/ email)

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 yes, complete Applicant B section. YES NO		**Total Gross Monthly** (Add previous three lines)	**Total Net Monthly** (Add previous three lines)

Have you filed Bankruptcy in the past ten years? YES NO	Do you have life Insurance? YES NO	Do you have accident and/or health insurance? YES NO

Monthly Expense Estimates:				No. of people in household:
Medical costs (including prescriptions): per mo.	Utilities: per mo.	Automobile Insurance: per mo.	Out of Pocket Food Cost (after assistance): Cost of Food: per mo.	Amount of Assistance (if any): per mo.

Name, Address and Phone Number of nearest relative not living with you.

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Financial Statement

Assets Owned					
Owner	Complete Each Line. Write "**N/A**" if not applicable. Indicate under "Owner" 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 a"**J**".				**Value**
	Checking Account	Name of Bank:			
	Checking Account	Name of Bank:			
	Savings Account	Name of Bank:			
	Savings Account	Name of Bank:			
	Real Estate	Description/Address:			
	Real Estate	Description/Address:			
	Automobile 1	Make	Model	Year	
	Automobile 2	Make	Model	Year	
	Other Assets (EG: Cash Value Life Insurance Or Other Cash Value Investment Instruments)				
	Other Assets	Describe:			
	Other Assets	Describe:			

Liabilites Owed			
Owed By	Complete Each Line. Write "**N/A**" if not applicable. Indicate under "Owed by" an "**A**" if owed by Applicant A, and a "**B**" if owed by Applicant B. If the debt is a joint debt, indicate by putting an "**J**". You must list all debt and payment amounts. For each debt owed, give the name and city, state of the company.	**Balance Due**	**Monthly Payment**
	Mortgage or Rent		
	Mortgage or Rent		
	Automobile 1 Loan		
	Automobile 2 Loan		
	Other Liabilities (EG: Alimony, Child Support, Student Loans, Court Ordered Payments, Medical Payments, Credit Card Payments)		
	Other Liability Describe:		
	Other Liability Describe:		
	Other Liability Describe:		
	Other Liability Describe:		
	Other Liability Describe:		

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.

APPLICANT A signature	*DATE*
APPLICANT B signature	*DATE*

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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?

(Attach additional sheet if necessary)

(B) Vendors name, address, and phone number. Or, if a website, the website address. (DOCUMENTATION MUST BE ATTACHED - See page 1)

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

(D)What other TWO sources have you tried for acquiring the device/service?

Check applicable boxes. For each box checked, DOCUMENTATION MUST BE ATTACHED. See page 1.

☐	Insurance	☐	WV Div. of Rehabilitation Services	☐	Independent Living Centers
☐	Medicare	☐	WV Dept. Health Human Res.	☐	Non-Profit Charities
☐	Medicaid	☐	Other Government Funding	☐	Private Resources
☐	Other Health Provider	☐	Department of Education	☐	Specialized Disability Groups
☐	Other (please specify)			☐	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.

APPLICANT A signature	*DATE*
APPLICANT B signature	*DATE*

Please enclose a check for the APPLICATION FEE of $5.00 made payable to **WV West Virginia Division of Rehabilitation Services** and return with the completed application and attachments to:

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