

North Dakota Alternative Financial Loan Program (AFLP)

Frequently Asked Questions (FAQs)

■ Who is eligible?

Any North Dakota resident with a disability who needs assistive technology (AT). Family members may apply on behalf of children or other family members with disabilities, as long as the device or service is for the use of the person with the disability. He or she must demonstrate the ability to repay a loan and that the loan will be used to purchase AT devices and/or services.

■ What is assistive technology?

Assistive technology is any device that helps a person with a disability achieve a more independent and productive life.

Loans may be used to purchase assistive technology devices and services, including but not limited to:

- Modified vehicles
- Home modifications (must own home)
- Computers and adaptive hardware/software
- Mobility items such as wheelchairs & walkers
- Environmental control devices such as voice activated appliance controls
- Augmentative Communication Devices
- Recreational/Leisure items such as adaptive fishing equipment
- Used AT Equipment (Loans will be granted only if accompanied by a written evaluation from an AT professional as to the value and condition of the device)
- AT Assessments
- Training on AT Devices
- Device repair and warranties

■ What is assistive technology service?

Assistive technology services are those services that help with the selection, acquisition or use of an assistive technology device. Services may include evaluating the needs of a person with a disability, training to use a particular device, maintaining and repairing a device (excluding vehicle maintenance), designing and building a device, or providing technical assistance for family members, personal care attendants, or employers.

■ How much can I borrow?

You may request loans between \$500 and \$50,000. Your ability to repay the amount requested will affect the approval of your loan.

■ What is the interest rate on these loans?

The rate changes from time to time, and is approximately 1% under prime.

■ How much time will I have to pay off a loan?

Re-payment terms are based on the expected useful life of the assistive technology device.

■ **How do you make decisions about my application?**

When the AFLP receives your application with supporting documents, we will first review it to make sure it is complete. We may request additional information. Once your application is complete, we will present it to Alerus Financial for a credit check.

If the bank is confident that you can repay your loan, your application will be approved within two weeks. Loan documents will be sent to you within a week after approval.

If the bank is concerned about your ability to repay your loan, it will ask the AFLP to guarantee your loan.

Whenever the bank requests the guarantee, the AFLP Review Committee must review your application and credit status and vote on whether to provide the guarantee. The nature and extent of your credit problems as well as the total dollar amount of the loan requested determine if the guarantee will be awarded. If the Review Committee approves the guarantee, your loan will be processed and documents will be sent to you within a week after approval of guarantee. All information you provide us will be treated with the utmost confidentiality.

■ **How long will it take?**

If the bank does not request access to the guarantee, we can usually process your completed application within two weeks of receipt. If the guarantee is requested, it will usually take approximately four weeks.

■ **If approved, how will I get the loan documents and the money?**

Applicant will be contacted to make arrangements to pick up loan documents. You need to review the loan terms carefully before signing the documents. A check for the amount of the loan will be sent to you after Alerus Financial receives the signed loan documents, usually in less than two weeks. The check will be made out to both you and your vendor or contractor.

■ **What happens if I have trouble repaying my loan?**

The AFLP wants to help you maintain your good credit while you repay your loan. If you have unexpected financial difficulties please immediately notify AFLP for assistance.

■ **What happens if I default (don't pay my loan)?**

If you don't repay your loan it will have a negative effect on your credit rating. Your non-payment will be listed on your credit report for seven years and will make it difficult for you to qualify for other loans. In addition, your loan may be sent to a collection agency.

■ **How do I get an application or more information?**

You may contact:

NDAD: 1-800-532-NDAD (6323) or visit www.ndad.org.

IPAT: 1-800-265-4728 or visit www.ndipat.org

Protection & Advocacy: 1-800-472-2670 or visit www.ndpanda.org



North Dakota Alternative Financial Loan Program:
Loan Application: Part 1
Basic Information



Return to NDAD, 2660 South Columbia RD, Grand Forks, ND 58201

Amount Requested _____

APPLICANT INFORMATION

Name (Last, First, Middle, Date of Birth: Month, Day, Year)
Address, County, Phone
City, State, Zip
Social Security Number, Occupation
Employer, Phone (), Years Employed
Employer Address, City, State, Zip
Relationship to the Person with a Disability: Self, Spouse, Child, Relative
Please Circle, Please Specify Relationship

CO-APPLICANT INFORMATION

Name (Last, First, Middle, Date of Birth: Month, Day, Year)
City, State, Zip
Social Security Number, Occupation
Employer, Phone (), Years Employed
Employer Address, City, State, Zip
Relationship to the Person with a Disability: Self, Spouse, Child, Relative
Please Circle, Please Specify Relationship

PERSON WITH THE DISABILITY (If this is the applicant or co-applicant, please move to the next section.)

Name (Last, First, Middle, Date of Birth: Month, Day, Year)
Address, County, Phone
City, State, Zip
Social Security Number, Occupation
Employer, Phone (), Years Employed
Employer Address, City, State, Zip
Relationship to the Applicant: Self, Spouse, Child, Relative
Please Circle One, Please Specify Relationship



North Dakota Alternative Financial Loan Program:

Loan Application: Part 2 - 1

Information Regarding Person with Disability



***Please attach more sheets, if needed.**

Describe the disability.

Tasks the individual is unable to do or has difficulty doing without the device.

Device(s) Recommendation & Cost(s)

Vendor Name and Addresses

How did you determine that this is the technology that you need? Did you have an assessment or did someone help you? If so, who _____? (Please attach any reports if applicable.)

Did you try other similar devices? If so, what were they?

Will you need training or assistance with installation, customization, or other services to begin using this assistive technology device? ___Yes or ___No. If yes, please state what you will need and whether you have resources to cover these costs.

Have you tried any other sources of funding to purchase this assistive technology? ___Yes or ___No

If Yes, please check all that apply and explain what happened. ___Medicaid ___Medicare ___School District ___Insurance ___Vocational Rehabilitation ___Private Funds and/or Donations ___Veterans Administration.

If No, would you like help in finding other funding sources before taking out a loan? ___Yes or ___No

How did you hear about the North Dakota Alternative Financial Loan Program?



North Dakota Alternative Financial Loan Program:

Loan Application: Part 2 - 2
Information Regarding Person with Disability



Certification

I certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

I further understand that issuance of a loan does not imply any type of warranty of the device or equipment that I purchase with the loan. Therefore, I can make no claims against the AFLP for defects in the device or any accident or injury resulting from its use.

Signature of Applicant

Signature of Co-Applicant

Individual with Disability
or Parent/Guardian Signature

Date

Date

Date

*** Signatures must be written in Ink!**



North Dakota Alternative Financial Loan Program:

Loan Application: Part 3 -1

Financial Information-Monthly Income



<i>Applicant</i>	Gross Amount for 1 month	<i>Co-Applicant</i>	Gross Amount for 1 month	<i>Person with Disability</i>	Gross Amount for 1 month
Employment (before tax income)	\$	Employment (before tax income)	\$	Employment (before tax income)	\$
Social Security Supplemental Income (SSI)	\$	Social Security Supplemental Income	\$	Social Security Supplemental Income	\$
Social Security Disability Insurance (SSDI)	\$	Social Security Disability Insurance	\$	Social Security Disability Insurance	\$
Pension/Retirement	\$	Pension/Retirement	\$	Pension/Retirement	\$
Disability Benefits	\$	Disability Benefits	\$	Disability Benefits	\$
Unemployment Insurance	\$	Unemployment Insurance	\$	Unemployment Insurance	\$
Rental Income	\$	Rental Income	\$	Rental Income	\$
Child Support	\$	Child Support	\$	Child Support	\$
Alimony	\$	Alimony	\$	Alimony	\$
Interest Income	\$	Interest Income	\$	Interest Income	\$
Fuel Assistance	\$	Fuel Assistance	\$	Fuel Assistance	\$
Housing Assistance	\$	Housing Assistance	\$	Housing Assistance	\$
Family Subsidy	\$	Family Subsidy	\$	Family Subsidy	\$
TANF	\$	TANF	\$	TANF	\$
Home Health Income	\$	Home Health Income	\$	Home Health Income	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

NOTE: Alimony, Child Support or Separate Maintenance Income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

<i>Applicant</i>	Amount	<i>Co-Applicant</i>	Amount	<i>Person with Disability</i>	Amount
Current Amt. in Checking Acct.	\$	Current Amt. in Checking Acct.	\$	Current Amt. in Checking Acct.	\$
Current Amt. in Savings Acct.	\$	Current Amt. in Savings Acct.	\$	Current Amt. in Savings Acct.	\$



North Dakota Alternative Financial Loan Program:
 Loan Application: Part 3 - 2
 Financial Information-Monthly Payments



<i>Applicant</i>	<i>Monthly Payments</i>	<i>Co-Applicant</i>	<i>Monthly Payments</i>	<i>Person with Disability</i>	<i>Monthly Payments</i>
Car Loan	\$	Car Loan	\$	Car Loan	\$
Mortgage/Rent	\$	Mortgage/Rent	\$	Mortgage/Rent	\$
Phone	\$	Phone	\$	Phone	\$
Cable	\$	Cable	\$	Cable	\$
Heat	\$	Heat	\$	Heat	\$
Utilities	\$	Utilities	\$	Utilities	\$
Car Insurance	\$	Car Insurance	\$	Car Insurance	\$
Health Insurance	\$	Health Insurance	\$	Health Insurance	\$
Homeowners/Rental Insurance	\$	Homeowners/Rental Insurance	\$	Homeowners/Rental Insurance	\$
Childcare	\$	Childcare	\$	Childcare	\$
Child Support	\$	Child Support	\$	Child Support	\$
Alimony	\$	Alimony	\$	Alimony	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Leases	\$	Leases	\$	Leases	\$
Food	\$	Food	\$	Food	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Medical Payments	\$	Medical Payments	\$	Medical Payments	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

<i>Applicant</i>	<i>Answer</i>	<i>Co-Applicant</i>	<i>Answer</i>
Can you afford a monthly payment?	Yes or No Circle One	Can you afford a monthly payment?	Yes or No Circle One
If Yes, how much?	\$	If yes, how much?	\$

ALERUS FINANCIAL LOAN APPLICATION

Amount Requested: \$ _____ Loan Purpose: _____

I am applying for individual credit. _____ (initials) We are applying for joint credit. _____ (initials)

APPLICANT INFORMATION:

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Social Security #: _____

Marital Status*: Married Separated Unmarried (single, divorced, widowed)

**Complete marital status only if for joint or secured credit, or applicant resides in a community property state.*

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Residential Status: Own Rent Other: _____

Time at Residence: Year(s): _____ Month(s): _____ Monthly Payment: \$ _____

Employer: _____ Occupation: _____

Time with Employer: Year(s): _____ Month(s): _____ Work Phone Number: _____

Gross Income: \$ _____ Annually Monthly Biweekly Other: _____

Other Income: \$ _____ Annually Monthly Biweekly Other: _____

Other Income: Income from alimony, child support of separate maintenance need not be revealed if the applicant does not choose to have it considered as a basis for repaying this loan.

CO-APPLICANT INFORMATION:

First Name: _____ MI: _____ Last Name: _____

Date of Birth: _____ Social Security #: _____

Marital Status*: Married Separated Unmarried (single, divorced, widowed)

**Complete marital status only if for joint or secured credit, or applicant resides in a community property state.*

Street Address: _____ PO Box: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Residential Status: Own Rent Other: _____

Time at Residence: Year(s): _____ Month(s): _____ Monthly Payment: \$ _____

Employer: _____ Occupation: _____

Time with Employer: Year(s): _____ Month(s): _____ Work Phone Number: _____

Gross Income: \$ _____ Annually Monthly Biweekly Other: _____

Other Income: \$ _____ Annually Monthly Biweekly Other: _____

Other Income: Income from alimony, child support of separate maintenance need not be revealed if the applicant does not choose to have it considered as a basis for repaying this loan.

ASSET AND LIABILITY INFORMATION

Indicate Accounts with Alerus Financial: Checking Savings CDs Loans Other

Indicate Accounts with Another Institution: Checking Savings CDs Loans Other

ASSETS:	Description	Value
Home		
Vehicle		
Other		
Other		

LIABILITIES:

Creditor's Name	Payment	Balance

SIGNATURES:

I hereby certify that everything I have stated in this application and on any attachments is correct. You may keep this application whether or not it is approved. By signing below, I authorize you to check my credit and employment history and to answer questions others may ask you about my credit record with you. I understand that I must update credit information at your request if my financial condition changes.

Applicant's Signature

Date

Co-Applicant's Signature

Date

YOUR PRIVACY IS IMPORTANT TO US. ALL APPLICATIONS WILL BE HANDLED WITH THE UTMOST CONFIDENTIALITY.