

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 _____ Date of Birth _____
Last First Middle 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 _____ Date of Birth _____
Last First Middle 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 _____ Date of Birth _____
Last First Middle 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

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!**