



1602 Rolling Hills Drive, Suite 107
Richmond, Virginia 23229
Telephone: (804) 662-9000
Toll Free: (866) 835-5976
Fax: (804) 662-9533
www.atlfa.org

PERSONAL INFORMATION APPLICATION

For all loan requests, complete the Personal Information Application and the ATLFA Direct Loan Application form.

The ATLFA will not consider application requests for regular vehicles, mortgages, loan refinancing or to pay down existing debt.

APPLICATION INSTRUCTIONS

You must provide the following with the completed application:

- Proof of identity (copy of driver's license or identification card issued by Department of Motor Vehicles)
- Proof of income (pay stubs, SSDI statement, or W-2)
- Proof of their disability related to their request (doctor's report, OT/PT evaluation, or prescription for equipment)
- Auto and van purchases must be accompanied by a buyer's order or specification sheet from the dealer along with a description and price list of the modifications to the vehicle.
- All other equipment requests must be accompanied by a buyer's order from the vendor where you will purchase the device.

All questions must be answered completely on both forms and mailed with a copy of the buyer's order for the equipment you are requesting to:

**ATLFA
1602 Rolling Hills Drive, Suite 107
Richmond, Virginia 23229**

If you have any questions regarding the application or the application process, please call 804-662-9000 or toll free at 1-866-835-5976. If you need assistance in completing the application, contact the Center for Independent Living in your area at the website <http://www.vadrs.org/cbs/cilslisting.htm>.



1602 Rolling Hills Drive, Suite 107
 Richmond, Virginia 23229
 Telephone: (804) 662-9000
 Toll Free: (866) 835-5976
 Fax: (804) 662-9533
www.atlfa.org

ATLFA Personal Information

All information on this application form is strictly confidential and will only be used to determine your need for and ability to repay this loan. Completion of this form does not guarantee that a loan will be approved.

Please print or type

Name of Person With A Disability:			
Date of Birth:			
Borrower's Name (if different):			
Borrower's Telephone Number:			
Borrower's Social Security Number:			
What type of assistive technology are you going to purchase? Please check category.			
ADL/Personal Care Equipment	<input type="checkbox"/>	Medical/Rehab. Equipment (e.g., Braces)	<input type="checkbox"/>
Home Modifications	<input type="checkbox"/>	Worksite or School Modifications	<input type="checkbox"/>
Mobility Equipment	<input type="checkbox"/>	Seating or Positioning Equipment	<input type="checkbox"/>
Vehicle Modifications (Van with lift)	<input type="checkbox"/>	Augmentative Communication	<input type="checkbox"/>
Computer Equipment	<input type="checkbox"/>	Computer Access Devices/Software	<input type="checkbox"/>
Hearing Aids	<input type="checkbox"/>	Vision Aids	<input type="checkbox"/>
Recreation Aids	<input type="checkbox"/>	Farm Machinery Adaptations	<input type="checkbox"/>
Other (Please Describe)			
Describe What You Plan to Purchase (Include Brand Name)			
What is the cost of the equipment/modifications?			
What is the amount of loan being requested?			
Describe which of the abilities of the person with a disability will be affected by the assistive technology requested. Check all that apply.			
Seeing	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Talking/Communicating	<input type="checkbox"/>	Remembering	<input type="checkbox"/>
Getting Around / Mobility	<input type="checkbox"/>	Handling Objects / Reaching	<input type="checkbox"/>
Interacting with Others / Socializing	<input type="checkbox"/>	Learning New Information	<input type="checkbox"/>
Other (please describe)			

Describe your disability:			
Describe how this limits your employment/education/independence:			
Explain why the equipment will help you with your employment/education/independence:			
What agency or company referred you to the ATLFA?			
Name of the Advocate or Counselor who referred you:			
Name of the company / person I am buying the equipment from:			
I would like to receive Consumer Counseling services from a Center for Independent Living to assist me with device selection or referral to other funding sources.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that the ATLFA may share information with Virginia Department of Rehabilitative Services (DRS), Virginia Department for the Deaf and Hard of Hearing (VDDHH) and the Centers for Independent Living (CIL) and vehicle dealerships that you are buying from or selling your vehicle, regarding my loan request. I authorize the ATLFA, DRS, VDDHH and CIL to share financial, credit and other pertinent information for the purpose of loan approval, loan maintenance, consumer counseling, or to obtain other potential funding sources.		Initials:	
I have read and understood this application, everything that I have stated is correct to the best of my knowledge. I agree to notify the ATLFA, in writing, of any change of name, address, or employment.			
The ATLFA is authorized to check my credit and to make all inquiries necessary to verify the accuracy of the information provided. Information obtained will be used to review and approve or deny the application for credit. By signing below, I am applying for ATLFA financing, I authorize all persons inquired of to respond in full to the ATLFA, and I authorize the ATLFA to answer questions about my credit experience with the ATLFA. The undersigned understands that all information provided is subject to verification or investigation.			
Applicant Signature		Date	
Co-Applicant Signature		Date	