



# KIM WALLACE ADAPTIVE EQUIPMENT LOAN PROGRAM

**Thank you for inquiring about the Kim Wallace Adaptive Equipment Loan Program.**

Enclosed is an application to be completed for a loan. Please fill out this application thoroughly and review for accuracy. For further assistance call Alpha One at 1-800-640-7200 (v/tty) to be directed to your local office.

Alpha One needs proof of credit history for all applicants. This includes obtaining a *Credit Report* on all applicants. The final decision on loan approvals is made by our underwriter, who will review all of the information after receiving proof of everything below.

## Application Instructions (to be completed in full)

- Applicants and co-applicants must complete and sign the application
- With a completed application, you must include ALL sources of income and provide verification, including, but not limited to:
  - 3 recent check stubs/most recent W2 form (if self-employed)
  - A copy of a Social Security annual statement or recent bank deposit statements
  - Proof of any pension or benefits income
  - Proof of food stamps or state supplement
  - Court documents regarding an alimony or child support, if applicable
- Please list all expenses including credit card payments
- Include copies of all expenses (rent/mortgage, car payments, other loans) including credit card statements
- Provide up to two months of bank statements
- Explain any past bankruptcies (provide copy of discharge documents), tax liens (provide paid receipts or evidence of payment arrangements), and civil judgments (provide evidence of resolution, payment plan or court ruling that the debt is uncollectible)
- Explain all debt and credit issues
- Include price quotes/invoices from the vendors for the items being purchased

*Please return the entire signed loan application to Alpha One via email, fax or mail to:*

Alpha One  
Attention Henry Powell  
127 Main St.  
South Portland, Maine 04102

Fax: 207-799-8346  
Email: [hpowell@alphaonenow.org](mailto:hpowell@alphaonenow.org)  
Phone: (207) 619-9239





# ADAPTIVE EQUIPMENT LOAN APPLICATION

Consumer Name			
Loan Purpose			
Amount Requested (max is \$100,000)			
Applicant Name:			
Street Address:		SSN:	
Mailing Address:		DOB:	
City/State/Zip:		Gender:	
County:		Home Phone:	
e-mail:		Work Phone:	
		Cell Phone:	
Co-Applicant Name:			
Street Address:		SSN:	***-**-****
Mailing Address:		DOB:	
City/State/Zip:		Gender:	
County:		Home Phone:	
e-mail:		Work Phone:	
		Cell Phone:	
Applicant/Co-Applicant relationship to consumer:			
How did you hear about this program?			
Description of Disability:			
Desired Monthly Payment			
<b>For Office Use Only</b>			
Alpha One ILS			
Technical Assistance Time			
Date Completed			
Verbal authorization/credit report	<input type="checkbox"/>		

<b>Applicant Residence Information:</b>									
Own: <input type="checkbox"/>		Rent: <input type="checkbox"/>		Live with Family <input type="checkbox"/>		Years There: <input type="text"/>		Number of People in House: <input type="text"/>	
Mortgagor/Landlord:						Phone			
Mortgagor/Landlord Address:									
<b>Co-Applicant Residence Information:</b>									
Own: <input type="checkbox"/>		Rent: <input type="checkbox"/>		Live with Family <input type="checkbox"/>		Years There: <input type="text"/>		Number of People in House: <input type="text"/>	
Mortgagor/Landlord:						Phone			
Mortgagor/Landlord Address:									
<b>Previous residence if less than two years at address above:</b>									
<b>Address</b>								<b>Years</b>	
<b>Employment - Applicant</b>									
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Disabled	<input type="checkbox"/> Retired	<input type="checkbox"/> Other					
<b>Employment - Co- Applicant</b>									
<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Disabled	<input type="checkbox"/> Retired	<input type="checkbox"/> Other					
<b>A/C</b>	<b>FT/PT</b>	<b>Name of Employer</b>			<b>Location</b>	<b>Position</b>	<b>Years</b>		
<b>Previous Employer If Less Than 2 Years at Current Job Above</b>									
<b>A/C</b>	<b>FT/PT</b>	<b>Name of Employer</b>			<b>Location</b>	<b>Position</b>	<b>Years</b>		
						<b>Applicant</b>	<b>Co-Applicant</b>		
<b>Have you declared bankruptcy in the last 7 years?</b>						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		
If yes, you must provide a copy of the discharge notice and schedule of discharged debts.						No <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Have you had any tax liens filed against your property in the last 7 years?</b>						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		
If yes, provide the discharge notice. <i>*Any outstanding property taxes must be paid in full.</i>						No <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Are there any judgments pending or outstanding against you?</b>						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		
						No <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Have you ever been foreclosed against?</b>						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		
						No <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Are you co-maker of any notes (cosigner on any other loans)?</b>						Yes <input type="checkbox"/>	Yes <input type="checkbox"/>		
						No <input type="checkbox"/>	No <input type="checkbox"/>		
<b>Amount of Notes?</b>									

Monthly Income	Applicant	Co-Applicant	Applicant (Verified)	Co-Applicant (Verified)	Comments
Employment(Net)					
Social Security					
SSDI					
SSI					
Pension/Benefits					
Interest/Dividends					
Child Support or Alimony					
Food Stamps					
State Supplement					
Other Income					
Total Monthly Income					
Combined Total Income					

Monthly Expenses	Applicant	Co-Applicant	Applicant (Verified)	Co-Applicant (Verified)	Comments
Medical - Applicant					<input type="checkbox"/> Premium <input type="checkbox"/> Co-Pay <input type="checkbox"/> Supplies
Medical - Co-Applicant					<input type="checkbox"/> Premium <input type="checkbox"/> Co-Pay <input type="checkbox"/> Supplies
Food Expenses					<input type="checkbox"/> Food Stamps
Utilities					
heat					
water					
electric					
sewer					
phone					
cable					
internet					
cell phone					
Rent/Mortgage					
Real Estate Taxes					<input type="checkbox"/> w/ Mortgage Payment
Auto/Transportation					
payment					
gas					
maintenance					
Insurance					
car					<input type="checkbox"/> Full Coverage <input type="checkbox"/> Liability
homeowner's					<input type="checkbox"/> w/ Mortgage Payment
renter's					
life					
health					
Education					
Credit Card Payments					
Child Support or Alimony					
Other Misc. Expenses					
Total Monthly Expenses					
Combined Total Expenses					
Net Discretionary Income					

Cash				
A/C/J	Name of Bank	Account Type	Balance	Verified Balance
Totals				

Vehicles										
A/C/J Year/Make/Model		Mileage	Balance	Payment	Value	Verified Balance	Verified Payment	Verified Value	NADA Verified	Type of Purchase
									<input type="checkbox"/>	
									<input type="checkbox"/>	
									<input type="checkbox"/>	
Totals										

Real Estate									
A/C/J	Property Location	Mortgagor	HELOC	Balance	Payment	Value	Verified Balance	Verified Payment	Verified Value
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
Totals									

Other Assets							
A/C/J	Description	Balance	Payment	Value	Verified Balance	Verified Payment	Verified Value
Totals							

Investments				
A/C/J	Investment Name	Type	Value	Verified Value
Totals				

Credit Cards & Other Installment Loans						
A/C/J	Name of Creditor	Balance	Payment	Verified Balance	Verified Payment	Comments
Totals						
Education Loans						
A/C/J	Name of Creditor	Balance	Payment	Verified Balance	Verified Payment	Comments
Totals						

Assets	Totals	Verified Totals	Descriptions
1. Cash			
2. Vehicles			
3. Real Estate			
4. Investments			
5. Other			
6. Total Assets			

Liabilities	Totals	Verified Totals	Descriptions
7. Mortgages			
8. Auto Loans			
9. Installment and Credit Card Loans			
10. Education Loans			
11. Overdue Taxes			
12. Other			
13. Total Liabilities			
14. Net Worth			
<b>Final Calculated Net Worth</b> (Total Assets - Total Liabilities)			

### CERTIFICATION

I understand that this is a loan request and I authorize the Kim Wallace Adaptive Equipment Loan Program Fund Board and its contractors to review all information provided and seek any additional information required including, but not limited to, credit and character references necessary to verify the contents of this application and consumer credit reports. I further understand that the Board is a public entity and that the information may be subject to public disclosure as required by law. All information is true and correct and is provided to obtain the loan I am seeking. Any misrepresentations on any part of this application could result in rejection of this application or termination of the loan.

### CONSENT / AUTHORIZATION

I hereby authorize Alpha One to complete a credit report on all applicants below. I also authorize Alpha One or members of the Board to discuss my loan application and financial information with the following individual(s), until written notification from me to the contrary is received by Alpha One.

Full Name of Individual:		Relationship:	
Full Name of Individual:		Relationship:	
Full Name of Individual:		Relationship:	

Applicant signature:		Date:	
Co-Applicant signature:		Date:	

# ALPHA ONE - PRIVACY NOTICE

## **THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED. IT ALSO EXPLAINS HOW YOU CAN ACCESS THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

We understand that privacy is a very important matter. Our work requires us to gather your personal health information (PHI) in order to provide services. We create a record of the services that you receive and you can trust us to keep your records confidential and secure.

**Collecting Information:** We collect personal health and insurance information about you in order to provide you with services. Under State and Federal Law we are required to protect the privacy of your personal health information (PHI).

**Confidentiality and Security:** We restrict access to your PHI only to employees who need the information to provide you with services. We maintain physical, electronic and procedural safeguards to comply with all laws and regulations to protect the privacy of your PHI.

**Information Use:** We do not sell your PHI to outside mailing lists or telemarketing companies. We will contact you to schedule appointments or discuss services via the telephone, e-mail, or postal mail. You can specify the way you want us to communicate if it is necessary to protect your interests.

**Information Disclosure:** We use and disclose your PHI so that our staff can provide you with Services and/or **Treatment**, to obtain **Payment** and to perform service delivery **Operations** (TPO). We review your PHI so that we can determine your program eligibility and sources of funding. The PHI that is disclosed may include: your name, address, social security number, phone number, diagnosis and disability, the name of your insurance provider, the insurance policy and coverage, reports/contact notes, and co-payments.

Any other use or disclosure of your information (for Non-TPO purposes as described above) will require your written authorization. If you end your business with us, we will continue to restrict use of your personal health information as if you were still a consumer.

**Your Rights:** You have the right to restrict our use of your personal health information, to review and copy your record information, to request changes to your information, to find out who we have disclosed your information to, and to file a complaint about our Privacy practices. If you file a complaint, we will take no action against you or change your services in any way. [To file a written Privacy complaint contact:](#)

Thomas Newman  
127 Main St.  
South Portland ME 04106  
**1-800-640-7200 (v/tty)**

*We reserve the right to amend this notice at any time*



## CREDIT REPORT AUTHORIZATION FORM

By my signature below I, \_\_\_\_\_,

authorize Alpha One to obtain a Consumer Credit Report on me.

This authorization is valid for purposes of verifying information given pursuant to employment, leasing, rental, business negotiations, or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA).

The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents.

By my signature below, I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history. This authorization shall be valid in original or copy form.

Applicant's Name:

Social Security Number:

Date of Birth:

Current Street Address:

City:

State:

Prior Street Address:

City:

State:

**Signature:** \_\_\_\_\_ **Date:**

CoApplicant's Name:

Social Security Number:

Date of Birth:

Current Street Address:

City:

State:

Prior Street Address:

City:

State:

**Signature:** \_\_\_\_\_ **Date:**