



MDOD Assitive Technology Financial Loan Program Application

All of the information in this application is strictly confidential and will only be used to determine eligibility for this loan request. Completion of this form does not guarantee that the loan request will be approved.

Items to be Purchased and Cost of Each Item

To see a complete list of eligible items and other restrictions, please visit the [MDOD ATLP Loan Website](#). For Item Type, please choose an option from the dropdown selection.

Additional items can be added via the extra sheet at the end of the application.

Item Type

Item (please list all)

Estimated Cost of Items

\$

I am a Marylander with a disability OR a family member/friend applying on behalf of someone with a disability.

Yes

No

Are you applying for this loan program as an independent borrower or with a co-applicant?

Independent Borrower

With a Co-Applicant

Please indicate the name and email of your co-applicant. Your loan application WILL NOT be processed by MDOD until your Co-Applicant has provided their information and signature. This section can be found after the applicant's signature.

Loan Applicant Information

First Name

Middle Name

Last Name

Date of Birth

Social Security Number

Please provide the following information about your state issued identification.

ID Type

State ID Issued In

ID Number

Expiration Date

****Please attach a scan of the identification you identified above.***

Have you or a family member ever served in the US military?

Yes

No

Street Address

Apt/Suite Number

City

State

Zip Code

County

Number of Years at Address

Number of Months at Address

Do you rent or own this property?

Rent

Own

Other (Explain):

Monthly Housing Payment

Primary Phone Number

Secondary Phone Number

Email Address

Preferred Method of Contact

Email

Phone

If you would like to be added to our email list that shares information on webinars and other resources, please select “Yes” below. You can opt out at any time.

Yes

No

Do you have income from employment?

Yes

No

If you answered “Yes” above, please provide your employment details below. If you have multiple employers, please use the Additional Information section at the end of this document.

Name of Employer

Position

Date of Hire

Type

Income Amount

Frequency

Do you have any other source(s) of income?

Yes

No

Source of Income

Income Amount

Frequency

Source of Income

Income Amount

Frequency

Source of Income

Income Amount

Frequency

**** Applications cannot be processed without documents that verify your income. Please provide scanned documentation of your stated income. Accepted forms of documentation include your two most recent pay stubs (dated within the last 30 days) from your employer(s), SSI, Social Security (SS) or Social Security Disability Income (SSDI) award letters, pension statements, or tax forms such as 1099, 1040, or W-2.***

Nearest Relative Not Living With You

First Name

Last Name

Street Address

Apartment/Suite Number

City

State

Zip Code

Phone Number

Email Address

Relationship to Loan Applicant

Assistive Technology User Information

Check box if AT user information is same as loan applicant

First Name

Last Name

Date of Birth

Type of Disability

Applicant Relationship to Assistive Technology User

ATU - Primary Phone Number

ATU - Secondary Phone Number

ATU - Email Address

Preferred Method of Contact

Email

Phone

How will the AT Device make the user more independent?

Does the Assistive Technology User live at a different address than the Loan Applicant?

Yes

No

If not, please list the AT User's address.

Affirmations and Signature

I authorize the ATLP (Assistive Technology Loan Program) of the Department of Disabilities to share all financial, credit, and other pertinent information with the lender for loan approval and loan maintenance purposes. Check to Affirm.

Yes

I understand the lender will provide me with a decision on my application within 30 days. However, I agree to waive the right to a decision in 30 days should a loan guarantee be required from the ATLP. Check to Affirm.

Yes

I have read and understand this application. Everything that I have stated is correct to the best of my knowledge. I understand that the ATLP will retain this application whether or not it is approved. Check to Affirm.

Yes

I agree to notify the ATLP in writing of any change of name, address, employment, income, or any other significant change in my financial status. Check to Affirm.

Yes

Should the ATLP guarantee my loan and make a payment on my behalf, either partial or in full, or a payment of part or all of the principal I owe to the lender, I agree and promise to repay that amount of money in full to the ATLP. Check to Affirm.

Yes

I understand that if I fail to repay any amount owed to the ATLP, the debt will be referred to the State of Maryland Central Collection Unit as required by Maryland State Law and that the Central Collection Unit will demand immediate payment of the total due to the ATLP, minus credit for payments made by me, plus 17% collection fee. Check to Affirm.

Yes

The ATLP is authorized to check my credit and to make all inquiries necessary to verify the accuracy of the information I provided. Information obtained will be used to review and approve or deny the application for credit. By signing this application, I authorize all persons inquired of to respond in full to the ATLP. I also authorize the ATLP to provide the information about its credit experience about me to credit reporting bureaus. Check to Affirm.

Yes

I understand the ATLP may, as a condition of my loan approval, require me to provide a qualified co-applicant or co-signer, to make payments through automatic debit, or other measures deemed necessary and appropriate by the ATLP Board of Directors. I further understand that my failure to agree to or comply with any conditions may prevent me from receiving a loan. Check to Affirm.

Yes

If I am dissatisfied with the decision on my loan, I understand I have the right to request reconsideration by the ATLP Board. I understand I must request a review in writing and provide documentation that addresses the stated reasons my loan was declined. I understand I may submit documentation and/or appear in person to address the ATLP's Board of Directors, and that I will receive a decision on my appeal within seven (7) days of the meeting, and that the Board's decision is final. Check to Affirm.

Yes

Confession of Judgement

I understand and agree that upon my failure to pay the amount I owe within 90 days of demand for payment, the entire balance owed to the ATLP at the time of my default becomes immediately due and owing. I hereby authorize any attorney admitted to practice before any court of record in the United States on my behalf to confess judgment against Applicant in full amount due, plus a 17% collection/attorneys fee and court costs, minus credit for any payments. Venue shall be proper in Baltimore City or in any County of the State of Maryland. I waive the benefit of any and every statute, ordinance, or rule of court that may be lawfully waived conferring upon inquisition, discovery in aid of enforcement of a judgment or related proceedings on a judgment. Check to Affirm.

Yes

Please Read Before Signing: All the information in this application is true. I understand that section 1014 Title 18 U.S. Code makes it a federal crime to knowingly make a false statement on this application. You have my permission to check it. You may retain this application even if it is not approved. I understand that you may receive information from others about my credit and you may answer questions and requests from others seeking credit or experience information about me or my accounts with you. If this application is approved, I agree to honor the provisions of the credit or loan agreement and security agreement or credit card agreement covering my account of loan. (If this application is for two of us, this statement applies to both of us.) Check to Affirm.

Yes

Consumer and Credit Report Authorization. By signing this application, I authorize you to obtain my consumer and/or credit report for the purposes of evaluating this application and to obtain subsequent credit reports on an on-going basis in connection with this transaction, and for all other legitimate purposes, such as my employment and income information, from third-parties or consumer reporting agencies. Check to Affirm.

Yes

I agree to be legally bound by this document.

Signature of Applicant/Borrower

Date of Signature

Loan Co-Applicant Information

You were identified by an applicant to the MDOD Assistive Technology Loan Program as a Co-Applicant for an AT Loan. Please complete all fields of information, review the Affirmations and Confession of Judgement below, complete the signature portion, and submit this form. The Applicant's loan application WILL NOT be reviewed by the MDOD staff until this signature portion has been submitted.

Please review the information above about the loan applicant and the amount they requested. If you have any questions or concerns please contact the loan applicant and/or the MDOD staff at mdtap.atlp@maryland.gov.

First Name

Middle Name

Last Name

Date of Birth

Social Security Number

Please provide the following information about your state issued identification.

ID Type

State of Issue

ID Number

Expiration Date

****Please attach a scan of the identification you identified above.***

Street Address

Apt/Suite Number

City

State

Zip Code

County

Number of Years at Address

Number of Months at Address

Do you rent or own this property?

Rent

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Other (Explain)

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Source of Income	Income Amount	Frequency
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Source of Income	Income Amount	Frequency
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Signature of Co-Applicant/Borrower

Date of Co-Signature

Additional Information