



CAN'T AFFORD THE FULL COST OF AN ITEM YOU NEED TO MAINTAIN OR INCREASE INDEPENDENCE? APPLY FOR A LOAN TO BREAK DOWN THE COST INTO MONTHLY PAYMENTS!

INTERESTED? WHAT TO DO NEXT:

- 1. Determine the item that you want to purchase.** Get a price quote for that item.
- 2. Determine if there are any grant or Medicaid waiver funds available.** These are funds that do not have to be repaid and will reduce the amount for which you need a loan. The funding coordinator at Assistive Technology Partnership may be a good resource, but you may need to fill out a Service and Device Application. They can be reached at 402-309-0374 (877-713-4002) or atp.nebraska.gov/services/funding.
- 3. Review your monthly budget to determine how much you can afford in a monthly payment.** A budget worksheet is included in this packet.
- 4. Determine your down payment amount.** A down payment is not required to apply for a loan, but will reduce the loan amount needed and therefore, reduce your monthly payment.
- 5. Now that you know how much you need a loan for, estimate your monthly payment.** Note, the minimum loan amount is \$100 and the maximum loan amount is \$35,000. As of 2021, the interest rate was 3.25%. There is a payment estimator included in this packet. (*Actual payment amount is determined by the Loan Review Board at the time of application.*) If the monthly payment you have come to does not fit in your budget, you could try to decrease other expenses in your budget, increase your down payment, or purchase a less expensive item. You could try crowd-sourced fundraising online (ie. GoFundMe) to help with a down payment. We have a helpful tips handout for that on our website.
- 6. Apply for the loan!** See application checklist to ensure you submit all the required supporting documentation in addition to this application.

Contact Easterseals Nebraska at 402-462-3031 or 800-471-6425 x 5 or loan@ne.easterseals.com for assistance with any of these steps!

HOW MUCH DO I NEED IN A LOAN?

Cost of Device/Equipment/Service: \$
- Waiver Funds / Grant Funding: \$
- Down Payment Amount: \$
= Loan Amount Requested: \$

BUDGET WORKSHEET **Basic MONTHLY Expenses**

Residential Expenses

Rent	\$
Mortgage Payment / Taxes	\$
Homeowners / Renters Insurance	\$
Gas	\$
Electric	\$
Water	\$
Garbage	\$
Other Residential Expenses:	\$

Transportation Expenses

Car Payment	\$
Gas, Car Maintenance & Repair	\$
Car Insurance	\$
Car Registration / Taxes (Annual / 12 months)	\$
Public Transportation	\$
Other Transportation Costs:	\$

Insurance / Medical Expenses

Health Insurance Premium	\$
Life Insurance Premium	\$
Dental Insurance Premium	\$
Prescriptions	\$
Gym Membership	\$
Other Medical Expenses:	\$

Food / Household Expenses

Groceries	\$
Household Products (toiletries, cleaning supplies, etc.)	\$
Clothing	\$
Hair Care / Hygiene	\$
Child Care	\$
Pet / Service Animal Care	\$

Communication Expenses

Cable / Internet / Home Phone \$
Cell Phone \$

Debt Obligations

Credit Card Payments (Total Monthly) \$
Student Loan Payments (Total Monthly) \$
Other Loan Payments (Total Monthly) \$
Other Debt Obligations: \$

Entertainment / Other Expenses

Dining Out \$
Cigarettes & Alcohol \$
Hobbies \$
Movies & Online Streaming \$
Birthday & Holiday Presents \$
Other Entertainment Expenses: \$

Total Expenses \$

Put It All Together

Total Net Income (“Take Home” Wages, Social Security, Pension, Etc...) \$

Net Income – Total Expenses (Dollars Available for Loan Repayment) \$

What dollar amount would you prefer your monthly loan payment to be? \$



AFP / TELEWORK / MINI-LOAN PAYMENT ESTIMATOR

Based on an interest rate of 3.25%. (Interest rate subject to change without notice.)
Actual term length and monthly payment amount are determined by the Loan Review Board at the time of application. The decision to approve a loan and the term length are based on several factors including debt-to-income ratio, credit history, estimated life of the device, and what the applicant says he or she can afford each month.

Loan Amount	Term	Monthly Payment	Total Interest Paid
\$100	6 months	\$16.83	\$0.95
\$300	12 months	\$25.44	\$5.31
\$500	15 months	\$34.06	\$10.90
\$800	18 months	\$45.60	\$20.74
\$1000	18 months	\$57.00	\$25.93
\$1200	21 months	\$58.86	\$36.07
\$1500	24 months	\$64.64	\$51.31
\$2000	30 months	\$69.50	\$85.06
\$2500	36 months	\$72.98	\$127.24
\$3000	36 months	\$87.57	\$152.68
\$5000	42 months	\$126.11	\$296.53
\$10,000	48 months	\$222.45	\$677.60
\$15,000	60 months	\$271.20	\$1272.00
\$20,000	60 months	\$361.60	\$1696.00
\$25,000	72 months	\$382.64	\$2550.40
\$30,000	72 months	\$459.17	\$3060.48
\$35,000	72 months	\$535.70	\$3570.56

USING CREDIT WISELY

Ask the following questions before using credit:

- Do I really need this now or can it wait?
- How stable are my income sources?
- What other large purchases might I need to make soon?
- What must I give up in the future to repay this debt?
- What interest rate will I pay for using credit to get this item? (Currently our loans are at 3.25%.)
- Are there other fees besides interest that I will pay for using this credit? (There are no other borrower fees associated with our loan program at this time.)

If your application is approved, please consider the following:

Your Responsibilities as a Borrower:

- Make your loan payments on time and repay your loan in full. Create a budget and only borrow what you can afford to pay back.
- If you are not able to make your monthly loan payment within 15 days of the due date or you are having your loan payment automatically deducted from your bank account (ACH) and don't have enough money in your account, please contact Easterseals Nebraska. We understand emergencies come up and we may have resources to help you.
- Be sure to open your mail and email. We may need to contact you about your loan from time to time.

Easterseals Nebraska's Responsibilities:

- We will review your credit and other debts to ensure that this loan will not put you at risk of not being able to meet your other financial obligations.
- There are no hidden fees associated with applying or repaying a loan with us. The only fee our borrowers pay is the interest on the loan.
- We will clearly state your loan repayment terms. If there are parts about repaying your loan that you do not understand, please contact us.
- Our staff will treat you fairly. Our relationship with you is important to us.
- Easterseals Nebraska respects your privacy and your information. We will never give out your information without your permission.

STILL WANT TO APPLY? CONTINUE ON TO THE APPLICATION.



CREDIT APPLICATION

IMPORTANT INFORMATION ABOUT PROCEDURES FOR OPENING A NEW ACCOUNT: To help the government fight the funding of terrorism and money laundering activities, the USA Patriot Act requires all financial institutions to obtain, verify, and record information that identifies each person (including business entities) who opens an account. What this means for you: When you open an account, we will ask for your name, physical address, date of birth, taxpayer identification number, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents. We will let you know if additional information is required.

If a question is not applicable to you, please draw a line through it or write "N/A" so we know you didn't accidentally skip it.

INDIVIDUAL OR JOINT

INDIVIDUAL CREDIT
JOINT CREDIT

TYPE OF CREDIT REQUESTED

SECURED (EXCLUDING REAL ESTATE)
UNSECURED

NAME OF ASSISTIVE TECHNOLOGY USER:

ASSISTIVE TECHNOLOGY INFORMATION

Describe the equipment you want to purchase and the vendor you would like to purchase from. *Also, please send an invoice or bid from the vendor. If for hearing aids, have you seen an audiologist within the past year?*

Cost of Device/Equipment/Service: \$

Grant or Waiver Funding / Down Payment: \$

Loan amount requested: \$

Please describe how this item(s) will help manage a functional limitation related to the disability and otherwise benefit daily life (*ie. seeing, hearing, communicating, getting around, handling objects, learning new information, remembering, interacting with others, etc.*):

APPLICANT INFORMATION

First Name: MI: Last Name:
Date of Birth: SSN:
Relationship to Assistive Technology User:
Phone:
Physical Address:
City: State: Zip:
County: How long lived here?
Own Home Rent: \$ Landlord Name:
Identification ID Type (i.e. driver's license): ID #:
ID Place of Issuance (i.e. NE): ID Expiration Date:
Employer Name: Position:
Phone: Employment Start Date:
Address:
City: State: ZIP:
Gross (Before Taxes) Monthly Income from Employment: \$

****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.****

\$ _____ alimony, child support, separate maintenance received under:
Court Order Written Agreement Oral Agreement

Other Income Type: Monthly Amount: \$
(SSI, Disability, Retirement, Public Assistance, Etc...)

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CO-APPLICANT INFORMATION

(FOR JOINT CREDIT APPLICATIONS)

First Name: MI: Last Name:
Date of Birth: SSN:
Phone:

Physical Address:

City: State: Zip:

County: How long lived here?

Own Home Rent: \$ Landlord Name:

Identification ID Type (i.e. driver's license): ID #:

ID Place of Issuance (i.e. NE): ID Expiration Date:

Employer Name: Position:

Phone: Employment Start Date:

Address:

City: State: ZIP:

Gross (Before Taxes) Monthly Income from Employment: \$

****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.****

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OTHER INFORMATION

Do you have a representative payee through Social Security?

No

Yes. If yes, please list name and contact information:

AUTHORIZATION / CERTIFICATION

I (we) certify the above information to be true in every respect and that it correctly reflects my (our) current financial condition.

By signing below, I (we) authorize First National Bank and/or Easterseals Nebraska to make whatever credit inquiries it deems necessary in conjunction with my (our) credit application or in the course of review or collection of any credit extended in reliance on the application including, without limitation, inquiries to any agency or government – federal, state, or local. I (we) authorize and instruct any person, governmental agency, or consumer reporting agency to compile and furnish the creditor any information it may have or obtain in response to such credit inquiries and agree that same shall remain the property of the creditor whether or not credit is extended.

I (we) authorize First National Bank and Easterseals Nebraska to share financial, credit, and other pertinent information for purposes of making decisions related to the loan application, as well as the continued maintenance, servicing, and collection of the loan that may result.

In the event that the credit applied for is approved, I (we) agree to read and comply with the terms of the agreement, which will be furnished to me (us).

I (we) agree to provide a written financial statement upon request.

Under the penalties of perjury, I (we) certify that the number shown on this form is my correct taxpayer identification and I am a U.S. citizen or permanent resident alien.

Signature of Applicant Date

Signature of Co-Applicant Date

For Office Use Only:

Date Application & Supporting Documents Received: _____ / _____ / _____

ADDITIONAL DOCUMENTS REQUIRED WITH ALL APPLICATIONS:

- Valid photo ID for all individuals listed on the Credit Application. Please make sure the copy is not too dark for us to see anything on it.
- Itemized price quote from vendor. This should include a breakdown of costs and vendor's address and phone number. If for a vehicle, include: year, make, model, mileage, modifications, and VIN. List the price of the chassis separate from the modifications. Give the year that the modifications were done in.

ADDITIONAL DOCUMENTS MAY BE REQUIRED BASED ON YOUR SITUATION:

- Have you completed a Service & Device (S&D) Application with Assistive Technology Partnership to explore other funding options? If not, you can download it at <https://atp.nebraska.gov/services/funding> or contact ATP at 402-471-1368. Be sure to list individuals that we are allowed to discuss your Credit Application with on page 4 of the S&D Application. You can return this to us with your Credit Application OR you can send it directly to ATP at the address listed on the first page of the S&D so the ATP Resource Coordinator can get started reviewing your application. If you send it directly to ATP, please just let us know so we can follow-up with them.
- Loan amount \$1000 or less? Proof of all forms of income listed on the Credit Application required. i.e. Two current pay stubs, Social Security Award Letter, etc...
- Anyone listed on the application self-employed? 1040 Tax Form is required.
- Purchasing a vehicle? We will need insurance company, agent name, address and phone number. You can wait to submit this information until after you are approved, but you can't close on the loan until we have this.
- Power of Attorney (POA) or Legal Guardianship/Conservatorship paperwork if the person with a disability is an adult who is listed as an applicant on the Credit Application, but will not sign the application.
- Is the loan for a person with a disability to start or fund a business? A business plan is required.

For the fastest response, please submit your application and supporting documents via fax or email at:

Fax: 888-611-6396

loan@ne.easterseals.com

If you need to mail:

Easterseals Nebraska

Attn: Holly Windorski

12565 W Center Rd Suite 100

Omaha, NE 68144

Please call us at 402-462-3031 or 800-471-6425 x 5 with any further questions.

Please complete the following about the person who will be using the Assistive Technology:

First: Last: MI:

Date of Birth: Age:

Disability / Health Condition:

Relationship to Applicant(s):

Current Street Address:

City: State: Zip:

DEMOGRAPHIC INFORMATION ON THE AT USER

Providing this information will not be a factor in the application approval process in any way.

Gender: Male Female

Ethnic/Racial Background (select one):

Non-Hispanic White Hispanic North American Indian or Alaskan Native
Non-Hispanic Black Asian Native Hawaiian and Other Pacific Islander
Multiple Ethnicity Other

Marital Status (select one):

Single with no dependent children Single with dependent children
Married or Domestic Partnership Divorced
Widowed

Employment Status (select one):

Employed Full-time Employed Part-time Self-employed Full-time
Self-employed Part-time Unemployed Retired on disability
Retired Student (Level completed:)
Homemaker Other:

Are you actively seeking work? (select one):

No Yes, Full-time Yes, Part-time

Housing Status (select one):

Subsidized Rental Unit Rent Own Home or Condo
Other (Please describe):

Military Status (select one):

None/Not Applicable Active Guard/Reserves
Veteran Family member

Currently participates in the following public / private programs (select all that apply):

Medicaid Medicare Private Health Insurance Food Stamps
Social Security Disability (SSDI or SSI) Special Education or 504 Plan
Division of Developmental Disabilities Aged & Disabled Waiver
State Vocational Rehabilitation Agency (Nebraska VR or NCBVI) Workers Compensation
Other:

EASTERSEALS NEBRASKA

LOAN PROGRAMS

PRIVACY POLICY & DISCLOSURE

Your privacy is important to us. Maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations. We are happy to provide this privacy notice so you can have a better understanding of what we do with the information you provide us.

Our Privacy Policy

We may collect non-public personal information about you from the following sources:

- Information we receive from you on your loan application and other forms
- People and organizations identified on your loan application
- Information about your transactions with us or others
- Information we receive from a consumer credit reporting agency

What We Disclose

We do not disclose any non-public personal information about our customers or former customers to anyone except as permitted by law.

Telling Your Story

We may use "your story" to explain and market our program to other borrowers and contributors. This may include why you needed a loan, what equipment or technology you purchased and how it impacted your life. However, we will not identify you by name unless you give us permission to do so. **If you do not wish to have your story told, please let us know at the time of your application.** It will not affect loan eligibility.

Confidentiality & Security

Easterseals Nebraska takes careful precautions to ensure that your personal information remains private. Accordingly, we restrict access to non-public personal information about you to employees of Easterseals Nebraska, members of our Loan Review Board on a need-to-know basis, as well as guarantors, co-signors, vendors and providers who need to know that information to provide products or services requested by you. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard your non-public personal information.

Questions

If you have any questions or concerns about our privacy and disclosure policies, please contact Easterseals Nebraska.

12565 W Center Rd Suite 100
Omaha, NE 68144
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loan@ne.easterseals.com