

NDAD Financial Loan Program

Frequently Asked Questions

1. Who is eligible?

Any North Dakota resident with a disability who needs an assistive device or service. Family members may apply on behalf of children or other family members with disabilities, as long as the device or service is for the use of the person with the disability. He or she must demonstrate the ability to repay a loan and that the loan will be used to purchase assistive devices and/or services.

2. What is an assistive device?

Assistive devices help a person with a disability achieve a more independent and productive life. Loans may be used to purchase assistive devices and services, including but not limited to:

- Modified vehicles
- Home modifications (must own home)
- Computers and adaptive hardware/software
- Mobility items such as wheelchairs, walkers and scooters
- Environmental control devices such as voice activated appliance controls
- Augmentative Communication Devices
- Recreational/Leisure items such as adaptive fishing equipment
- Used assistive equipment (loans will be granted only if accompanied by a written evaluation from a professional as to the value and condition of the device)
- Assessments
- Training on assistive devices
- Device repair and warranties

3. What are assistive device services?

Assistive device services are those services that help with the selection, acquisition or use of an assistive device. Services may include evaluating the needs of a person with a disability, training to use a particular device, maintaining and repairing a device (excluding vehicle maintenance), designing and building a device or providing technical assistance for family members, personal care attendants or employers.

4. How much can I borrow?

You may request loans between \$500.00 and \$50,000.00. Your ability to repay the amount requested will affect the approval of your loan.

5. **What is the interest rate on these loans?**
The rate changes from time to time, but is typically around 3%.
6. **How much time will I have to pay off a loan?**
Repayment terms are based on the expected useful life of the assistive device.
7. **How long will it take?**
Once NDAD receives your completed application we will be in touch with Alerus Financial, who will run your credit history. If there are no issues with your credit history or debt to income ratio, a decision can be made within two weeks. If there are credit issues, the nature and extent of your credit problems will determine whether or not a loan is granted. This process may take longer.
8. **If approved, how will I get the loan documents and how will the loan be dispersed?**
You will be contacted by Alerus Financial to make arrangements to sign the documents. You may either sign them in their office or they may be sent to you, if necessary. Please review the loan terms carefully before signing the documents. The funds will be dispersed to the vendor/contractor, etc that is providing the service.
9. **What happens if I have trouble repaying my loan?**
NDAD wants to help you maintain your good credit while you repay your loan. If you have unexpected financial difficulties, please notify NDAD immediately for assistance.
10. **What happens if I default (don't pay my loan)?**
If you don't repay your loan it will have a negative effect on your credit rating. Your non-payment will be listed on your credit report for seven years and will make it difficult for you to qualify for other loans. In addition, your loan may be sent to a collection agency.
11. **How do I get an application or more information?**
You may contact:
NDAD: 1-800-532-NDAD or visit www.ndad.org



NDAD 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 Check One 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 Check One 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



NDAD 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

How did you hear about the NDAD Financial Loan Program?



NDAD Financial Loan Program
Loan Application: Part 2 - 2



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!**



NDAD Financial Loan Program
 Loan Application: Part 3 -1
 Financial Information-Monthly Income



Applicant	Gross Amount for 1 month	Co-Applicant	Gross Amount for 1 month	Person with Disability	Gross Amount for 1 month
Employment (before tax income)	\$	Employment (before tax income)	\$	Employment (before tax income)	\$
Social Security Supplemental Income (SSI)	\$	Social Security Supplemental Income	\$	Social Security Supplemental Income	\$
Social Security Disability Insurance (SSDI)	\$	Social Security Disability Insurance	\$	Social Security Disability Insurance	\$
Pension/Retirement	\$	Pension/Retirement	\$	Pension/Retirement	\$
Disability Benefits	\$	Disability Benefits	\$	Disability Benefits	\$
Unemployment Insurance	\$	Unemployment Insurance	\$	Unemployment Insurance	\$
Rental Income	\$	Rental Income	\$	Rental Income	\$
Child Support	\$	Child Support	\$	Child Support	\$
Alimony	\$	Alimony	\$	Alimony	\$
Interest Income	\$	Interest Income	\$	Interest Income	\$
Fuel Assistance	\$	Fuel Assistance	\$	Fuel Assistance	\$
Housing Assistance	\$	Housing Assistance	\$	Housing Assistance	\$
Family Subsidy	\$	Family Subsidy	\$	Family Subsidy	\$
TANF	\$	TANF	\$	TANF	\$
Home Health Income	\$	Home Health Income	\$	Home Health Income	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

NOTE: 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.

Applicant	Amount	Co-Applicant	Amount	Person with Disability	Amount
Current Amt. in Checking Acct.	\$	Current Amt. in Checking Acct.	\$	Current Amt. in Checking Acct.	\$
Current Amt. in Savings Acct.	\$	Current Amt. in Savings Acct.	\$	Current Amt. in Savings Acct.	\$



NDAD Financial Loan Program
 Loan Application: Part 3 - 2
 Financial Information-Monthly Payments



Applicant	Monthly Payments	Co-Applicant	Monthly Payments	Person with Disability	Monthly Payments
Car Loan	\$	Car Loan	\$	Car Loan	\$
Mortgage/Rent	\$	Mortgage/Rent	\$	Mortgage/Rent	\$
Phone	\$	Phone	\$	Phone	\$
Cable	\$	Cable	\$	Cable	\$
Heat	\$	Heat	\$	Heat	\$
Utilities	\$	Utilities	\$	Utilities	\$
Car Insurance	\$	Car Insurance	\$	Car Insurance	\$
Health Insurance	\$	Health Insurance	\$	Health Insurance	\$
Homeowners/Rental Insurance	\$	Homeowners/Rental Insurance	\$	Homeowners/Rental Insurance	\$
Childcare	\$	Childcare	\$	Childcare	\$
Child Support	\$	Child Support	\$	Child Support	\$
Alimony	\$	Alimony	\$	Alimony	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Loan/Credit Card	\$	Loan/Credit Card	\$	Loan/Credit Card	\$
Leases	\$	Leases	\$	Leases	\$
Food	\$	Food	\$	Food	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Other: Specify	\$	Other: Specify	\$	Other: Specify	\$
Medical Payments	\$	Medical Payments	\$	Medical Payments	\$
TOTAL	\$	TOTAL	\$	TOTAL	\$

Applicant	Answer	Co-Applicant	Answer
Can you afford a monthly payment?	Yes or No Circle One	Can you afford a monthly payment?	Yes or No Circle One
If Yes, how much?	\$	If yes, how much?	\$

Alerus Financial Credit Application



IMPORTANT: READ THESE DIRECTIONS BEFORE COMPLETING THIS APPLICATION

- Check here if you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested. Complete only Sections A and D.
- Check here if you are applying for joint credit with another person and provide information about the joint applicant. Complete all sections.

We intend to apply for joint credit. _____

Applicant

Co-Applicant

- Check here if you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete all sections to the extent possible, providing information about the person on whose alimony, support, or maintenance payments or income or assets you are relying. Complete all sections.

Application Date _____

Amount Requested	For How Long	Purpose of Loan	Description of Collateral
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SECTION A

Individual Applicant Information							
Name (Last Suffix, First, Middle)		Social Security No.	Birthdate	Telephone No.	Email Address		
Identification Number	Date of Issue	Country	State	Expiration Date	Cell Phone No.	No. Dependents	
Address (Street, City, State, ZIP)				<input type="checkbox"/> Own <input type="checkbox"/> Rent		How Long	Monthly Payment
Previous Address (Street, City, State, ZIP)						How Long	
Employer (Company Name and Address)						How Long	
Business Phone		Title/Position			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Salary Per Month
Previous Employer (Company Name and Address)						How Long	
Sources of Other Income (alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)						Amount Per Month	
Do you have existing account(s) with Alerus?		Type of existing account(s)					

SECTION B

Joint Applicant or Other Party Information							
Complete only if: for joint credit, for individual credit relying on income or assets from other sources, or applicant is married and resides in a community property state.							
Name (Last Suffix, First, Middle)		Social Security No.	Birthdate	Telephone No.	Email Address		
Identification Number	Date of Issue	Country	State	Expiration Date	Cell Phone No.	No. Dependents	
Address (Street, City, State, ZIP)				<input type="checkbox"/> Own <input type="checkbox"/> Rent		How Long	Monthly Payment
Previous Address (Street, City, State, ZIP)						How Long	
Employer (Company Name and Address)						How Long	
Business Phone		Title/Position			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		Salary Per Month
Previous Employer (Company Name and Address)						How Long	
Sources of Other Income (alimony, child support, or separate maintenance need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)						Amount Per Month	
Do you have existing account(s) with Alerus?		Type of existing account(s)					

SECTION C

Marital Status

Complete only if: for joint or secured credit or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

Applicant <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated	Other Party <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated
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SECTION D

Personal References

Name	Relationship	Address	City, State ZIP	Phone

Outstanding Debts

Creditor Name	Credit Type	Monthly Payment	Balance
Total			

Applicant Assets

Description of Assets	Financial Institution	Name Carried on Account	Subject to Debt?	Value
Total Assets				

Credit Application Disclosure

- **Privacy Policy Notice:** Nonpublic personal information collected about you from this application and other sources, including a credit report, may be disclosed to persons within this institution or our affiliates, if any, as permitted or required by law. A copy of our privacy policy is available upon request. A consumer may obtain a copy of our privacy policy by calling or visiting our financial institution during regular business hours to request a copy of our privacy policy.
- **IMPORTANT APPLICANT INFORMATION:** To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver’s license or other identifying documents.
- **Signatures:** 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 permissible questions, under the Fair Credit Reporting Act, 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.

Applicant’s Signature

Date

Other Signature

Date