Access Loan New Mexico Program Application

# Applicant/Co-Applicant/AT Consumer Information

Applicant’s Name: \_

### Address: \_

### City: State/Zip: County: \_

Home Phone: Work Phone: \_\_\_\_\_\_

#### Cell Phone: email: \_

Household size: Relationship and ages of dependents: \_

 \_

**Co - Applicant’s Name**: \_\_\_\_\_\_

### Address: \_

### City: State/Zip: \_\_\_ County: \_

Home Phone: Work Phone: \_

#### Cell Phone: email: \_

### **Primary Contact Person:**  \_preferred contact: \_\_\_\_\_

Name of person with disability: Age: \_

Relationship to Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe disability (onset and limitations): \_

 \_

 \_

 \_

 \_

 \_

 \_

 \_\_\_\_\_\_

# Assistive Technology/Service/Home Modification

Have you determined what you want to purchase? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the equipment with vendor information and price: (Attach written quotes, catalog materials or price sheets if applicable. If home a modification, include building plans.)

If no, do you need assistance to determine the equipment you need? Yes \_\_\_\_\_ No \_\_\_\_

If yes (describe additional information ILC provided to consumer):

*If you are requesting a loan for a home modifications, please fill in this section:*

 Current market value of home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Current mortgage balance: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Monthly mortgage payment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Monthly property tax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Number of years owned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how the equipment/services will improve independence and/or quality of life of the person with a disability or provide support to the caregiver. (Include what you currently use as your adaptive method)

# Additional Funding Sources

Do you receive any of these county, state or federal services?

Medicaid \_\_\_\_\_Medicare \_\_\_\_ ISD \_\_\_\_\_\_\_ DVR Other:

Could these programs cover the cost of AT requested?

\_\_\_\_\_ No

\_\_\_\_\_ Yes, and I am exploring funding possibilities

\_\_\_\_\_ Yes, and the funding source is covering part of the cost

***If you answered yes, please fill out this section:***

I understand the AT/Home modification I am seeking funding for, may be covered in part or full, by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I am choosing to pursue a loan through the Access Loan New Mexico Program (ALNM). I understand I can continue to explore other funding during the decision-making process.

Signature of applicant: ­­­­­­\_\_\_\_\_\_

Are you receiving help from another source to assist you with this purchase?

No \_\_Yes\_\_\_ Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, give agency name, caseworker name and phone number and complete the Authorization to Request and Release Confidential Records and Information Form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Loan Request

Total amount of the loan requested from ALNM? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monthly payment you feel you can afford a month? $ ­­­\_\_\_\_\_

# AGREEMENT/AUTHORIZATION

Everything I have stated is correct to the best of my knowledge. I understand if any information on the application is found to be false, my application may be rejected or my loan may be terminated.

I authorize the ALNM Project Director and the staff at the Center of Independent Living (CIL) to share information regarding my situation as necessary, including all information shared with partnering bank, Four Corners Community Bank.

I authorize the ALNM Program through San Juan Center for Independence to obtain a copy of my credit report and make all inquiries necessary to verify the accuracy of the information provided. In addition I authorize all persons inquired of, to respond in full to the ALNM Program.

I understand if I am approved for a loan through the ALNM Program it is necessary for me to repay the loan in full, since the continuation of the program depends on ongoing repayment.

I understand an 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 ALNM Program for defects in the device or any accident or injury resulting from its use.

I agree to notify ALNM, in writing, of any change of name, address, employment or other circumstances that may change my ability to repay the loan.

If I am late with a payment I understand I will be contacted to discuss the situation.

I agree to be contacted in the future by the ALNM Program for follow-up interviews.

I authorize ALNM to share all financial, credit and other pertinent information with Four Corners Community Bank for loan approval and loan maintenance purposes.

Signature of applicant or guardian Date

Signature of co-applicant or guardian Date

Print name of CIL staff assisting with application Date

**Applicant’s Copy**

# AGREEMENT/AUTHORIZATION

Everything I have stated is correct to the best of my knowledge. I understand if any information on the application is found to be false, my application may be rejected or my loan may be terminated.

I authorize the ALNM Project Director and the staff at San Juan Center for Independence to share information regarding my situation as necessary, including all information shared with partnering bank, Four Corners Community Bank.

I authorize the ALNM Program through San Juan Center for Independence to obtain a copy of my credit report and make all inquiries necessary to verify the accuracy of the information provided. In addition I authorize all persons inquired of, to respond in full to the ALNM Program.

I understand if I am approved for a loan through the ALNM Program it is necessary for me to repay the loan in full, since the continuation of the program depends on ongoing repayment.

I understand an 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 ALNM Program for defects in the device or any accident or injury resulting from its use.

I agree to notify ALNM, in writing, of any change of name, address, employment or other circumstances that may change my ability to repay the loan.

If I am late with a payment I understand I will be contacted to discuss the situation.

I agree to be contacted in the future by the ALNM Program for follow-up interviews.

I authorize ALNM to share all financial, credit and other pertinent information with Four Corners Community Bank for loan approval and loan maintenance purposes.

Signature of applicant or guardian Date

Signature of co-applicant or guardian Date

Print name of CIL staff assisting with application Date

**Applicant’s Copies**

Dear Applicant,

Thank you for completing the Access Loan New Mexico Application (ALNM). Your application will be sent to the ALNM Project Director at San Juan Center for Independence, the agency that administers the ALNM Program. The ALNM Project Director will contact you in the near future to verify the application information.

The ALNM Advisory Board makes the decisions on approvals and denials for loan applications. The ALNM Advisory Board consists of three members who are consumers and professionals from across the state. All applications are confidential and names of applicants are not provided to the ALNM Advisory Board. The ALNM Advisory Board meets monthly to review the loan applications.

The next Board meeting is: **When the loan application­ is filled out completely and all required documents are received, the full application will be forwarded to the ALNM Advisory Board for review.**

If you have any questions during the loan application process, please contact me at:

(505) 566-5831 or Toll Free in-state (877) 484-4500.

Thank you,

Damon Wright