



# SOUTHERN DISABILITY FOUNDATION

“Meeting the Assistive Technology Needs  
of Alabama Citizens with Disabilities”

Dear Loan Applicant:

Thank you for your interest in a loan to purchase assistive technology through Alabama’s Ability Loan Program. In order to be eligible for a loan you must meet the following requirements: Be an Alabama resident; a person with a disability and/or a significant other/family member with a disability; able to provide assurance that the loan will be used to purchase assistive technology and; show adequate creditworthiness and financial resources to repay the loan.

Enclosed, you will find a Southern Disability Foundation loan application, privacy statement, and AuburnBank loan application. Please note that in order for your loan application to be processed the following documents **must** be included:

1. *Signed and dated **original** AuburnBank and Southern Disability Foundation applications and privacy policy;*
2. *A clear copy of your driver’s license or state identification card;*
3. *Proof of income such as W2, pay stub, benefits statement (SSI, SSDI, VA) etc.*
4. *An estimate, from the vendor detailing the specific costs of the assistive technology, vehicle, or home modifications for which you are seeking the loan.*

If you have any questions, need further assistance, or an alternative format to complete the application form, please contact me at 1-800-782-7656 (toll-free) or at 334.293.7008.

Sincerely,

Kate Wallace  
Alternative Finance Program Coordinator

Enclosures

***Southern Disability Foundation, Inc***  
Post Office Box 1566    Montgomery, Alabama    36102  
Phone: 800.782.7656 Fax: (334) 293.7399

**FOR SOUTHERN DISABILITY FOUNDATION USE ONLY**  
**THIS INFORMATION WILL NOT BE USED BY AUBURNBANK IN EVALUATING YOUR LOAN APPLICATION**  
**COMPLETION OF THIS INFORMATION DOES NOT GUARANTEE THAT A LOAN WILL BE GRANTED**  
**A SIGNED PRIVACY STATEMENT MUST BE SUBMITTED WITH THIS APPLICATION**

**PLEASE PRINT OR TYPE**

Applicant Information:

Full Name (Last, First, Middle): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Is the applicant the person with a disability? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, what is the relationship to the person with the disability? \_\_\_\_\_

Please provide the following information about the person who will use or benefit from the equipment or service:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Educational Level: \_\_\_\_\_

Disability: \_\_\_\_\_

-----  
List and describe each adaptive equipment item, service, vehicle, or home or vehicle modification to be purchased with the loan (attach brochures or other descriptive materials such as vendor quotations, and technology prescriptions if available):

<b>Equipment or Service:</b>	<b>Cost:</b>	<b>Estimated Life of the Equipment:</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe how the above listed adaptive equipment or services will enhance the person's independence, productivity, learning ability or quality of life.

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

Total Amount of Loan Request: \$ \_\_\_\_\_ Has the loan applicant ever filed for bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, was the bankruptcy filing related to a major medical issue? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Co-Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

This application has been reviewed for completeness: Yes No  
The equipment and/or service to be purchased with the requested loan have been found to be:  
Suitable: Yes No Uncertain  
Reasonably Priced: Yes No Uncertain

The applicant, if deemed eligible for coverage of the requested equipment or service by a Public Agency and/or Private Insurance has been so advised.  
Yes No

\_\_\_\_\_  
SDF Representative \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Policy**  
**Southern Disability Foundation, Inc.**

**Safeguarding Customer Information**

In order to better serve your needs now and in the future, we may ask you to provide us with certain information. We understand that you may be concerned about what we will do with such information - particularly any personal or financial information. We agree that you have a right to know how we will utilize the personal information you provide to us. Therefore, we have adopted this Privacy Policy to govern the use and handling of your personal information.

This Privacy Policy governs our use of the information that you provide to us. It does not govern the manner in which we may use information we have obtained from any other source, such as information obtained from a public record or from another person or entity.

**Types of Information**

The types of nonpublic personal information that we may collect include:

- Information we receive from you on applications, forms and in other communications to us, whether in writing, in person, by telephone or any other means;
- Information about your transactions with us, our affiliated companies, or others; and
- Information we receive from a consumer reporting agency.

**Use of Information**

We request information from you for our own legitimate business purposes and not for the benefit of any nonaffiliated party. Therefore, we will not release your information to nonaffiliated parties except: (1) as necessary for us to provide the product or service you have requested of us; or (2) as permitted by law. We may, however, store such information indefinitely, including the period after which any customer relationship has ceased. Such information may be used for any internal purpose, such as quality control efforts or customer analysis. We may also provide all of the types of nonpublic personal information listed above to our affiliated lending partner AuburnBank Bank. Furthermore, we may also provide all the information we collect, as described above, to companies that perform marketing services on our behalf, on behalf of our affiliated companies or to other financial institutions with which we or our affiliated companies have joint marketing agreements.

In connection with accepting applications for AT loans, the Foundation agrees to (a) provide each applicant with a copy of the Foundation's privacy policy; (b) obtain from each applicant express written authorization, compliant with the requirements of the Gramm-Leach-Bliley Act, for the Foundation and AuburnBank to share nonpublic personal information provided by the applicant in the application or otherwise and information obtained by the Foundation and/or AuburnBank in connection with the review of such applications and the servicing of any AT loan request, including, but not limited to, so-called Beacon Scores and other information provided by consumer credit reporting agencies, and information concerning the payment status and activity of any AT loan; and (c) obtain from each applicant express written authorization for AuburnBank to deliver to the Foundation copies of correspondence and other written communications sent to the applicant. AuburnBank and the Foundation understand and agree that Region's privacy policy will be provided to approved AT loan applicants with the loan closing documents.

**Confidentiality and Security**

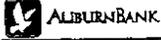
We will use our best efforts to ensure that no unauthorized parties have access to any of your information. We restrict access to nonpublic personal information about you to those individuals and entities who need to know that information to provide products or services to you. We will use our best efforts to train and oversee our employees and agents to ensure that your information will be handled responsibly and in accordance with this Privacy Policy. We currently maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.

**My signature serves as written authorization for Southern Disability Foundation and AuburnBank Bank to share my nonpublic personal information.**

---

Applicant / Co-Applicant Signature

Date



# CREDIT APPLICATION AND/OR PERSONAL FINANCIAL STATEMENT

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

<b>TYPE OF CREDIT REQUESTED</b> IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections.		<b>FOR CREDITOR USE</b> DATE _____ CLASS NO. _____ ACCOUNT NO. _____ APPROVED <input type="checkbox"/> BY _____ DECLINED <input type="checkbox"/> BY _____	
<input type="checkbox"/> SECURED	<input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets		
<input type="checkbox"/> UNSECURED	<input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources.		
	<input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (initials) _____		
<input type="checkbox"/> If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete all Sections.			

AMOUNT REQUESTED \$ _____	FOR HOW LONG _____	PAYMENT DATE DESIRED _____	WANT TO REPAY <input type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF LOAN TO BE USED FOR: _____
------------------------------	-----------------------	-------------------------------	--	---

## SECTION A - INDIVIDUAL APPLICANT INFORMATION

NAME (Last, First, Middle) \_\_\_\_\_

BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
ADDRESS (Street, City, State & Zip)			COUNTY	Do you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address)			COUNTY	Did you <input type="checkbox"/> own or <input type="checkbox"/> rent?	HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	SALARY PER MONTH		
			GROSS: \$	NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU		RELATIONSHIP		TELEPHONE NO. (Include Area Code)	
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: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit request is paid off?				Have you previously received credit from us?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

## 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, First, Middle) \_\_\_\_\_

BIRTHDATE	TELEPHONE NO.	DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.	NO. DEPENDENTS	AGES OF DEPENDENTS
RELATIONSHIP TO APPLICANT (if Any)	PRESENT ADDRESS (Street, City, State & Zip)				HOW LONG
EMPLOYER (Company Name & Address)					HOW LONG
BUSINESS PHONE	Ext.	POSITION OR TITLE	SALARY PER MONTH		
			GROSS: \$	NET: \$	
PREVIOUS EMPLOYER (Company Name & Address)					HOW LONG
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: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding					
SOURCES OF OTHER INCOME				AMOUNT PER MONTH \$	
Is any income listed in this Section likely to be reduced before the credit requested is paid off?				Has Joint Applicant or Other Party ever received credit from us?	
<input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				<input type="checkbox"/> No <input type="checkbox"/> Yes - When?	

## 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"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)

**SECTION D - ASSET & DEBT INFORMATION**

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

ASSETS OWNED (Use separate sheet if necessary.)			
DESCRIPTION OF ASSETS	NAME IN WHICH THE ACCOUNT IS CARRIED	SUBJECT TO DEBT?	VALUE
CHECKING ACCOUNT NUMBER(S) (where)			\$
SAVINGS ACCOUNT NUMBER(S) (where)			
CERTIFICATE OF DEPOSIT(S) (where)			
MARKETABLE SECURITIES (issuer, type, no. of shares)			
REAL ESTATE (location, date acquired)			
LIFE INSURANCE (issuer, face value)			
AUTOMOBILES (make, model, year)			
OTHER (list)			
<b>TOTAL ASSETS</b>			\$

OUTSTANDING DEBTS (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)					
CREDITOR	ACCOUNT NUMBER	NAME IN WHICH THE ACCOUNT IS CARRIED	ORIGINAL AMOUNT	PRESENT BALANCE	MONTHLY PAYMENT
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILES (describe)					
<b>TOTAL DEBTS</b>			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):

Are you obligated to make Alimony, Support or Maintenance Payments?  No  Yes  
 If yes, to (Name & Address) \_\_\_\_\_ Amt. per month \$ \_\_\_\_\_  
 Are you a co-maker, endorser, or guarantor on any loan or contract?  No  Yes If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_  
 Are there any unsatisfied judgments against you?  No  Yes If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
 Have you been declared bankrupt in the last 10 years?  No  Yes If yes, where? \_\_\_\_\_ Year? \_\_\_\_\_

**SECTION E - SECURED CREDIT** Complete only if credit is to be secured. Briefly describe the property to be given as security:

PROPERTY DESCRIPTION \_\_\_\_\_

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY \_\_\_\_\_

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any). \_\_\_\_\_

**SIGNATURES** I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. signing below I authorize Lender to check my credit and employment history and to answer questions others may ask Lender about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.