

TechConnect Application

Attachment 1: **Budget Worksheet.** Please be realistic when filling out this worksheet. If you have more going out each month than you have coming in, you cannot afford a loan. You must have proof of any income listed.

Attachment 2: **Credit Application.** Please provide all information requested on this application, including name, address, and phone number of your nearest relative not living with you. Keep in mind that we may not be in the same city as you so don't just list your street address - include city and zip code too. If you are not employed and receive Social Security, a pension or some other form of income, please list that income in the space for other income, not salary. Don't forget to sign the application.

Attachment 3: **Authorization Form.** Signing this form allows the bank to share your credit information with us. We will get a copy of your credit report showing accounts that are paid as agreed, as well as late payments, outstanding collections, judgments, garnishments, and bankruptcies.

Attachment 3A: **Certification Required by Illinois "Deposit of State Moneys Act."** Required by the State regarding doing business with the Republic of the Sudan. Must be signed.

Attachment 4: **Program Application.** Collects other information we need for making our decision on your loan. The last page of the application is a **Certification Page** which you must sign in front of a notary so that he or she can verify your signature.

Supporting Documentation

(Depending on what you are requesting a loan for, you may not need any of these sheets.)

Attachment 5: **Vehicle Trade-In Checklist.** If you plan to trade in your current vehicle on a new vehicle, you will need to provide information about the pay-off for the current vehicle, plus proof of insurance. If you do not currently have a vehicle, we require proof of insurability.

Attachment 6: If you are requesting a loan for a used vehicle that is more than 5 years old and/or that has more than 75,000 miles, a **Vehicle Checklist** must be filled out by a certified mechanic other than the person trying to sell you his or her car.

Attachment 7: **Home Mortgage Checklist.** If you are requesting a loan for a home modification for accessibility, you will need to provide information about any current liens on your home and your property tax ID number. If you are requesting an amount over \$5,000.00, title work at a fee of \$150.00 will be ordered on your home. If you are requesting over \$20,000.00, you must also provide a recent appraisal. If you do not have one you must order one at your expense. You must also provide information about and proof of, homeowner's insurance. This page must be notarized. If you are requesting a loan for a home modification, and you do not own the home, you must

provide a letter from the owner stating that the modifications are acceptable to him or her.

Attachment 8: **Telework Loan Final Checklist**. If you are applying for a Telework loan for home-based self-employment, you may need a business plan. If you are working from home for someone else, you do not need a business plan. Please contact IATP at 1-800-852-5110 (Voice/TTY) for further instruction.

Missing information will delay a decision on your application while we wait for you to provide it. If you have any questions, please call the loan staff at 1-800-852-5110 (Voice/TTY).

TechConnect Low Interest Loan Program Loan Application

All information on this form is strictly confidential and will be used to determine your need for and ability to repay this loan. After you have filled in all of the information on this application to the best of your ability, print a copy, have your signature(s) notarized, and mail it to: TechConnect Low Interest Loan Program, 1 West Old State Capitol Plaza, Suite 100, Springfield, IL 62701. **Missing information will delay a decision on your loan.**

1. Name of person with a disability _____

2. What is your disability? _____

Date of birth of person with a disability _____

3. If the person with a disability is not the borrower, what is the borrower's relationship to person with a disability (please specify): _____

4. If the person with a disability is not the co-borrower, what is the co-borrower's relationship to person with a disability (please specify): _____

5. Does any person applying for this loan have a legal guardian? Yes _____ No _____
If yes, please provide name and appropriate documentation, including case number and county where filed.

6. Describe what you plan to purchase (device/equipment/service/vehicle or home modification)
If you are applying for a loan for a vehicle, **full insurance coverage is mandatory** and you must provide proof of insurance.

Will this product and/or home modification be used for telework or home-based employment?
Yes _____ No _____

If yes, how will this equipment advance your self-employment goal? _____

If your home-based employment is self-employment, a business plan and Telework Loan Checklist may be required. Please contact IATP at 1-800-852-5110 V/TTY for further instruction.

Will this purchase be used for: (check all that apply)

_____ Community Living
_____ Employment
_____ Education

7. Explain how this purchase will allow you to do what your disability prevents you from doing.

8. How much are you requesting for the loan? _____

Remember to include the cost of evaluation, training, technical support, maintenance agreements, customization, installation, travel and other costs associated with the purchase in your request.

9. How much do you feel you can afford in loan payments each month? _____

10. Please attach price quotes with detailed information about the product, prices, and name of vendor(s) or individual(s) from whom you are purchasing the device. We require at least two bids for home modifications and two price quotes for other assistive technology and equipment for telework. **If you are unable to provide price quotes please explain why.**

11. Have you tried any other sources of funding such as the Division of Rehabilitation Services (DRS), the Division of Specialized Care for Children (DSCC), the Small Business Administration (SBA), disability specific organizations, service organizations, etc. Please list:

12. Additional Comments (This is where you let us know any special circumstances, explanations about your credit history, why you need the loan or any other pertinent information you want to share.)

The following information about the person with the disability is optional, but helps us know who we were serving.

Sex: M _____ F _____

Ethnicity: White _____ Hispanic _____ African-American _____

American Indian _____ Native Alaskan _____ Native Hawaiian _____

Pacific Islander _____ Asian _____ Asian Indian _____ Other _____

Main Language: _____

Employed: Full-time _____ Part-time _____ No _____

Income: SSI _____ SSDI _____ Both _____ Neither _____

Number of people in household _____

If you need information in special format, please indicate:

Braille _____ Audio Tape _____ Large Print _____ Computer Disk _____

CREDIT APPLICATION

<p style="text-align: center;">TYPE OF CREDIT REQUESTED</p> <p>IMPORTANT: Check (✓) the appropriate boxes and complete the applicable sections.</p> <p> <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 </p>	<p style="text-align: center;">FOR CREDITOR USE</p> <p>DATE _____ CLASS NO. _____ ACCOUNT NO. _____ APPROVED <input type="checkbox"/> BY _____ DECLINED <input type="checkbox"/> BY _____</p>
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AMOUNT REQUESTED \$	FOR HOW LONG	PAYMENT DATE DESIRED	WANT TO REPAY <input checked="" type="checkbox"/> MONTHLY <input type="checkbox"/>	PROCEEDS OF THE LOAN TO BE USED FOR:
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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: Court Order Written Agreement 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? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)	Have you previously received credit from us? <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? <input type="checkbox"/> No <input type="checkbox"/> Yes (Explain)				Joint Applicant or Other Party ever received credit from us? <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 FOR INDIVIDUAL APPLICANT

This Section should be completed giving information about the Individual Applicant ONLY.
If Section B was completed, give information about the Joint Applicant or Other Person on page 3.

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)			
TOTAL ASSETS			\$

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 PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILE LOAN(S) (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about the Applicant:

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 _____

NAME & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY _____

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

SIGNATURE - 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.

Applicant's Signature _____

Date _____

SECTION D- ASSET & DEBT INFORMATION FOR JOINT APPLICANT OR OTHER PARTY

If Section B has been completed, this page should be completed giving information about the Joint Applicant or Other Person.
If Section B was not completed, you may disregard this page.

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)			
TOTAL ASSETS			\$

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 PAYMENTS
LANDLORD OR MORTGAGE HOLDER	<input type="checkbox"/> Rent <input type="checkbox"/> Mortgage		(OMIT RENT) \$	(OMIT RENT) \$	\$
AUTOMOBILE LOAN(S) (describe)					
TOTAL DEBTS			\$	\$	\$

Complete the following information about the 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 \$ 0 _____

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 _____

NAME & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY _____

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

SIGNATURE - 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.

Joint Applicant Signature (Where Applicable)

Date

Authorization Form

I hereby authorize Security Bank, SB, the lender, to verify my past and present employment earnings records, bank accounts, stock holdings and any other asset balances that are needed to process my loan application. I further authorize Security Bank, SB (the lender) to order a consumer credit report and verify other credit information, including past and present mortgage and landlord references and in addition Security Bank, SB may order a payoff statement. It is further understood that this authorization may be used for quality control review. It is understood that a photocopy of this form will also serve as authorization.

I/we further authorize Security Bank, SB, and the TechConnect Low Interest Loan Program to share all financial, credit, and other pertinent information for loan approval and loan maintenance purposes.

I/We further authorize Security Bank, SB, to provide any and all information contained in the loan application to the credit bureau in order to facilitate the reporting of credit information to Security Bank, SB.

The information the lender obtains is only to be used in the processing of my application for a loan.

Dated: _____

X _____

X _____

Certification

I understand that this is a loan request, and I authorize the Illinois TechConnect Low Interest Loan Advisory Committee and staff to review all information provided and seek additional information required to verify the contents of this application. All information is true and correct and is provided to obtain the loan I am seeking. I understand that any misrepresentation on any part of this application could result in rejection of this application or termination of the loan.

I authorize the bank to share my credit history with the Illinois TechConnect Low Interest Loan Advisory Committee.

Should the TechConnect Low Interest Loan Program guarantee my loan and make a payment on my behalf, either partial or in full, I understand that I am obligated to repay that amount of money to the TechConnect Low Interest Loan Program.

Information obtained will be used to review and approve or deny the application for credit. By signing below, I authorize all persons inquired of to respond in full to the TechConnect Low Interest Loan Program, also I authorize TechConnect Low Interest Loan Program to answer questions about credit experience.

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 TechConnect Low Interest Loan Advisory Program for defects in the device or any accident or injury resulting from its use.

*Signature of Borrower
(We will accept signature stamp or personal mark)

Date

*Signature of Co-Borrower

Date

State of Illinois

County of _____,

I, the undersigned, a Notary Public in and for said County and State aforesaid, do hereby certify that _____, personally known to me to be the same person(s) whose name(s) is/are subscribed to the foregoing instrument, appeared before me this day in person and acknowledged that he/she/they signed and delivered said instrument as his/her/their free and voluntary act, for the uses and purposes set forth therein. Given under my hand and seal, this ____ day of _____, 20____.

(seal)

Signature of Notary Public

Certification Required by Illinois' "Deposit of State Moneys Act"

Illinois law requires this financial institution to obtain a certification from each loan applicant ("Applicant") indicating that Applicant is not a "forbidden entity" as defined in Section 22.6 of the Deposit of State Moneys Act. Applicant is only a "forbidden entity" if: Applicant is associated with or controlled by the government of the Republic of the Sudan; Applicant is organized under the laws of the Republic of the Sudan or has its principal place of business there; Applicant is identified on the United States Department of the Treasury's Office of Foreign Assets Control (OFAC) list as being sponsor of terrorism or has been fined, penalized or sanctioned by OFAC as a result of any contacts relating to the Republic of the Sudan after January 27, 2006; or Applicant fails to certify that Applicant does not own any asset in, does not have employees or facilities located in, does not make or purchase investments in and does not do business of any kind with the Republic of the Sudan or any company domiciled there.

The signature (or initials) below represent the certification by Applicant that Applicant does not own any asset in, does not have employees or facilities located in, does not make or purchase investments in, and does not do business of any kind with the Republic of the Sudan or any company domiciled there and that Applicant is not otherwise a "forbidden entity" as defined in Section 22.6 of Illinois' Deposit of State Moneys Act.

This certification requirement is imposed on Applicant and on this financial institution by the laws of the State of Illinois, and is not a requirement that is within the discretion of this financial institution.

Signature (or initials) of Applicant: _____

Signature (or initials) of Applicant: _____

Applicant's title (if signing or initialing in a representative capacity): _____

Date: _____ , _____

Can I Afford This Loan?

To help you determine if you can afford an additional monthly payment we have created this simple budget sheet. You may have other expenses other than those listed here, so be sure to add them in when you are figuring your monthly expenses.

This sheet is for your own use, but we ask that you return it with the loan application.

Monthly Income 1 _____

Monthly Income 2 _____

Total monthly income _____

Expenses

Housing

Rent/Mortgage _____

Property tax _____

Lot Rent _____

Condo fees _____

2nd mortgage _____

Insurance _____

Electricity _____

Gas/Heat _____

Water/Sewer _____

Garbage _____

Phone _____

Cable _____

Groceries _____

Eat out _____

School lunches _____

Transportation

Car payment _____

Gas _____

Insurance _____

Maintenance _____

Bus fees _____

Cab fees _____

Credit Cards

Visa _____

MasterCard _____

Discover _____

American Express _____

Store _____

Store _____

Store _____

Miscellaneous

Hospital bills _____
Medicine _____
Health insurance _____
Day care _____
Cell phone _____
Internet access _____
Barber/Beauty _____
Toiletries/etc. _____
Clothes _____
Laundry _____
Charities/church _____
Recreation _____

Other

Other expense _____
Other expense _____
Other expense _____

Total expenses _____

Amount over/under income _____

If you are paying out more each month than you have in income you most likely cannot afford this loan. If you are under the amount you have coming in each month than this is the amount you could probably afford to pay each month in a loan payment.

Mailing Checklist

To submit your application, please mail the following items to the address below:

- TechConnect Low Interest Loan Application**, signed & notarized
- Credit Application**, signed & dated
- Credit Check Authorization**, signed & dated
- Certification Required by Illinois “Deposit of State Moneys Act”**, signed
- Budget Worksheet**
- Proof of Disability** – this can be a letter from your doctor, a statement from Social Security, a letter from your DRS counselor, or something similar.
- Proof of Income**
- Two months of bank statements**
- Two price quotes** from vendors who can supply the equipment and/or service you will be purchasing with the loan. (If you are purchasing from an individual, a letter is sufficient.)
- Legal Guardian Documentation** (if applicable), including name, case number, and county where filed.
- Telework Loan Final Checklist** and supporting documentation (if applying for a telework loan).
- Vehicle Trade-In Checklist & Vehicle Checklist** (if applicable)
- Home Mortgage Checklist** (if applicable)

Include any additional supporting documentation necessary to process your loan request. Applications will not be processed until all this information is received.

Mail to:

TechConnect Loan Program
Illinois Assistive Technology Project
1 W Old State Capitol Plaza, Suite 100
Springfield, IL 62701

Be sure to keep a copy of the application and any other information you send for your own records.

Vehicle Trade-in Checklist & Insurance Information
(you only need this page if you are requesting a loan for a vehicle)

Are you trading in your present vehicle for a new vehicle? _____

If yes:

Do you currently have a loan on the vehicle you are trading in? _____

Name of the Bank or Financial Institution where loan is held: _____

Phone number of Bank or Financial Institution: _____

Loan account number: _____

Current payoff of loan: \$_____

Current auto insurance information:

(You must carry full insurance coverage for the entire term of the loan)

Name of Agent _____

Agent's phone number _____

Agent's address _____

Carrier _____

Policy number _____

Expiration date _____

**TechConnect Low Interest Loan Program
Vehicle Inspection Sheet**

Date _____
 VIN _____
 YR/Make/Model _____
 Mileage _____
 Technician _____

Company Name _____

OK	Not OK			Comments/Repairs Needed
Initial Inspection				
		Engine Starting / Idle	Hesitates, Misses, Idle Speed	
		Wiper / Washer		
		Clock / Radio, Horn		
		Switches	Windows, Locks, Seats	
		A/C, Heater, Defrost	Operation, Noise	
		Lights, Body Inspection	Interior / Exterior, Body	
		Brakes, Parking Brake	Pedal Low or Spongy, Pulls	
		Tires	Air Pressure / Tread	
Underhood				
		Belt	Cracked	
		Valve Covers, Seals, Gaskets	Leaks	
		Radiator & Cap	Leaks	
		Water Pump, Hoses, Clamps	Leaking, Noisy, Condition	
		A/C Compressor, Clutch	Noisy, Leaks	
		A/C Evap, Cond, Dryer, Hoses	Leaks	
		Power Steering	Leaks, Binding, Noisy	
		Starter	Grinds, Drags	
		Battery, Alternator	Charges, Terminals Clean, Noisy	
		Fluids, ATF, PS, Coolant, Brake	Contaminated, Odor, Level	
Under Vehicle				
		Change Oil & Filter	(If Needed)	
		Engine Trans Diff	Leaks	
		Ball Joints, Tie Rods, Shocks		
		Wheel Bearings, Axle Seals	C/V Boot Condition, Noise	
		Caliper, Wheel Cyl, Master Cyl	Leaks, Brake Lines	
Final Road Test				
		Engine Operation	Knocks, Taps, Smokes	
		Transmission	Late or Slow Shifts, Slipping	
		Suspension / Ride / Brakes	Vibration, Pull, Noise, Shimmy	

Home Mortgage Checklist

(You only need this page if you are requesting a loan for home modifications)

Do you currently have a lien against your home? _____

If yes:

Do you have a copy of your title work? _____

If yes, please send it send it to us.

If no, we may order title work at a fee of \$150.00. This amount can be added to the final loan amount.

If no, do you have a copy of the first mortgage? _____

If you do have a copy of the first mortgage, please send it to us.

Property tax ID number _____

Please include a copy of the most recent appraisal. If you are requesting more than \$20,000.00 in home modification funds, an appraisal must be ordered on the home at your expense.

Homeowner's insurance information:

(You must have adequate insurance to cover the value of the home with modifications.)

Name of Agent _____

Agent's phone number _____

Agent's address _____

Carrier _____

Policy number _____

Expiration date _____

I/We understand that I/we are responsible for any fees incurred while applying for this loan.

Signature

Date

Signature

Date

(seal)

Signature of Notary Public

Telework Loan Final Checklist

FOR SELF-EMPLOYMENT, SUBMIT THIS COMPLETED CHECKLIST WITH YOUR APPLICATION

Applicant

Office Use

- ___ A) Business Plan:
We have attached a business plan outline created by the First Stop Business Information Center (FSBIC). Small Business Development Center (SBDC) can assist with preparing a business plan. Please contact FSBIC at 800/252-2923 to locate the SBDC nearest you.

For a potential business owner, please be sure to have in your business plan the following information:

- ___ B) The type of business you plan to establish
___ C) The products or services the business plans to offer
___ D) The existing and potential customers and competitors
___ E) Your experience and management capabilities
___ F) How much you will invest in the business and how much you will need to borrow
___ G) Your current financial statement (balance sheet) listing all personal assets and all liabilities
___ H) A detailed projection of earnings for the first three years the business will operate
___ I) List of collateral to be offered as security for the loan, indicating your estimate of the present market value of each item

For an established business owner and for someone purchasing an established business, please be sure to have in your business plan the following information:

- ___ J) A brief history of the business and its employment growth
___ K) Your company's products or services
___ L) Your existing and potential major customers and competitors
___ M) A current financial statement (balance sheet) listing all assets and liabilities of the business
___ N) An earnings (profit and loss) statement for the current period to the date of the balance sheet
___ O) A current personal financial statement
___ P) List of collateral to be offered as security for the loan, with an estimate of the present market value of each item

For an established business owner and for someone purchasing an established business, also submit the following information along with your business plan.

- ___ Q) Historical Financial Statements:
Furnish historical financial statements for the past three years and interim statements dated no more than 90 days prior to application. This information must be signed and dated:
- ___ 1. Profit and Loss (Income) Statements
 - ___ 2. Balance Sheets
 - ___ 3. Disclosure of Contingent Liabilities
 - ___ 4. Aging of Accounts Receivable & Accounts Payable
(Dated no more than 30 days prior to application.)

The following information applies to both existing and potential business owners.

- ___ R) Financial Projections (Footnote Page): _____
Along with three-year projections included in your business plan, submit footnote page describing how you arrived at projections.
- ___ S) Letters of Commitment: _____
If you are leveraging, you need to supply commitment letters from other financial institutions indicating the loan amount, specified term and interest, collateral condition of the loan, and the fact that the loan is approved.
 ___ Bank/Financial Institutions
 ___ SBA
 ___ Other
- ___ T) Land, Building, or Home Information: _____
If you are offering land, building, and/or home as collateral, we need an appraisal by a credentialed appraiser (e.g., MAI, SRA). You may also offer personal property as collateral.
- ___ U) Machinery and Equipment Information: _____
If you are offering used machinery and/or equipment as collateral, we need a certified appraisal. We need an appraisal demonstrating that the fair market value is in line with the purchase price and a specified description of the equipment, including name, model, and serial numbers, if available.
- ___ V) Personal Resume _____
- ___ W) Bankruptcy: _____
If you have been involved in bankruptcy or insolvency proceedings, please provide the details. If none, initial here. ___
- ___ X) Pending Law Suits: _____
If you or your business is involved in any lawsuits, please provide the detail. If none, initial here. ___
- ___ Y) Franchise: _____
If your business is a franchise, include a copy of the franchise agreement and the FTC disclosure statement supplied to you by the franchiser.
- ___ Z) Compliance with Public Acts—Assumed Name Act: _____
 ___ a. General partnership/sole proprietors are required to register at the county office.