



Get Guam Teleworking (GGT) Loan Program

University of Guam, Office of Academic Affairs
House 19 Dean Circle • UOG Station • Mangilao, Guam 96923
(671) 735-2490 • (671) 735-2491 (TTY) • (671) 734-8378 (Fax)

Dear Future GGT Customer:

Thank you for your interest in a loan through the *Get Guam Teleworking Loan Program (GGT)*. Enclosed, you will find the loan application. Answer each question completely, attach any additional documentation as necessary, and return the application to our office. The GGT Review Board will not review incomplete applications.

Keep in mind that in order to be eligible for a loan, applicants must meet the following requirements:

1. Be a Guam resident.
2. Be a person with a disability or a family member / significant other on behalf of a person with a disability and legally able to enter into a contract.
3. Provide assurance that the loan will be used to purchase equipment in order to telework.
4. Confirm Telework intent: employment with existing business or self-employment.
5. Document sufficient creditworthiness and ability to repay the loan.
6. Request a loan in an amount ranging from \$100 -\$5,000. (*Under some circumstances, the Review Board may consider a request for a loan exceeding \$5,000.*)

The Review Board meets on the second Tuesday of every month. For a loan to be reviewed at that time, the application must be received at least five (5) business days prior to the next meeting. Loan decisions may take up to 30 days from the time the application is received in our office.

Attached are the following documents:

1. **GGT General Info** - A general overview of the GGT loan program.
2. **GGT Intent Agreement** - To specify if you will be Teleworking for an existing business, or Teleworking for a new business.
3. **GGT Loan Application for Credit** - The necessary form you must complete for consideration for the Get Guam Teleworking loan program.
4. **GGT Equipment List** - The list of equipment needed for you to Telework.
5. **GGT Application Certification & Authorization** - certifies the application is accurate and complete and also authorizes the GOAL-AT Program to check credit history
6. **GGT Alternative Funding Sources Worksheet** - To determine if other funding sources may be available to you. Completion is optional, and the information you provide will not be used to determine loan eligibility.

If you have any questions or feel that you require assistance or an alternative format to complete the application form, please contact the GGT staff at 671-735-2490 or 671-735-2491 (TTY).

Sincerely,


Mike Terlaje
Program Coordinator



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Get Guam Teleworking Intent Agreement

Applicant Name: _____ Telework Type: New Business
 Working with
Doing Business As: _____ Existing Business

Contact Information

Address: _____ Phone: _____
_____ Fax: _____
_____ Email: _____

Telework Job Description: _____

If a new business, please attach all supporting documents and an approved business plan.

If working with an existing business, please attach all supporting documents of a Telework agreement from employer.

Applicant Signature

Date (MM/DD/YY)



Get Guam Teleworking

Loan Application for Credit



Pacific Island
Microcredit Institute

Closed End • Unsecured • Secured

_____ Branch / Office

IMPORTANT: Read these Directions before completing this Application

Check the
Appropriate Box

- If this is an application for an individual and you 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, and sign this application. If the requested loan is to be secured, please also complete Sections C and E.
- If this is an application for a joint loan involving you and another person, complete all Sections except E, and both parties should sign this application. If the requested loan is to be secured, then complete Section E.
- If this is an application for an individual loan, but you 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 except E to the extent possible, and sign this application. If the requested loan is to be secured, please complete Section E.

Amount Requested	Re-Payment Term Requested			Proceeds of Loan to be Used for...
\$	<input type="checkbox"/> 12 Months	<input type="checkbox"/> 24 Months	<input type="checkbox"/> 36 Months	
	<input type="checkbox"/> 48 Months	<input type="checkbox"/> 60 Months		



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The University of Guam is an equal opportunity employer and provider

A: Information about Applicant				B: Information about Co – Applicant / Other Party			
Full Name (Last, First, Middle)		Date of Birth (MM/DD/YYYY)		Full Name (Last, First, Middle)		Date of Birth (MM/DD/YYYY)	
Social Security Number		Driver's License No.		Social Security Number		Driver's License No.	
Current Home Street Address			Years There	Current Home Street Address			Years There
City or Village	State	Zip	Home Phone	City or Village	State	Zip	Home Phone
Current Mailing Address				Current Mailing Address			
Current Employer			Years There	Current Employer			Years There
Position or Title	Name of Supervisor		Work Phone	Position or Title	Name of Supervisor		Work Phone
Previous Employer			Years There	Previous Employer			Years There
Previous Employer's Address				Previous Employer's Address			
Current Salary or Commission		No. of dependents	Ages	Current Salary or Commission		No. of dependents	Ages
\$	per			\$	per		



Other Income (Alimony, child support, or separate maintenance need not be revealed if you do not wish it considered as a basis for repayment) \$ _____ per _____	Source of Other Income	Other Income (Alimony, child support, or separate maintenance need not be revealed if you do not wish it considered as a basis for repayment) \$ _____ per _____	Source of Other Income
Alimony, Child Support Separate Maintenance received under... <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Verbal Understanding		Alimony, Child Support Separate Maintenance received under... <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Verbal Understanding	
Have you ever borrowed from us? When Branch <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you ever borrowed from us? When Branch <input type="checkbox"/> Yes <input type="checkbox"/> No	
Checking Account No.	Name of Financial Institution	Checking Account No.	Name of Financial Institution
Savings Account Number	Name of Financial Institution	Savings Account Number	Name of Financial Institution
Name of Nearest Relative Not Living With You...	Relationship	Name of Nearest Relative Not Living With You...	Relationship
Address	Phone Number	Address	Phone Number

C: Applicant's Martial Status (Do Not Complete if this is an application for an unsecured loan)

<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (includes Single, Divorced or Widowed)
Co – Applicant / Other Party <input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (includes Single, Divorced or Widowed)



D: Asset and Debt Information

(If Section B has been completed, this Section should be completed giving information about both the Applicant and Co – Applicant / Other Party. Please mark Applicant – related information with an “A”. If Section B was not complete, only give information about the Applicant in this Section.)

* **Assets Owned** (Use separate form if necessary)

Description of Assets	Value	Encumbered?	Name(s) of Owner(s) of Record
Cash	\$		
Automobiles (Year, Make & Model)	\$		
Description of Assets	Value	Encumbered?	Name(s) of Owner(s) of Record
Cash Value of Life Insurance (Issuer, Face Value)	\$		
Real Estate (Location & Date Acquired)	\$		
Marketable Securities (Issuer, Type, Shares)	\$		
Other (List)	\$		
TOTAL ASSETS	\$		



* **Outstanding Debts** (Include charge account, installment contracts, credit cards, rent mortgage, etc. Include at least 3 credit references. Use separate sheets if necessary.)

Name of Creditor	Type of Debt or Account No.	Name in Which Account Carried	Original Debt	Present Balance	Monthly Payments	Amount Past Due
1. Landlord or Mortgage Holder	<input type="checkbox"/> Rent Payment <input type="checkbox"/> Mortgage		\$	\$	\$	\$
2.			\$	\$	\$	\$
3.			\$	\$	\$	\$
4.			\$	\$	\$	\$
5.			\$	\$	\$	\$
TOTAL DEBTS			\$	\$	\$	\$

Are you a co – Maker, endorser or guarantor on any loan or contract? Yes No
 If Yes, for whom? (give name) To Whom? (give name)

Are there any unsatisfied judgments against you? Yes No
 If Yes, give amount If Yes, to whom owed? (give name)
 \$

Have you been declared bankrupt in the last 14 years? Yes No
 If Yes, Where? (give location / city / state / country) Year Filed

Other obligations (e.g. liability to pay alimony, child support, separate maintenance • Use separate sheet if necessary)

E: Secured Credit (briefly describe the property to be given as security)

And list names and addresses of all co – owners of property

If the security is to be real estate, give the full name of your spouse (if any)



I / WE authorize Bank of Guam to make whatever credit inquiries that it deems necessary in connection with this credit application or in the course of review or collection of any credit extended in reliance on this application. I / WE authorize and instruct any person or consumer reporting agency to compile and furnish Bank of Guam any information that it may have or obtain in response to such credit inquiries and agree that such information, along with this application shall remain Bank of Guam's property whether or not credit is extended.

All information set forth in this application is declared to be a true representation of the facts, made for the purpose of obtaining the credit requested, and any willful misrepresentation on this application could result in criminal action.

Applicant's Signature	Date (MM/DD/YYYY)	Co – Applicant's Signature	Date (MM/DD/YYYY)
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MONTHLY BUDGET (complete all cases)			
Net Income	\$		
Total Mo. Payments	\$	Alimony & Child Support	\$
Payment on this Loan	\$	Life & Health Ins. Premium	\$
Food	\$	Miscellaneous	\$
Medical	\$	TOTAL EXPENSES	\$
Car Maint. / Insurance	\$		
Clothing	\$	NET EXCESS INCOME	\$



Get Guam Teleworking Equipment List

	Equipment	Make & Model (Brand)	Company	Cost
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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24.				
25.				





MEMBER OF THE
FEDERAL DEPOSIT INSURANCE CORP.

Bank of Guam

"The People's Bank"

P.O. BOX BW
HAGATÑA, GUAM 96932

Tel: (671) 472-5300

IN ASSOCIATION WITH GET GUAM TELEWORKING

APPLICATION CERTIFICATION AND AUTHORIZATION

In consideration for the acceptance and review of this application the undersigned, being the duly authorized agent(s) and principal(s) of the proposed Borrower, _____, collectively referred to as "Applicant," herby agrees to the following terms and conditions.

Applicant hereby acknowledges that the "Application" includes the information contained herein, the attachments hereto and the information previously or subsequently provided to the Get Guam Teleworking, ("GGT Program") on behalf of Bank of Guam ("BOG").

The Applicant certifies that the Application is accurate and complete. Applicant understands that any material misstatement or misleading statement herein is cause for denial or rescission of any approval or assistance received in connection with this Application. Applicant understands that the GGT Program will retain this Application whether or not Applicant's loan request is approved. Applicant agrees to notify the GGT Program, in writing of any change in name, address, or employment.

Applicant hereby authorizes the GGT Program to check Applicant's credit history and to make all necessary inquiries on behalf of Applicant in order to verify the accuracy of the information Applicant provided to the GGT Program. The information obtained will be used to review and approve or deny the application for credit.

Applicant understands that issuance of a loan does not imply any type of warranty by either the GGT Program or BOG on the device or equipment purchased with the loan proceeds. Therefore, Applicant can make no claims against either the GGT Program or BOG for any defects in the device or equipment, or any accident or injury resulting from its use.

Because the GGT Program guarantees Applicant's loan from BOG, should Applicant default on the loan, and GGT Program makes a payment on Applicant's behalf, either partial or in full, Applicant understands that Applicant is obligated to repay that amount of money to GGT Program.

Applicant further authorizes the GGT Program or BOG, as it may deem appropriate, to obtain or to furnish and release all or any portion of this Application to all sources for financial or technical assistance in its efforts to promote and make a determination on this Application for assistance. Applicant further agrees that the GGT Program or BOG shall not be held liable for any assistance or advice given by any such referral entity. It is further understood that the GGT Program or BOG are held without liability for any loss whatsoever that might be

incurred by Applicant in any personal relationship that may be established in any activity Applicant should hereinafter undertake.

Applicant acknowledges that the GGT Program or BOG, its directors, officers, employees, auditors, counsel, agents, including, but not limited to, BOG Representatives are in possession of, or may access, financial or other information concerning Applicant, or any of Applicant's principals or guarantors, and that such information may be shared in the consideration of this Application. Applicant consents to the disclosure of such information among BOG Representatives and release the GGT Program, BOG and BOG Representatives from any and all claims and causes of action that Applicant may have against the GGT Program, BOG or BOG Representatives arising out of such disclosure and the consideration and disposition of this Application.

Applicant hereby acknowledges that the GGT Program or BOG does not guarantee any specific performance and that any approval will be subject to terms and conditions set forth in the Loan Documents executed by Borrower and BOG.

Name: (Please Print) _____

Mailing Address: _____

Social Security Number: _____

Signature: _____

Date: _____

Get Guam Teleworking Alternative Funding Sources Worksheet

Explanation: Funding for Assistive technology devices may be available through sources such as state agencies, insurance companies, school districts or other private organizations. **The purpose of this worksheet is to gather information that may help the consumer determine if there are other funding options available.** The existence of alternative funding may, in some instances, eliminate the need for the consumer to take out a loan, or may reduce the amount of money to be borrowed. GGT supports informed consumer choice and does not want to encourage unnecessary consumer debt.

COMPLETION OF THIS FORM IS OPTIONAL. The information provided will **NOT** be used to approve or deny a GGT Assistive technology loan, and GGT will **NOT** require a consumer to use another available funding source in place of a GGT loan. Please be aware that GGT cannot assure eligibility for, or authorization of funding by another agency. It is the consumer's choice and responsibility to pursue funding from any source suggested by GGT or its representatives.

Instructions: Please answer the following questions.

1. Person needing assistive technology _____ Phone _____

2. Contact person _____ Phone _____
(if other than person with disability)

3. Date of birth (MM/DD/YY) _____ 4. Diagnosis _____

5. At what age did the disability occur?

- 0 – 3 years 4 – 21 years 21 – 65 years 65 + years

6. Functional Disabilities: (check all that apply)

- Communication Recreation
 Hearing Self – care
 Learning Vision
 Mobility Work / Employment
 Other _____



7. Place of Residence: (check all that apply)

- Single Family Home Apartment Own
 Assisted Living Facility Group Home Rent HUD / Section 8
 Nursing Home Other _____

8. What major life activities will the assistive technology be used for? (check all that apply)

- Employment / Work School / Education Communication Mobility
 Home / Independent Living Community / Activities Other _____

9. Have you ever or are you currently receiving services from the following agencies: (check all that apply)

Agency	Present	Past	Denied	Office Use
Guam Early Intervention Program (GEIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guam Centers for Independent Living (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Behavioral Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Department of Health Services (DHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foster Care System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Foundation / Service Organizations (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Indian Health Services (IHS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent Living and Rehabilitation Services (ILRS-RSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Independent Living Centers (ILCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private Insurance Co. (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Private Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary Aid to Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Telecommunications Equipment Distribution Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
School District (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Secure Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Social Security Administration (SSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Veterans Administration (VA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Veterans Rehabilitation (VR / RSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Agency (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



Other (specify)

10. If your request for assistive technology funding from another agency was denied or rejected, did you appeal the decision? Yes No

11. Do you have a prescription from you primary care provider (PCP) for the assistive technology devices? Yes No

12. Additional Comments _____

Office Use Only

Date Received _____ Applicant Notified _____

AT Requested _____

Suggested Alternative Funding Options Strategies: _____

