



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,

Carla Torres
Program Coordinator



Get Guam Teleworking Loan Program • University of Guam, Office of Academic Affairs
House 19 Dean's Circle • UOG Station • Mangilao, Guam 96923 • (671) 735-2490 • (671) 735-2491 (TTY) • (671) 734-8379 (Fax)

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



ID
Number: _____
Date
Received: _____

Application for Credit

All information on this application form is strictly confidential and will only be used to determine your need for and ability to repay this loan. Borrowers must demonstrate the ability to repay the loan. **Completion of this form does not guarantee that a loan will be granted.**

Please print or type:

1. Borrowers' name (if different): _____
2. Borrower's date of birth (if different): _____
3. Please check the box that best describes the relationship between the person with a disability and the borrower(s):
 SELF **SPOUSE** **PARENTS**
 CHILD **GUARDIAN** **SIGNIFICANT OTHER** (specify): _____
4. Social Security Number of Borrower: _____
5. Borrower's contact information
 - a.) Mailing Address: _____
 City: _____ State: _____ Zip: _____
 - b.) Street Address (if different): _____
 City: _____ State: _____ Zip: _____
 Home Phone: () _____ Work Phone: () _____
 Email: _____ Fax: () _____
 - c.) How long have you resided at this address? _____ Years _____ Months
 - d.) If you have lived at this address for less than one year, please explain:

6. Please include the name and phone number of landlord / mortgagee:
 Name: _____ Phone: () _____
7. Is the borrower a current Guam Resident? **YES** **NO**



Information about Co-Borrower

Please print or type:

1B. Co-Borrower's name (if applicable) _____

2B. Co-Borrower's date of birth: _____

3B. Please check the box that best describes the relationship between the person with a disability and the borrower(s): **SELF** **SPOUSE** **PARENTS**
 GUARDIAN **SIGNIFICANT OTHER** (specify): _____

4B. Social Security Number of Co-Borrower: _____

5B. Co-Borrower's contact information:

a.) Mailing Address: _____

City: _____ State: _____ Zip: _____

b.) Street Address (if different): _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Email: _____ Fax: () _____

c.) How long have you resided at current address? ____ Years ____ Months

d.) If you have lived at this address for less than one year, please explain:

6B. Please include the name and phone number of landlord / mortgagee:

Name: _____ Phone: () _____

7B. b). Is the Co-Borrower a current Guam resident? **YES** **NO**

ID
Number: _____
Date
Received: _____

8. If employed, what is the occupation of the Borrower? _____

9. Describe the responsibilities of your position.

10. How long have you been in your current position? _____

11. Employer Information:

a. Current Employer _____ Phone () _____

Employer Address _____

City: _____ State: _____ Zip: _____

b. Previous Employer _____ Phone () _____

Employer Address _____

City: _____ State: _____ Zip: _____

12. Please provide verification of the sources of the Borrower's income:		
a. SSI/SSDI Benefits Statement or award letter attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. Alimony – copy of court order attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO
c. Child Support – copy of court order attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO
d. Maintenance – copy of court order attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO
e. Other (specify) _____ - documentation attached	<input type="checkbox"/> YES	<input type="checkbox"/> NO
f. If employed, please attach copy of pay stubs for the last three (3) months	<input type="checkbox"/> YES	<input type="checkbox"/> NO

8B. If employed, what is the occupation of the Co-Borrower? _____

9B. Describe the responsibilities of your position.

10B. How long has the Co-Borrower been the current position? _____

11B. Employer Information:

a. Current Employer _____ Phone () _____

Employer Address _____

City: _____ State: _____ Zip: _____

b. Previous Employer _____ Phone () _____

Employer Address _____

City: _____ State: _____ Zip: _____

12B. Please provide verification of the sources of the Co-Borrower's income:

a. SSI/SSDI Benefits Statement or award letter attached YES NO

b. Alimony – copy of court order attached YES NO

c. Child Support – copy of court order attached YES NO

d. Maintenance – copy of court order attached YES NO

e. Other (specify) _____ - documentation attached YES NO

f. If employed, please attach copy of pay stubs for the last three (3) months YES NO

13. Please indicate **all** sources of monthly income and their amounts.

	Borrower	Co-Borrower
<input type="checkbox"/> Employment (gross income)	\$	\$
<input type="checkbox"/> Temporary Assistance for Needy Families	\$	\$
<input type="checkbox"/> Social Security Disability Insurance (SSDI)	\$	\$
<input type="checkbox"/> Pension / Retirement	\$	\$
<input type="checkbox"/> Disability Benefits (Private / Worker's Compensation)	\$	\$
<input type="checkbox"/> Unemployment Compensation	\$	\$
<input type="checkbox"/> Rental Income	\$	\$
<input type="checkbox"/> Child Support <i>(Need not be revealed if you do not want it considered as income for repayment of this obligation)</i>	\$	\$
<input type="checkbox"/> Alimony <i>(Need not be revealed if you do not want it considered as income for repayment of this obligation)</i>	\$	\$
<input type="checkbox"/> Interest Income	\$	\$
<input type="checkbox"/> General Assistance (GA)	\$	\$
<input type="checkbox"/> Veteran Benefits	\$	\$
<input type="checkbox"/> Other: Specify	\$	\$
<input type="checkbox"/> Other: Specify	\$	\$
Total Monthly Gross Income for Borrower and Co-Borrower	\$	

Please provide documentation of all sources of income indicated.

14. List all monthly payments for all your financial obligations including all credit card and department store charges. If necessary, use an additional sheet of paper.

Obligation	Creditor and Account Number	Balance	Monthly Payment
Credit Card			
Credit Card			
Personal Loans			
Car Loan			
Other Loans			
Leases			
Rent / Mortgage			
Liens			
Judgments			
Food			
Water			
Power			
Telephone			
Gas / Transportation			
Clothes			
Cable			
Internet			
Cellular Service			
Total Monthly Debt Payment			\$ 0.00

15. 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) _____

16. List the name(s) and location of your financial institution(s) and the account number(s) of your checking, savings, or other account(s):

Bank Name	
Location	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)
Account Number	
Balance	\$

Bank Name	
Location	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)
Account Number	
Balance	\$

Bank Name	
Location	
Type of Account	<input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other (specify)
Account Number	
Balance	\$

17. If you do not have an account with a financial institution, you understand and agree to open an account with a financial institution for the electronic transfer of funds as a condition for receiving a loan from this program: **Initials:** _____

18. Have you ever filed Bankruptcy? **YES** **NO**

19. If so, please state when and under what circumstances.

20. Are there any unsatisfied judgments against you? Yes No

If Yes, give amount

To Whom Owed? (give name)

21. What disability do you experience?

22. How does your disability create a barrier to employment?

23. How does your proposed work overcome this barrier?

24. How can the work be performed effectively at the proposed location?

25. How is the equipment to be purchased with the loan necessary to make that form of work possible at the proposed location?

26. Total dollar amount requested for the assistive technology loan:

	GGT	OTHER SOURCE
Equipment	\$	\$
Installation	\$	\$
Insurance	\$	\$
Service Agreements	\$	\$
Maintenance and Repair	\$	\$
Evaluation and / or Training Services	\$	\$
Applicable Taxes	\$	\$
Other (Specify)	\$	\$
TOTAL AMOUNT REQUESTED	\$	

27. In order to verify the cost of the assistive technology, you must attach an itemized price quote from each vendor regarding the device(s) you intend to purchase with this loan.

Initials: _____

28. Home modifications in excess of one thousand dollars (\$1000) require submission of three bids from licensed contractors who (a) have demonstrated experience providing the type of modification requested, (b) provide a firm, fixed price quote and (c) provide a turnkey service.

Initials: _____

29. Is there any other information about your finances that you would like to provide?

30. How did you learn about the GGT program?

Guam CEDDERS

World Wide Web

Disability-Related Organizations

Center for Independent Living

State Agency / Service Provider

Friend / Relative

Brochure or Publication

Other:

Get Guam Teleworking Equipment List

	Equipment	Make & Model (Brand)	Company	Cost
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
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23.				
24.				
25.				





Bank of Guam

"The People's Bank"

P.O. BOX BW
HAGÁTÑA, 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," hereby 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: _____

