



Dear Future GOAL-AT Customer:

Thank you for your interest in a loan to purchase assistive technology through the *Guam Options for Alternative Loans – Assistive Technology (GOAL-AT) Loan Program*.

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

- Be a Guam resident.
- 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.
- Provide assurance that the loan will be used to purchase assistive technology devices and/or services.
- Document sufficient creditworthiness and ability to repay the loan. (Please refer to page 5 of the loan application)
- Request a loan in an amount ranging from \$500 - \$3,000. (*Under some circumstances, the Review Board may consider a request for a loan exceeding \$3,000.*)

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 GOAL-AT Review Board will **not** review incomplete applications. The Review Board meets on the third Wednesday 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.

Attached are the following documents:

1. **GOAL-AT Loan Application for Credit** - The necessary form you must complete for consideration for the Guam Options for Alternative Loans – Assistive Technology program.
2. **GOAL-AT Price Quotes Worksheet** - The list of assistive technology and services you are interested in buying.
3. **GOAL-AT 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.
4. **Credit Certification & Authorization Form**

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

Sincerely,

Mike Terlaje
Program Coordinator



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:

- Name of person with a disability: _____
- Borrowers' name (if different): _____
- 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): _____
- Social Security Number of Borrower: _____
- Borrower's date of birth: _____
- Borrower's contact information
 - Mailing Address: _____
 City: _____ State: _____ Zip: _____
 - Street Address (if different): _____
 City: _____ State: _____ Zip: _____
 Home Phone: () _____ Work Phone: () _____
 Email: _____ Fax: () _____
 - How long have you resided at this address? _____ Years _____ Months
 - If you have lived at this address for less than one year, please explain:

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



Information about Co-Borrower

Please print or type:

2B. Co-Borrower's name (if applicable) _____

3B. 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): _____

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

5B. Co-Borrower's date of birth: _____

6B. 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:

7B. Please include the name and phone number of landlord / mortgagee:

Name: _____ Phone: () _____

8B. b). Is the Co-Borrower a current Guam resident? **YES** **NO**

ID
Number: _____
Date
Received: _____

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

10. Describe the responsibilities of your position.

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

12. Employer Information:

a. Current Employer _____ Phone () _____

Employer Address _____

City: _____ State: _____ Zip: _____

b. Previous Employer _____ Phone () _____

Employer Address _____

City: _____ State: _____ Zip: _____

13. 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

9B. If employed, what is the occupation of the Co-Borrower? _____

10B. Describe the responsibilities of your position.

11B. How long has the Co-Borrower been the current position? _____

12B. Employer Information:

a. Current Employer _____ Phone () _____

Employer Address _____

City: _____ State: _____ Zip: _____

b. Previous Employer _____ Phone () _____

Employer Address _____

City: _____ State: _____ Zip: _____

13B. 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. Describe the disability of the person who will be using the assistive technology:

22. Describe the type of assistive technology equipment / service that you plan to purchase (include specific item brand names):

23. Explain how the assistive technology devices/equipment will affect independence, education, and/or employment:

24. a). What is the total cost of the equipment and services you intend to purchase?

(this amount may exceed you loan request) \$ _____

b). Re-Payment Term Requested 12 months 24 months 36 months
 48 months 60 months

c). Maximum Monthly Payment you can afford \$ _____

25. Do you have another source of funding contribution toward the purchase of the equipment? **YES** **NO**

26. If yes, specify the source and amount of funding:

Source: _____ \$ _____

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

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

28. 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: _____

29. 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: _____

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

31. How did you learn about the GOAL-AT program?

Guam CEDDERS

World Wide Web

Disability-Related Organizations

Center for Independent Living

State Agency / Service Provider

Friend / Relative

Brochure or Publication

Other:



Guam Options for Alternative Loans – Assistive Technology
 University of Guam • 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

Guam Options for Alternative Loans – Assistive Technology Price Quotes

	Equipment	Make & Model (Brand)	Company (Name, address, contact information)	Cost
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				



ID Number:	_____
Date Received:	_____

Guam Options for Alternative Loans - for Assistive Technology (GOAL-AT) Alternative Funding Sources Worksheet

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. GOAL-AT 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 GOAL-AT Assistive technology loan, and GOAL-AT will NOT require a consumer to use another available funding source in place of a GOAL-AT loan. Please be aware that GOAL-AT 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 GOAL-AT 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)

- | | |
|--|--|
| <input type="checkbox"/> Communication | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Self – care |
| <input type="checkbox"/> Learning | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Work / Employment |
| <input type="checkbox"/> 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	Applied for but Denied	No
Guam Early Intervention Program (GEIP)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Guam Centers for Independent Living (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Public Health & Social Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Department of Integrated Services for Individuals with Disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Foundation / Service Organizations (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independent Living Centers (ILCs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private Insurance Co. (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Aid to Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telecommunications Equipment Distribution Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
School District (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Administration (SSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Administration (VA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans Rehabilitation (VR/RSA)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Agency (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



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

GUAM OPTIONS FOR ALTERNATIVE LOANS FOR ASSISTIVE TECHNOLOGY

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 Guam Options for Alternative Loans for Assistive Technology, ("GOAL-AT 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 GOAL-AT Program will retain this Application whether or not Applicant's loan request is approved. Applicant agrees to notify the GOAL-AT Program, in writing of any change in name, address, or employment.

Applicant hereby authorizes the GOAL-AT 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 GOAL-AT 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 GOAL-AT Program or BOG on the device or equipment purchased with the loan proceeds. Therefore, Applicant can make no claims against either the GOAL-AT Program or BOG for any defects in the device or equipment, or any accident or injury resulting from its use.

Because the GOAL-AT Program guarantees Applicant's loan from BOG, should Applicant default on the loan, and GOAL-AT 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 GOAL-AT Program.

Applicant further authorizes the GOAL-AT 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 GOAL-AT 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 GOAL-AT 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 GOAL-AT 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 GOAL-AT Program, BOG and BOG Representatives from any and all claims and causes of action that Applicant may have against the GOAL-AT Program, BOG or BOG Representatives arising out of such disclosure and the consideration and disposition of this Application.

Applicant hereby acknowledges that the GOAL-AT 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: _____