

**WEST VIRGINIA TECHNOLOGY-RELATED ASSISTANCE
REVOLVING LOAN FUND APPLICATION**

APPLICANT "A"	Full Name (please print)			Birth Date		Soc Sec No		Home Phone No.					
	Home Address			City		State		ZIP					
				County		Years		# Dependents					
	Previous Address			City		State		ZIP					
				Years		Gross Pay (monthly)		Monthly Net Pay					
						\$		\$					
	Employer			Position			Years Months		Other Income (Income from alimony, child support or maintenance payments need not be revealed if you do not wish it to be considered as a basis for repaying this loan)				
	Previous Employer			Position			Years Months						
Name & Address of Relative Not Living With You					Relationship								
Credit Life Insurance Yes No					Accident & Health Insurance Yes No								
Will this be a joint account or will another person use the account? Yes "A" No "B" If the answer is "Yes," complete the Applicant B data below													
APPLICANT "B"	Full Name (please print)			Birth Date		Soc Sec No		Home Phone No.					
	Home Address			City		State		ZIP					
				County		Years		# Dependents					
	Previous Address			City		State		ZIP					
				Years		Gross Pay Per Month		Net Pay Per Month					
						\$		\$					
	Employer			Position			Years Months		Other Income (Income from alimony, child support or maintenance payments need not be revealed if you do not wish it to be considered as a basis for repaying this loan)				
	Previous Employer			Position			Years Months						
Name & Address of Relative Not Living With You					Relationship								
Credit Life Insurance Yes No					Accident & Health Insurance Yes No								
FINANCIAL STATEMENT	*In the columns entitled "Owned By" and "Owed By" beside each asset or liability, when more than one applicant, mark an "A" when they are Applicant A's only. Mark with a "B" when they are Applicant B's only. If jointly owned or owed mark the block with an "X".												
	*Owned By		Assets Owned			Value		*Owed By		Liabilities Owed		Balance	Payment
			Checking Account w/#:			\$				Mortgage (or rent):		\$	\$
			Savings Account w/#:			\$				Auto:		\$	\$
			Real Estate (value) Insurance Co:			\$				Auto:		\$	\$
			Auto: Insurance Co:			\$				Monthly Utilities:		\$	\$
			Auto: Insurance Co:			\$						\$	\$
			Cash Value Life Insurance: (Face Value):			\$						\$	\$
			Other Assets (Itemize)									\$	\$
	Owned By		Assets Owned			Value						\$	\$
						\$						\$	\$
						\$						\$	\$
						\$						\$	\$
						\$						\$	\$
					\$						\$	\$	
		Total Assets			\$				Total Liabilities		\$	\$	
A B Have you filed bankruptcy in past ten years? Yes No					OTHER LIABILITIES (e.g. Alimony, Child Support, Separate Maintenance, etc.) Yes No Amount:								
I (WE) HEREBY CERTIFY THAT THE ABOVE INFORMATION GIVEN FOR THE PURPOSE OF OBTAINING CREDIT, IS TRUE AND CORRECT, AND I SHALL AUTHORIZE YOU TO OBTAIN SUCH INFORMATION AS YOU MAY REQUIRE CONCERNING THIS APPLICATION, AND AGREE THAT IT SHALL REMAIN YOUR PROPERTY WHETHER OR NOT THE LOAN IS GRANTED.													

Date

Signature of Applicant "A"

Date

Signature of Applicant "B"

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Please complete the following. You may attach additional information for items A-F if needed.

(A) Describe your disability.	
(B) Describe the type of device/service you wish to purchase.	
(C) Vendor's name, address and phone number	
(D) Describe how the equipment/service will help you with your employment/education/independence.	
(E) Have you tried other resources for acquiring the above device/service? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please indicate:	
<input type="checkbox"/> WV Division of Rehabilitation Services	<input type="checkbox"/> Private Insurance
<input type="checkbox"/> Education <input type="checkbox"/> Medicare	<input type="checkbox"/> Medicaid
<input type="checkbox"/> Other:	
(F) Device/service price	\$
Taxes/other charges	\$
Down Payment	\$
Total Amount Loan Request	\$
Applicant's Signature: _____ Date: _____	
Co-signer's Signature: _____ Date: _____	
Revolving Loan Fund Board Consideration and Recommendations:	

Please enclose an **APPLICATION FEE OF \$20.00** made payable to **WV REVOLVING LOAN FUND BOARD** and return with completed application to:

Bev Binford
Rehabilitation Technology Department
WV Division of Rehabilitation Services
P.O. Box 1004
Institute, WV 25112