



New Horizon Loan Program

Assistive Technology Loan

The New Horizon Loan Program (NHLP) provides loans to Floridians with disabilities for the purpose of acquiring assistive technology to allow them to become more independent and self-sufficient.

Applicants must meet the criteria of being a qualified borrower and meet the income and credit criteria established by the New Horizon Loan Program in order to obtain a New Horizon Loan Program loan. The maximum loan amount is \$25,000. **However, our partnering financial institution may be able to approve amounts outside of our limits. Please still apply.**

A **Qualifying Borrower** is defined as any resident of Florida with a disability, or who has a family member with a disability. Qualifying borrowers must demonstrate: 1) that the loan will be used to acquire assistive technology or other equipment designed to help one or more persons with disabilities to improve their independence or become more productive members of the community, and 2) the ability to repay the loan.

Eligible Vehicles must meet the following criteria:

Assistive technology may include, but is not limited to:	
Computers with voice input/output, Braille output, or modified keyboards	Telecommunication devices for the deaf or hard of hearing
Hearing aids	Low vision aids
Home modifications for accessibility	Modifications for accessibility to your existing vehicle, or a modified vehicle
Wheelchairs, scooters, or other mobility devices	Durable medical equipment (orthotics, prosthetics, etc.)
Adaptive Recreation Equipment	Other assistive technology as approved

7 years old or newer
80,000 miles or less

For vehicles that are not current year models, the New Horizon Loan Program may require a vehicle inspection from a mechanic. **Also, our partnering financial institution may be able to finance vehicles outside of our limits. Please still consider applying.**

Auto and van purchases must be accompanied by a buyer's order or specification sheet from the dealer along with a description and price list of the modification of the vehicle.

Auto insurance and a copy of a valid drivers license must be provided.

Vehicles that do not require modifications (such as hand controls, ramps, etc.) to accommodate a disability are not considered to be assistive technology for the purpose of this loan program.

The New Horizon Loan Program will not approve loan refinancing.

Grievance Policy: An applicant who is aggrieved by a decision of the NHLP may petition the Program for reconsideration. This petition can be communicated in writing or appropriate alternative format, and must provide additional documentation that addresses the stated reasons for denial. The Program will:

1. Consider the new information;
2. Provide the applicant an opportunity to be heard; and
3. Inform the applicant of its decision in writing or appropriate alternative format within seven (7) days.

The decision of the Program will be final.

Get the access you need at a price you can afford.



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Instructions

Before you begin, please be sure to read the entire application to make sure that you have all the required documentation.

To complete this application, you will need:

- Your valid driver's license or state issued identification card
- Your monthly bills and statements (for example, your utility bill, bank statements, etc.) and income verification as outlined below
- The estimated cost of the item(s) you would like to purchase
- The names and addresses of at least two alternate contact people

You must provide verification for all income you are claiming on the budget worksheet on page 5 of this application.

Proof of income includes the following items, depending on your status:

Required Income Verification Documentation

If you are employed	Two months worth of paystubs or bank statements showing at least two months of activity.
If you are self-employed	Completed tax returns for the previous two years
If you are receiving benefits of any kind	Benefit letter or bank statements showing at least two months of direct deposits of your benefits into your bank account
If you are a landlord	Copy of signed lease agreement(s) for all rental properties.
If you are retired	Documentation of monthly pension and/or retirement benefits, or at least two months of bank statements showing direct deposit of your monthly pension and/or retirement benefits into your bank account.

Mail completed application and all supporting documentation to:

**New Horizon Loan Program
820 E Park Ave, D-200
Tallahassee, Florida 32301**

If you need assistance in completing the application,
call the New Horizon Loan Program at 850-487-3278, ext.104 or 844-353-2278 ext.104
Fax 850-575-4216

E-mail: ereed@faastinc.org; Website: www.newhorizonloanprogam.org



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Name of Borrower: _____

Home Address: (Other than P.O. Box) _____

City, State, Zip: _____

Years / Months living there: _____ County _____

Previous Address (if less than two years at above) _____

Home Phone: _____ Cell: _____ Work: _____

Social Security Number: _____ - _____ - _____ Date of Birth: _____

Marital Status: Married _____ Separated _____ Unmarried _____ (Including Single, Divorced, and Widowed)

Citizenship (please circle one): U.S. Citizen Y N Primary Language: English _____ Spanish _____ Other _____

Drivers License #: _____ or Florida ID#: _____

State Issued _____ Date Issued: _____ Expiration Date: _____

If employed, name of Employer: _____ How long employed: _____

Position: _____

Monthly Income (if employed):\$ _____ How many hours per week? _____

Email: _____

How would you describe your community? Urban _____ Suburban _____ Rural _____

Where do you bank? _____

Do you have Checking (Please circle) Y N Do you have Savings (Please Circle) Y N

Average Balance in Checking: \$ _____ Average Balance in Savings: \$ _____

Any other assets you'd like to be considered in the loan decision? (401K, CDs, Stocks/Bonds, Real Estate)



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Name of Co-Borrower: _____

Home Address: (Other than P.O. Box) _____

City, State, Zip: _____ Years / Months living there: _____

Previous Address (if less than two years at above) _____

Home Phone: _____ Cell: _____ Work: _____

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Marital Status: Married ____ Separated ____ Unmarried ____ (Including Single, Divorced, and Widowed)

Citizenship (please circle one): U.S. Citizen Y N Primary Language: English ____ Spanish ____ Other _

Drivers License #: _____ or Florida ID#: _____

State Issued ____ Date Issued: _____ Expiration Date: _____

Name of Employer: _____ How long employed: _____

Relationship to Borrower: _____

How would you describe your community? Urban ____ Suburban ____ Rural ____

Name of Disabled (If Different from Page 3): _____

Home Address: (Other than P.O. Box) _____

City, State, Zip: _____ Years / Months living there: _____

Home Phone: _____ Cell: _____ Work: _____

Social Security Number: ____ - ____ - ____ Date of Birth: _____

Marital Status: Married ____ Separated ____ Unmarried ____ (Including Single, Divorced, and Widowed)

Citizenship (please circle one): U.S. Citizen Y N Primary Language: English ____ Spanish ____ Other _

Drivers License #: _____ or Florida ID#: _____

State Issued ____ Date Issued: _____ Expiration Date: _____

Name of Employer: _____ How long employed: _____

Relationship to Borrower: _____



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Describe your disability as defined by the ADA (A physical or mental impairment that substantially limits one or more major life activities, a record of such an impairment, or being regarded as having such an impairment)

Describe how the disability limits your employment / education / independence.

Describe what you plan to purchase.

How will the equipment help you with your employment / education / independence?

Name of the company / person you are buying the equipment from:

If a company, what is the name of the person helping you? _____

What is the cost of the equipment / modification? \$ _____

What is the amount of the loan being requested? \$ _____

Have you applied for funding from any third-party? _____

Partial Funding Amount Approved? \$ _____ Other Outcome? _____



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Budget Worksheet

Write each source of income in the boxes below:	Write each amount in the boxes below:
Source:	\$
Have long have you been receiving this source of income?	
Source:	\$
Have long have you been receiving this source of income?	
Source:	\$
Have long have you been receiving this source of income?	
Monthly Household Expenses	
Monthly Rent/Mortgage:	\$
If you have a mortgage, who is it with? _____ How much do you owe??	\$
Utilities (electricity, gas, water, cable, etc.)	\$
Food:	\$
Insurance:	\$
Prescriptions:	\$
Telephone:	\$
Child Support and/or Alimony:	\$
Monthly Vehicle expenses	
Car payment	\$
Vehicle insurance	\$
Gasoline	\$
Monthly Recurring Debt	
Installment Loans	\$
Credit Cards	\$



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Please provide two alternate contacts:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

How did you hear about the New Horizon Loan Program?

The above application is submitted for the purpose of obtaining credit and all information herein is certified to be true, complete and correct. I/We authorize the New Horizon Loan Program to make whatever credit inquiries it deems necessary in connection with the credit application or in the course of review or collection of any credit extended in reliance on this application and to share this application and credit information with its affiliates and other lenders, which may consider my/our application for approval or purchase. I/We authorize and instruct any person, including but not limited to, all local, state, or federal government agencies, or consumer reporting agencies, to complete and furnish the New Horizon Loan Program any information it may have or obtain in response to such credit inquiries, and agree that such information, along with this application, shall remain property of the New Horizon Loan Program whether credit is extended or not.

Federal law requires all financial institutions to notify applicants that they will obtain, verify and record information that identifies each person who opens an account or applies for a loan. When you open an account or apply for a loan, we are now required to ask your name, address, date of birth, and other information that will allow you to be identified as the account application. In addition we will ask to see your driver's license or other identifying documents in order to verify this information.

In accordance with New Horizon Loan Program Manual, the FFAST New Horizon Loan Program complies with the Health Insurance Portability and Accountability Act (HIPAA) and will not disclose information regarding current and former applicants and borrowers unless otherwise required by federal/state law.

The FFAST NHL Program will retain all records pertinent to loan applications and loans in accordance with applicable state laws and regulations and FFAST's record retention policies and procedures.

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

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____