



The Michigan Employment Loan Fund

Loan Application Package

This Packet Includes:

- Pre- Application Questionnaire
- Application Checklist
- Identification Certification of Applicant Form
- Eligibility Determination Worksheet
- Consumer Budget Worksheet
- Application
- Acknowledgement and Waiver and Release of Information



October 2012



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Pre-Application Questionnaire

To qualify for a loan from the Michigan Employment Loan Fund, you must meet certain conditions. **Meeting the conditions does not guarantee loan approval.** It only lets us know that you meet the guidelines to apply for a loan through this program. **Answer all of the questions below.** If you need help answering the questions, contact Michele Seybert, the Loan Fund Manager, at 1.800.828.2714.

1. What is your disability?
2. How does your disability create a barrier to getting or keeping a job?
3. What is the job you plan to do?
4. How will this job overcome the barrier(s) listed above?
5. Does the job you plan to do fit the definition of telework (work from home) and/or self-employment?
 Telework = work that can be done from a person's home or from other designated sites away from the office, such as work on the road or at a telework center. Satellite offices, regional offices, or franchise locations are not considered telework sites, however, unless the franchise constitutes self-employment.
 Self-employment = The person with a disability is at least part owner of the business, performs substantial work for the business, and conducts at least some portion of the business at his/her home or at remote site(s) other than the businesses' office or primary place of business
6. What equipment do you plan to buy with the loan?

7. How will the equipment listed above make it so that you can do your job?

8. Will this employment (circle one):

- Increase Income
- Allow you to keep your job
- Allow you to avoid losing income through reduced hours
- Allow you to avoid losing income through reduced pay

9. Are you currently working with any other agencies such as Michigan Rehabilitation Services or the Social Security Administration to help you reach your employment goal? If so may we contact them?

Agency Name

Contact Person

Contact Person's Phone Number

Contact Person's Email

Agency Name

Contact Person

Contact Person's Phone Number

Contact Person's Email

MICHIGAN EMPLOYMENT LOAN FUND - APPLICATION CHECKLIST

Please review each item and check off the box for completion. **You must submit ALL items in order for your loan to be processed.** Loan decisions are generally issued within two weeks but your loan decision will take longer if you do not send in all required information.

- Eligibility Determination Worksheet
- Loan Application
- Budget Worksheet – each applicant must complete a budget worksheet
- Acknowledgment and Waiver and Authorization to Release Information
- Proof of Income
 - Pay stub, benefit letter, or other statement that can verify income - must be dated within 30 days from the date of application
- Proof of Identity & Residency
 - Valid picture ID (Michigan driver's license or State of Michigan ID) with current address. The address on your ID must match the address on your loan application.
 - Identification and Certification of Applicant Form. **This form must be notarized by a Notary Republic. A separate form is required for each applicant/ co applicant.**
 - Copy of your social security card
- Price quotes for all items to be purchased or modifications to be completed as well as price quotes for any training needed to use the equipment purchased with the loan.
 - This estimate should come from a vendor/seller of the equipment or service and should include exact specifications whenever possible. If you're applying for a vehicle, your price quote must include the make, model, model year and mileage of the vehicle. Vehicle loans should not exceed the blue book value of the vehicle. Tell us how the vehicle is related to this business.
- Written proof of funding from other sources, if applicable. If your funding is contingent on this loan, please tell us that and let us know the name and number of the person at the funding agency.

For Self-Employment:

- Business Plan
- Signed tax returns for prior two years – if you submitted your tax returns electronically, you will still need to sign the forms

For Employees:

- Proof of telework (promise letter by employer of employment or of agreement to do all or a portion of your work from home)
- Mail completed application to United Cerebral Palsy of Michigan 3496 E. Lake Lansing Rd., Ste. 170, East Lansing, MI 48823**



Identification Certification of Applicant

(A separate, notarized form is needed for each applicant/co-applicant).



Thank you for your interest in the Michigan Loan Funds!

In compliance with the USA Patriot Act, the following identification is required to apply for a loan through the Michigan Assistive Technology or Employment Loan Fund, programs of United Cerebral Palsy of Michigan, in partnership with Option 1 Credit Union. Please provide the information below with your loan application:

1. A photocopy of your valid Driver's License, State or Military ID
2. A photocopy of your Social Security Card
3. This form completed by a notary public.

Applicant's Name _____

Address _____

City _____ State MI Zip _____ County _____

Applicant's Signature _____

Date _____

Notary Name _____ My commission expires _____

Notary public, State of Michigan, County of _____

Acting in the County of _____

If performing a notarial act in a county other than the county of commission.

A notary public may use a stamp, seal, or electronic process that contains all of the information required. However, the stamp, seal, or electronic process shall not be used in a manner that renders anything illegible on the record being notarized. An embosser alone or any other method that cannot be reproduced shall not be used.

United Cerebral Palsy of MI
3496 E. Lake Lansing Rd.
Suite 170
East Lansing, MI 48823



Toll Free: 800.828.2714
info@michiganloanfunds.org
www.ucpmichigan.org/melf

ELIGIBILITY DETERMINATION WORKSHEET

Note: The MELF is funded in part by a grant from the U.S. Department of Education’s Rehabilitation Services Administration. In order to comply with federal requirements, the MELF is required to ask you the following questions. Your answers to the questions below help us determine if you qualify for this program and may be reviewed by the Loan Committee as part of the loan review process.

1. I am currently:

- Unemployed Self-employed
 Employed Employed and Self-employed

2. My primary employment goal is to:

- Become newly employed in telework for an employer.
 Become newly self-employed.
 Change to teleworking job for an employer.
 Change to self-employment job.
 Expand existing business.
 Other, please describe: _____

3. How will the equipment to be purchased with this loan help you achieve this goal?

4. Complete the table below. If you plan to use funding from another source you will need to list it below and also provide proof of funding from that source.

| X | Additional Funding Source | Agency Name (if applicable) | Amount of Funding |
|---|--|-----------------------------|-------------------|
| | Michigan Rehabilitation Services | | |
| | Plan to Achieve Self Support (PASS) | | |
| | Other Financial Loans (e.g., bank, AFP, SBA, micro-lender) | | |
| | Borrower/Consumer contribution (e.g., down payment, trade-in) | | |
| | Medicaid Waivers | | |
| | Individual Development Accounts | | |
| | Non-profit/other agencies (e.g., foundations, church groups, disability organizations) | | |
| | Other | | |
| | None | | |

5. My primary disability is best described as a (please check one category below):

| | |
|--------------------------|---|
| <input type="checkbox"/> | Physical disability (e.g., mobility, orthopedic, neurological, cardiovascular, respiratory) |
| <input type="checkbox"/> | Sensory disability (e.g., blindness, visual impairment, hearing loss) |
| <input type="checkbox"/> | Communication disability (e.g., nonverbal, aphasia) |
| <input type="checkbox"/> | Cognitive disability (e.g., intellectual disability, traumatic brain injury) |
| <input type="checkbox"/> | Psychiatric disability |
| <input type="checkbox"/> | Multiple (e.g., several disabilities) |

One requirement of the program is that the equipment purchased with this loan must help the person with the disability overcome a barrier to employment. Barriers to employment include, but are not limited to the barriers in the table below. Please select the barriers to employment this loan will help you overcome.

Check all that apply:

| | |
|--------------------------|---|
| <input type="checkbox"/> | Unavailable, inadequate, inaccessible or unaffordable transportation |
| <input type="checkbox"/> | Work environments that are inaccessible due to physical barriers, lack of assistive technology or other reasons |
| <input type="checkbox"/> | Physical or emotional factors related to the individual's disability including, but not limited to: <ul style="list-style-type: none"> • Fatigue • Need for frequent or unscheduled breaks (e.g. to recover from seizures) • Chronic pain • Need for frequent habilitative, medical, or therapeutic services • Difficulty interacting with, or working for, others due to a disability • Difficulty traveling or leaving the home due to a disability |
| <input type="checkbox"/> | Need for flexible or irregular work schedule for disability-related reasons |
| <input type="checkbox"/> | Employment discrimination resulting in inappropriate termination of employment or inability to secure a conventional job |
| <input type="checkbox"/> | Other disability-related circumstances that impede work, describe: |

6. How will the equipment you purchase with this loan help to overcome the barrier(s) checked above?



BUDGET WORKSHEET

Note: The MELF uses this form to make its decision on your loan request. This form should be filled out for each applicant. This form is not required by the credit union nor is it sent to them. It is intended to help you decide if you will have enough money each month to make a new loan payment.

This form is completed for: Applicant Only Applicant & Co-Applicant

| ESTIMATED MONTHLY EXPENSES FOR APPLICANT | AMOUNT |
|--|-----------|
| Rent or House (Mortgage) Payment | \$ |
| Utilities (Electric, Gas for Home, Water) | \$ |
| House/Renter's Insurance | \$ |
| Property Taxes – include association dues if necessary | \$ |
| Home Maintenance | \$ |
| Current Car Payment and Insurance Amount – if selling or trading in vehicle, write that here: _____ | \$ |
| New Car Payment and Insurance Amount (if loan is approved) | \$ |
| Car Maintenance (oil, filters, etc.)/Repairs – include amount for gas | \$ |
| Food/Household Goods | \$ |
| Clothing/Laundry/Dry Cleaning | \$ |
| Telephone/Cell Phone | \$ |
| Medical (glasses, prescriptions) – premiums/co-pays | \$ |
| Bus Fare/Other transportation costs | \$ |
| Child Care/Baby Sitting | \$ |
| Pets/Pet Care | \$ |
| Personal Care (haircuts, makeup, etc.) | \$ |
| Entertainment (travel, eating out, cigarettes, alcohol, video rentals, movies, cable TV, Satellite, Internet, other hobbies) | \$ |
| Monthly credit card payments & revolving debt | \$ |
| Birthday and Holiday Presents | \$ |
| Other | \$ |
| Charitable Contributions/Memberships | \$ |
| Total of All Monthly Bills | \$ |
| GROSS MONTHLY INCOME (enter from application) | \$ |
| NET MONTHLY INCOME (subtract total of all monthly bills from Gross Monthly Income) | \$ |



MICHIGAN EMPLOYMENT LOAN FUND LOAN APPLICATION

The boxes below must be completed before your loan application can be processed.



| | | | |
|---|--------------------|---|--------------------|
| Date of Application: | | Loan Amount/Credit Limit Requested: | |
| Whose income will be used to process this funding request? | | <input type="checkbox"/> Person who will work from home <input type="checkbox"/> Combined Financial Information | |
| Business Name: | | | |
| Business Address: | | | |
| APPLICANT INFORMATION | | CO-APPLICANT INFORMATION | |
| Legal Name: | | Legal Name: | |
| Married applicants may apply separately. Check the box below to indicate the type of credit you are requesting: <input type="checkbox"/> Individual Credit <input type="checkbox"/> Joint Credit | | Complete this box for Joint or Secured Credit: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Unmarried | |
| Home Address: | | Home Address: | |
| City/State/Zip Code: | | City/State/Zip Code: | |
| Home Phone: | Work Phone: | Home Phone: | Work Phone: |
| County: | Birth Date: | County: | Birth Date: |
| Social Security Number: | | Social Security Number: | |
| Rent/House Payment: Per Month | Home Loan Balance: | Rent/House Payment: Per Month | Home Loan Balance: |
| Years There: | | Years There: | |
| Mortgage Holder/Landlord: | | Mortgage Holder/Landlord: | |
| Person Responsible for House/Rent Payment: | | Person Responsible for House/Rent Payment: | |
| MI Driver's License or MI State ID Number: | | MI Driver's License or MI State ID Number: | |
| U.S. Citizen or Permanent Resident? <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other | | U.S. Citizen or Permanent Resident? <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other | |

| EMPLOYMENT INFORMATION | |
|--|--|
| APPLICANT INFORMATION | CO-APPLICANT INFORMATION |
| If you have employment income complete the section below: | If you have employment income complete the section below: |
| Employer Name: | Employer Name: |
| Employment Is (check all that apply): <input type="checkbox"/> Full time <input type="checkbox"/> Part time, hours: _____ <input type="checkbox"/> Seasonal, Months Worked: _____ | Employment Is (check all that apply): <input type="checkbox"/> Full time <input type="checkbox"/> Part time, hours: _____ <input type="checkbox"/> Seasonal, Months Worked: _____ |
| Employer Address: | Employer Address: |
| Supervisor Name: | Supervisor Name: |
| Work Phone: | Work Phone: |
| How long have you worked there? | How long have you worked there? |
| Most Recent Prior Employer: | Most Recent Prior Employer: |
| Address: | Address: |
| Supervisor Name: | Supervisor Name: |
| Phone: | Phone: |

In the next section, write down each piece of equipment that you'd like to buy with this loan. A written price quote with the seller's name, address, phone and detailed information about the item listed must be included with this application. If your loan is approved, your loan check will be written jointly to the seller of the equipment listed on the price quote and to you.

Your loan will not be processed without a written price quote.

However, if you want to buy a vehicle and you want to know the loan amount you might qualify for prior to shopping for a vehicle, check the box below and we will process your loan decision without a written price quote. You will have to submit a written price quote before you can close on your loan.

I would like to know how much I qualify for prior to shopping for a modified vehicle.

*Tell us how the vehicle relates to your business.

| LOAN REQUEST INFORMATION | | |
|--|------------------------|---|
| Description of AT Equipment/Training for which loan is requested (attach additional paper if needed): | | Cost Estimate: |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total amount of loan requested (be sure to include all applicable fees): | | |
| How will you make your loan payments to the credit union each month? | | |
| <input type="checkbox"/> I will send a check or money order <input type="checkbox"/> I would like to set up an automatic payment from my <input type="checkbox"/> Primary Share/Savings Account <input type="checkbox"/> Checking Account | | |
| If applying for a modified vehicle loan, and your loan is approved you must provide proof of full coverage insurance before closing on the loan. Full coverage insurance must be maintained throughout the life of the loan. Enter the vehicle information below: | | |
| Vehicle Year: | Vehicle Make: | Vehicle Model: |
| Purchase Price: | Down Payment (if any): | Trade in Payment (if any): |
| PAYMENT PROTECTION COVERAGE | | |
| The Credit Union will discuss the cost of this voluntary insurance with you if you check "yes." You will need to sign a separate insurance election form that discloses the terms and conditions for coverage to become effective. | | |
| Do you want your loan protected for you and your family in the event of your death? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Application Received By:

Loan Fund Manager

Date: _____



Acknowledgment and Waiver and Authorization to Release Information



I promise that everything I have stated in this application is correct to the best of my knowledge. If there are any important changes, I will notify the Michigan Employment Loan Fund (MELF) at United Cerebral Palsy of Michigan (UCP of MI) and Option 1 Credit Union (Option 1 CU) in writing immediately. I also agree to notify UCP of MI and Option 1 CU of any change in my name, address or employment within a reasonable time thereafter.

I authorize Option 1 CU/UCP of MI to obtain credit reports in connection with this application for credit and for any update, renewal or extension of the credit received. If I request, the credit union will tell me the name and address of any credit bureau from which it received a credit report on me. I understand that it is a federal crime to willfully and deliberately provide incomplete or incorrect information on any loan application made to Federal Credit Unions or State Chartered Credit Unions insured by NCUA.

I understand that if the piece of equipment breaks or is otherwise inoperable, I am still required to repay this loan. I understand that it is my choice to purchase this piece of equipment.

I understand that Option 1 CU and the MELF are not recommending the specific equipment for which I am requesting a loan. I understand that OPTION 1 CU and the MELF are not responsible if the equipment does not work for me. I understand that OPTION 1 CU and the MELF are not responsible for training me to use the equipment I want to purchase. I understand that obtaining this loan does not imply any type of warranty of the equipment that I purchase with the loan. Therefore, I can make no claims against OPTION 1 CU or the MELF for defects in the device or for any accident or injury resulting from its use.

Since OPTION 1 CU and United Cerebral Palsy of Michigan (UCP Michigan) have entered into an agreement to administer the Michigan Employment Loan Fund, I authorize OPTION 1 CU to furnish to UCP Michigan any information about me or my account, which OPTION 1 CU would give to me in the normal course of a business relationship.

I understand that the MELF and Option 1 CU will rely on the information in the request and my credit report to make its decision.

Applicant

Date

Co-applicant

Date