

Please return completed application to:

Celine Fowler
Wyoming Independent Living
305 W. 1st St.
Casper, WY 82601

Internal Use Only:
Date Received _____
ID Number _____

**Wyoming Assistive Technology
Alternative Financing Program**

Independence is priceless. We make it affordable.

All information on this application form is strictly confidential. It will only be used to determine your eligibility for the program, assist you with determining your Assistive Technology needs and requested amount. **Completion of this form does not guarantee that a loan will be granted.**

Please print or type:

1. Name of the Technology User: _____ M _____ F _____

2. Birth Date: _____ Age: _____

3. Current Wyoming Resident: Yes: _____ No: _____

Address: _____

Street, city, zip code

Mailing Address: _____

County: _____

Phone number: _____ Cell phone: _____

4. Description of the disability of the person who will be using the Assistive Technology:

5. Describe the type of Assistive Technology equipment/service that you plan to purchase (include specific item brand names.): _____

6. Explain how the Assistive Technology device/equipment will affect independence, education, and/or employment: _____

7. **DO YOU NEED ANY OF THE FOLLOWING?**

Equipment:	\$
Installation	\$
Insurance	\$
Service Agreements	\$
Maintenance & Repairs	\$
Training	\$
Applicable Taxes	\$
License Plates	\$
Other	\$
TOTAL AMOUNT REQUESTED	\$ _____

8.. **In order to verify the cost of the Assistive Technology, please submit supporting documentation: INCLUDED YES _____ NO _____**

9. If you have filed for Bankruptcy, please state when and under what circumstances _____

10. Do you have any collections under your name? Yes _____ No _____
If so, please explain:

11. How much do you feel you can pay monthly? _____

12. How did you learn about the WYTAP program?

Wyoming Institute on Disabilities (WIND)
Disability-Related Organizations
State Agency/Service Provider
Brochure or Publication
Radio or Newspaper
Internet
Centers for Independent Living WIL ____ WSIL ____
Friend/Relative
TV
Other _____

13. Do you have another source of funding contributing toward the purchase of the equipment?
Yes _____ No _____

14. If yes, specify the source and amount of funding:
Source: _____ \$ _____

Everything that I have stated in this application is correct to the best of my knowledge. I agree to notify WYTAP of any changes. I understand that WYTAP will retain this application whether or not it is approved. I authorized First Interstate Bank of Laramie to check my credit. I understand WYTAP may check my employment history and will discuss my credit history with me.

Applicant Date Joint-Applicant Date

Please return completed application to:

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Authorization and Release of Information

-WYTAP Committee Copy_

I, _____, authorize the WYTAP program and its employees, assistants, credit reporting companies, financial institution and other similarly authorized individuals to share all financial, credit, and other pertinent information with First Interstate Bank of Laramie for loan approval and loan maintenance purposes. **Initials:** _____

I have read and understood this application. Everything that I have stated is correct to the best of my knowledge. I understand that any misrepresentation on any part of this application could result in rejection of this application or termination of the loan. I understand that the WYTAP program will retain this application whether or not it is approved. I agree to notify the WYTAP program in writing, of any change of name, address, or employment. I understand that there may be other sources of funding available. **Initials:** _____

I further understand that issuance of a loan does not imply any type of warranty of the device or equipment that I purchase with the loan. Therefore, I can make no claims against the WYTAP program for defects in the device or any accident or injury resulting from its use. **Initials:** _____

The WYTAP program is authorized to check my credit and to make all inquiries necessary to verify the accuracy of the information provided. Information obtained will be used to review and approve or deny the application for credit. By signing below, I authorize all persons inquired of to respond in full to the WYTAP program; also I authorize you to answer questions **Initials:** _____

_____ Date: _____
Applicant signature (please sign in ink)

_____ Date: _____
Co-Applicant (please sign in ink)

Authorization and Release of Information

-First Interstate Bank of Laramie Copy-

I, _____, authorize the WYTAP program and its employees, assistants, credit reporting companies, financial institution and other similarly authorized individuals to share all financial, credit, and other pertinent information with First Interstate Bank of Laramie for loan approval and loan maintenance purposes. **Initials:** _____

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Applicant signature (please sign in ink) Date: _____

Co-Applicant Signature (please sign in ink) Date: _____