



New Horizon Fund

Assistive Technology Loan

The New Horizon Fund 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 Fund in order to obtain a New Horizon Fund loan. The minimum loan amount is \$3,000 and the maximum loan amount is \$30,000.

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

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

2) the ability to repay the loan.

Eligible Vehicles must meet the following criteria:

- 4 years old or newer
- 50,000 miles or less

For vehicles that are not current year models, the New Horizon Fund will require a vehicle inspection from a mechanic. 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 Fund will not approve loan refinancing.

Grievance Policy: An applicant who is aggrieved by a decision of the Committee may petition the Committee 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 Committee 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 Board 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 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 Fund
3333 West Pensacola Street, Suite 140
Tallahassee, Florida 32304**

If you need assistance in completing the application,
call the New Horizon Fund at 850-487-3278, ext.107 or 888-788-9216 ext.107 Fax 850-575-4216
E-mail: ktorrance@faast.org



New Horizon Fund

Assistive Technology Loan

Name of Person with a Disability: _____

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

Primary Language: English _____ Spanish _____ Other _____ Sex: _____

Race _____ White _____ Hispanic _____ African-American _____ Native Hawaiian

_____ American Indian or Alaskan Native _____ Pacific Islander _____ Asian Indian

_____ Asian _____ Other _____

Home Address: _____ City: _____

County: _____ State: FL Zip: _____ Phone# : _____

Drivers License #: _____ State and Date Issued: _____

Expiration Date: _____ OR Florida ID#: _____

Date of Issuance: _____ Date of Expiration: _____

Do you work for pay or profit? _____yes _____no If yes, circle one: Part Time Full Time

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

Describe the disability as defined by 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.

Item	Description

Explain how the equipment will help with your employment / education / independence.

What is the cost of the equipment? \$ _____ Amount of loan requested? \$ _____



New Horizon Fund

Assistive Technology Loan

Borrower's Name (if different): _____

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

Primary Language: English _____ Spanish _____ Other _____ Sex: _____

Race _____ White _____ Hispanic _____ African-American _____ Native Hawaiian

_____ American Indian or Alaskan Native _____ Pacific Islander _____ Asian Indian

_____ Asian _____ Other _____

Home Address: _____ City: _____

County: _____ State: FL Zip: _____ Phone# : _____

Drivers License #: _____ State and Date Issued: _____

Expiration Date: _____ OR Florida ID#: _____

Date of Issuance: _____ Date of Expiration: _____

Do you work for pay or profit? _____yes _____no If yes, circle one: Part Time Full Time

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

Please provide two alternate contacts:

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

Name: _____

Address: _____

Phone Number: _____ Relationship: _____

How did you hear about the New Horizon Fund? _____

The New Horizon Fund 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 New Horizon Fund.

Should the New Horizon Fund 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 Fund.

Borrower Signature: _____ Date: _____

Co-Borrower Signature: _____ Date: _____



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Assistive Technology Loan

Budget Worksheet

Write each source of income in the boxes below:

Write each amount in the boxes below:

Source:

\$

Source:

\$

Source:

\$

Source:

\$

Monthly Household Expenses

Monthly Rent/Mortgage

\$

Utilities (electricity, gas, water, cable, etc.)

\$

Food

\$

Insurance

\$

Prescriptions

\$

Medical supplies

\$

Telephone

\$

Monthly Vehicle expenses

Car payment

\$

Vehicle insurance

\$

Gasoline

\$

Maintenance

\$

Monthly Recurring Debt

Installment Loans

\$

Credit Cards

\$

Student Loans

\$