



KANSAS ASSISTIVE  
TECHNOLOGY COOPERATIVE

# KANSAS ASSISTIVE TECHNOLOGY COOPERATIVE

---

## LOAN APPLICATION PACKET

**Kansas Assistive Technology Cooperative**  
**625 Merchant, Suite 205 Emporia, Kansas 66801**  
**(866) 465-2826 Toll Free • (620) 342-6400 FAX**

Please ensure that the following sections are completed and signed before returning this application packet to KATCO:

- Application Letter
- Estimated Monthly Expenses Worksheet
- Credit Application
- Consent to Release Confidential Information
- Federal Sale of Insurance Disclosure
- Personal Documentation

Telework Loans Only  
(Check only those that Apply)

- Employer Name and Contact Information
- Evidence of Self-Employment
- Business Plan with Telework Goals and Equipment List

625 MERCHANT ST, STE. 205  
EMPORIA, KS 66801

Toll Free  
866-465-2826

[www.katco.net](http://www.katco.net)

*Independence is priceless. We make it affordable.*

# Instructions for Completing the KATCO Loan Application

Please read each page to make certain you understand what is requested on each. Some pages require signatures. **Not signing those pages will delay any decision.**

1. Start with the "Loan Application Letter." Attach another sheet if necessary. **This page requires a signature.**
2. Complete the "Monthly Budget Estimate" worksheet. Be as accurate as possible.
3. Complete the "Credit Application" pages. **Page 5 must be signed.**
4. Read and sign the "Consent to Release Confidential Information." **This page requires a signature.**
5. Read and sign the "Federal Sale of Insurance Disclosure" form. **This page requires a signature.**
6. Provide copies of two forms of identification. **See "Personal Documentation Instructions" below.**
7. Provide proof of income. (copies of pay stubs, social security statements, etc...)
8. Submit a cost estimate for the assistive technology device or service for which you wish to borrow money. This estimate should come from the seller of the device or service provided and should include exact specifications whenever possible.
9. Once completed, mail the entire packet of forms to the address provided on cover. Incomplete forms or submissions missing information will delay the decision on your loan application.

Upon receipt, KATCO will review your completed application, generally within two weeks. The committee may request additional documentation or information. Once reviewed, a final decision will be made. You will be contacted regarding KATCO's decision and provided additional information, if needed.

---

## Personal Documentation Instructions

Two forms of identification are required. As explained below, one must be a government-issued photo ID. (Co-applicants are also required to submit two forms of ID.)

**Submissions with incomplete or missing identification will delay the decision on your loan application.**

1. Primary Form of Identification:  
Provide a photocopy of a valid, signed photo ID. Must be a non-expired government issued photo ID. Examples of acceptable forms of government issued photo identification: **Kansas Driver's License**, Valid US Passport, State Employee ID, Military ID, Federal Employee ID. Non US Citizens, must meet Alien Identification requirements.
2. Secondary Form of Identification:  
Provide a photocopy of any current, signed ID, if possible. Examples of acceptable forms of secondary identification: **Social Security Card**, Current Military ID, Current Student ID, Employee ID, Voter Registration Card, Credit Card, Birth Certificate, Firearm License or a **current utility bill** or property tax bill.

The Patriot Act requires individuals to submit two forms of personal documentation with all loan applications. If more than one person is applying for the loan, personal documentation must be supplied for each individual.

# KATCO Loan Application Letter

Dear KATCO Loan Committee:

The purpose of this loan application is to help me/our family acquire a specific assistive technology device or service. I/We wish to borrow \$\_\_\_\_\_ (amount) for the following assistive technology device(s) or service(s):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Aids for Daily Living             | <input type="checkbox"/> Home Modifications    | <input type="checkbox"/> Worksite Modifications     |
| <input type="checkbox"/> Attendant Services                | <input type="checkbox"/> Prosthetics/Orthotics | <input type="checkbox"/> Hearing Devices            |
| <input type="checkbox"/> Architectural Barrier Free Design | <input type="checkbox"/> Recreation/Leisure    | <input type="checkbox"/> Vision Aids                |
| <input type="checkbox"/> Communication Devices             | <input type="checkbox"/> Respite Services      | <input type="checkbox"/> Farm Machinery Adaptations |
| <input type="checkbox"/> Computer Adaptations              | <input type="checkbox"/> Switches/Input        | <input type="checkbox"/> Transportation             |
| <input type="checkbox"/> Durable Medical Equipment         | <input type="checkbox"/> Telework Equipment    | <input type="checkbox"/> Environmental Controls     |
| <input type="checkbox"/> Other (Specify) _____             |  |   |

Explain the nature of your disability:  
(Attach additional pages if necessary)

---

---

---

---

---

---

---

The assistive technology will assist the individual to do the following more independently:  
(Attach additional pages if necessary)

---

---

---

---

---

---

---

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Assistant (if applicable)

\_\_\_\_\_  
Date



# Monthly Budget Estimate

The purpose of this page is to determine the approximate amount of money you have left over at the end of the month from which a payment toward a loan might be made.

## INCOME

List the amount of your monthly income (joint applicants, show total)

- A. Monthly Wages/Salary
- B. SSDI/SSI
- C. Alimony/Child Support
- D. Other

A.	
B.	
C.	
D.	

E. **Total of All Monthly Income**

E.

## EXPENSES

List the amount of your monthly expenses:

- F. Rent or House Payment
- G. Utilities (Electric, Gas, Water)
- H. Telephone/Cell Phone
- I. Car Payment/Maintenance
- J. Gasoline
- K. Groceries (Food, Supplies, Diapers, Etc.)
- L. Insurance (Health, Car, House/Renters)
- M. Medical (Prescriptions, Doctor, Hospital)
- N. Credit Cards
- O. Child Care/Child Support
- P. Cablevision
- Q. Eating Out
- R. Cigarettes/Alcohol
- S. Hobbies (Fishing, Bowling, Books, Etc.)
- T. Miscellaneous

F.	
G.	
H.	
I.	
J.	
K.	
L.	
M.	
N.	
O.	
P.	
Q.	
R.	
S.	
T.	

U. **Total of All Monthly Expenses**

U.

Subtract amount in line U from amount in line E

## MONTHLY INCOME AFTER EXPENSES

Do you receive Home Community-Based Services or other Medicaid-funded services?

(Please Check One)    Yes    No    Don't Know

**IMPORTANT APPLICANT INFORMATION:** Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

**INFORMACION IMPORTANTE DEL CLIENTE:** La ley federal requiere que todas las instituciones financieras obtengan información suficiente para verificar su identidad. Para satisfacer este requisito, podemos preguntarle varias preguntas y preguntarle presentar uno o más formas de identificación. Algunas veces podemos utilizar fuentes exteriores para confirmar la información. La información que usted presenta es protegida por nuestra política de confidencialidad y la ley federal.

CREDIT APPLICATION SOLICITUD DE CREDITO				
<b>TYPE OF CREDIT REQUESTED</b> <b>TIPO DE CREDITO REQUERIDO</b>  IMPORTANT: Check (✓) the appropriate boxes below and complete the applicable sections. IMPORTANTE: Marque abajo (✓) los cuadrados apropiados y llene las secciones pertinentes.			<b>FOR CREDITOR USE</b> <b>PARA USO DEL ACREEDOR</b>  DATE _____ CLASS NO. _____ FECHA: _____ NO. DE CLASE _____  ACCOUNT NO. _____ NO. DE CUENTA _____ APPROVED <input type="checkbox"/> BY _____ APROBADO POR _____ DECLINED <input type="checkbox"/> BY _____ NEGADO POR _____	
<input type="checkbox"/> SECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying solely on my income or assets CON GARANTIA CREDITO PERSONAL - dependiendo exclusivamente en mi ingreso o bienes personales				
<input type="checkbox"/> UNSECURED <input type="checkbox"/> INDIVIDUAL CREDIT - relying on my income or assets as well as income or assets from other sources SIN GARANTIA CREDITO PERSONAL - dependiendo exclusivamente en mi ingreso o bienes personales tanto como ingresos y bienes de otras fuentes				
<input type="checkbox"/> JOINT CREDIT - We intend to apply for joint credit. (initials) _____ CREDITO COMPARTIDO - Tenemos la intención de solicitar crédito común. (iniciales) _____				
AMOUNT REQUESTED CANTIDAD SOLICITADA	FOR HOW LONG POR CUANTO TIEMPO	PAYMENT DATE DESIRED FECHA DE PAGO	WANT TO REPAY UD. DESEA PAGAR	PROCEEDS OF LOAN TO BE USED FOR: EL DINERO DEL PRESTAMO ES PARA:
\$			<input type="checkbox"/> MONTHLY MENSUALMENTE  <input type="checkbox"/> _____	

**SECTION A - INDIVIDUAL APPLICANT INFORMATION**  
**SECCION A - INFORMACION PERSONAL DEL SOLICITANTE**

NAME (Last, First, Middle) NOMBRE (Apellido, Primero Nombre, Segundo Nombre)					
BIRTH DATE FECHA DE NAC.	TELEPHONE NO. NO. DE TELEFONO	DRIVER'S LICENSE NO. NO. DE LICENCIA DE CONDUCIR	SOCIAL SECURITY NO. NO. DEL SEGURO SOCIAL	NO. DEPENDENTS CUANTOS DEPENDIENTES	AGES OF DEPENDENTS EIDADES DE LOS DEPENDIENTES
/ /					
ADDRESS (Street, City, State & Zip) DIRECCION (Calle, Ciudad, Estado y Código)			COUNTY CONDADO	Do you <input type="checkbox"/> own Ud. es propietario or <input type="checkbox"/> rent Ud. arrienda	HOW LONG POR CUANTO TIEMPO
PREVIOUS ADDRESS (Street, City, State & Zip) (Complete if less than 3 years at present address) DIRECCION ANTERIOR (Calle, Ciudad, Estado y Código) (Llene esta sección si Ud. ha vivido menos de 3 años en la dirección actual)			COUNTY CONDADO	Do you <input type="checkbox"/> own Ud. es propietario or <input type="checkbox"/> rent Ud. arrienda	HOW LONG POR CUANTO TIEMPO
EMPLOYER (Company Name & Address) EMPLEADOR (Nombre de la Compañía y Dirección)					HOW LONG POR CUANTO TIEMPO
BUSINESS TELEPHONE Ext. TELEFONO DEL TRABAJO Anexo		POSITION OR TITLE POSICION O TITULO	HOW OFTEN PAID CUAN A MENUDO LE PAGAN	TAKE HOME SALARY PER MONTH GROSS/NET (TAKE HOME) INCOME SUELDO LIQUIDO MENSUAL SUELDO BRUTO/LIQUIDO	
				\$ / \$	
PREVIOUS EMPLOYER (Company Name & Address) EMPLEADOR ANTERIOR (Nombre de la Compañía y Dirección)					HOW LONG POR CUANTO TIEMPO
NAME & ADDRESS OF NEAREST RELATIVE NOT LIVING WITH YOU NOMBRE Y DIRECCION DEL PARIENTE MAS CERCAÑO QUE NO VIVE CON UD.			RELATIONSHIP PARENTESCO	TELEPHONE NO. (Indicate Area Code) NO. DE TELEFONO (Incluya el Código de Area)	

**Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.**  
**No es necesario declarar asistencia de divorcio, sostenimiento a menor(es) o ingreso de mantenimiento aparte si Ud. no los estima como fuentes de ingreso para pagar este préstamo.**

Alimony, child support, separate maintenance income received under:  Court Order  Written Agreement  Oral Understanding  
 Asistencia de divorcio, sostenimiento a menor(es), ingreso de mantenimiento aparte concedidos bajo un:  Decreto de la Corte  Acuerdo Escrito  Acuerdo Verbal

SOURCES OF OTHER INCOME OTRAS FUENTES DE INGRESO	AMOUNT PER MONTH CANTIDAD AL MES
	\$

Is any income listed in this Section likely to be reduced before the credit requested is paid off?  
 ¿Es posible que algunos de los ingresos mencionados en esta sección sean reducidos antes de terminar de pagar este préstamo?

No  Yes (Explain)  
 No Sí (Explique)

Have you previously received credit from us?  
 ¿Ud. ha recibido nuestro crédito anteriormente?

No  Yes - When?  
 No Sí ¿Cuándo?

**SECTION B - JOINT APPLICANT OR OTHER PARTY INFORMATION**  
**SECCION B - INFORMACION DEL CO-SOLICITANTE O DE LA OTRA PERSONA RESPONSABLE**

Complete if: joint credit, or the individual applicant is relying on the income of others as a basis for repayment, or the individual applicant lives in a community property state or is relying on property located in a community property state as a basis for repayment of the credit requested. **NOTE: Married applicants may apply for separate accounts.**  
 Llene esta sección si es para: crédito compartido, o el solicitante individual dependiendo en ingresos de otras fuentes para pagar este préstamo, o el solicitante individual reside en una propiedad cuya posesión es en común o está dependiendo en dicha propiedad como un garantía de pago hacia el crédito solicitado. **NOTA: Solicitantes casados pueden solicitar para cuentas separadas.**

NAME (Last, First, Middle) NOMBRE (Apellido, Primer Nombre, Segundo Nombre)					
BIRTH DATE FECHA DE NAC.	TELEPHONE NO. NO. DE TELEFONO	DRIVER'S LICENSE NO. NO. DE LICENCIA DE CONDUCIR	SOCIAL SECURITY NO. NO. DEL SEGURO SOCIAL	NO. OF DEPENDENTS CUANTOS DEPENDIENTES	AGES OF DEPENDENTS EIDADES DE LOS DEPENDIENTES
/ /					
RELATIONSHIP TO APPLICANT (if Any) PARENTESCO CON EL SOLICITANTE (Si Existe)		PRESENT ADDRESS (Street, City, State & Zip) DIRECCION ACTUAL (Calle, Ciudad, Estado y Código)			HOW LONG POR CUANTO TIEMPO
EMPLOYER (Company Name & Address) EMPLEADOR (Nombre de la Compañía y Dirección)					HOW LONG POR CUANTO TIEMPO
BUSINESS TELEPHONE Ext. TELEFONO DEL TRABAJO Anexo		POSITION OR TITLE POSICION O TITULO	HOW OFTEN PAID CUAN A MENUDO LE PAGAN	TAKE HOME SALARY PER MONTH GROSS/NET (TAKE HOME) INCOME SUELDO LIQUIDO MENSUAL SUELDO BRUTO/LIQUIDO	
				\$ / \$	
PREVIOUS EMPLOYER (Company Name & Address) EMPLEADOR ANTERIOR (Nombre de la Compañía y Dirección)					HOW LONG POR CUANTO TIEMPO
<b>Alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.</b> <b>No es necesario declarar asistencia de divorcio, sostenimiento a menor(es) o ingreso de mantenimiento aparte si Ud. no los estima como fuentes de ingreso para pagar este préstamo.</b>					
Alimony, child support, separate maintenance income received under: <input type="checkbox"/> Court Order <input type="checkbox"/> Written Agreement <input type="checkbox"/> Oral Understanding Asistencia de divorcio, sostenimiento a menor(es), ingreso de mantenimiento aparte concedidos bajo un: <input type="checkbox"/> Decreto de la Corte <input type="checkbox"/> Acuerdo Escrito <input type="checkbox"/> Acuerdo Verbal					
SOURCES OF OTHER INCOME OTRAS FUENTES DE INGRESO	AMOUNT PER MONTH CANTIDAD AL MES				
	\$				

**SECTION C - MARITAL STATUS  
SECCION C - ESTADO CIVIL**

Complete only if: for joint or secured credit, or applicant resides in a community property state or is relying on property located in such a state as a basis for repayment of the credit requested.

*Llene esta sección solo si es para: crédito compartido o con garantía, o si el solicitante vive en una propiedad cuya posesión es en común o está dependiendo en dicha propiedad como una garantía de pago hacia el crédito solicitado.*

APPLICANT	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
SOLICITANTE	Casado(a)	Separado(a)	Soltero(a) (Incluya soltero(a), divorciado(a), o viudo(a))
OTHER PARTY	<input type="checkbox"/> Married	<input type="checkbox"/> Separated	<input type="checkbox"/> Unmarried (including single, divorced, and widowed)
CO-SOLICITANTE	Casado(a)	Separado(a)	Soltero(a) (Incluya soltero(a), divorciado(a), o viudo(a))

**SECTION D - ASSET & DEBT INFORMATION  
SECCION D - BIENES Y DETALLE DE DEUDAS**

If Section B has been completed, this Section should be completed giving information about both the Applicant and Joint Applicant or Other Person. Please mark Applicant-related information with an "A". If Section B was not completed, only give information about the Applicant in this Section.

*Si la sección B ha sido completada, esta sección debe ser completada con la información del solicitante y el co-solicitante o la otra persona responsable. Sírvase indicar información relacionada con el Solicitante con una "A". Si la Sección B no fue llenada, sólo provea información del solicitante en esta Sección.*

**ASSETS OWNED** (Use separate sheet if necessary.)

**POSESION DE BIENES** (Agregue una página adicional si es necesario.)

DESCRIPTION OF ASSETS DESCRIPCION DE BIENES	NAME IN WHICH THE ACCOUNT IS CARRIED EN QUE NOMBRE ESTA LA CUENTA	SUBJECT TO DEBT? ¿SUJETO A DEUDA?	VALUE VALOR
CHECKING ACCOUNT NUMBER(S) NUMERO(S) DE CUENTA CORRIENTE (Where) (¿Dónde?)			\$
SAVINGS ACCOUNT NUMBER(S) NUMERO(S) DE CUENTA DE AHORRO (Where) (¿Dónde?)			
CERTIFICATE OF DEPOSIT(S) CERTIFICADO DE DEPOSITO(S) (Where) (¿Dónde?)			
MARKETABLE SECURITIES ACCIONES O VALORES NEGOCIABLES (issuer, type, no. of shares) (emitidos por, tipo, cantidad de acciones)			
REAL ESTATE BIEN RAIZ (location, date acquired) (ubicación, fecha de adquisición)			
LIFE INSURANCE SEGURO DE VIDA (issuer, face value) (emitido por, valor)			
AUTOMOBILES AUTOMOVILES (make, model, year) (marca, modelo, año)			
OTHER OTROS (list) (haga una lista)			
TOTAL ASSETS TOTAL DE BIENES			\$

**OUTSTANDING DEBTS** (Include charge accounts, installment contracts, credit cards, rent, mortgages and other obligations. Use separate sheet if necessary.)

**DEUDAS POR PAGAR** (Incluya cuentas abiertas, pagos contraídos, tarjetas de crédito, arriendo, hipotecas y otras deudas. Agregue una página adicional si es necesario.)

CREDITOR ACREEDOR	ACCOUNT NUMBER NUMERO DE CUENTA	NAME IN WHICH THE ACCOUNT IS CARRIED EN QUE NOMBRE ESTA LA CUENTA	ORIGINAL AMOUNT MONTO ORIGINAL	PRESENT BALANCE SALDO ACTUAL	MONTHLY PAYMENTS PAGOS MENSUALES
LANDLORD OR MORTGAGE HOLDER PROPIETARIO O POSESOR DE LA HIPOTECA	<input type="checkbox"/> Rent Payment Pago de Arriendo  <input type="checkbox"/> Mortgage Hipoteca		(OMIT RENT) (OMITA ARRIENDO)  \$	(OMIT RENT) (OMITA ARRIENDO)  \$	
AUTOMOBILES AUTOMOVILES (describe) (describalos)					
TOTAL DEBTS TOTAL DE DEUDAS			\$	\$	\$

Complete the following information about both the Applicant and Joint Applicant or Other Person (if applicable):  
*Llene la siguiente sección con la información del solicitante, el co-solicitante u otra persona responsable (si corresponde):*

Are you obligated to make Alimony, Support or Maintenance Payments?  No  Yes  
*¿Está Ud. obligado a pagar Asistencia de Divorcio, Sostentamiento o Pagos de Mantenimiento?* No Sí

If yes, to (Name & Address) \_\_\_\_\_ Amt. per month \$ \_\_\_\_\_  
*Si es así, ¿a quién? (Nombre y Dirección)* Cantidad al mes

Are you a co-maker, endorser, or guarantor on any loan or contract?  No  Yes If yes, for whom? \_\_\_\_\_ To whom? \_\_\_\_\_  
*¿Es Ud. responsable, aval o fiador en algún préstamo o contrato?* No Sí *Si es así, ¿para quién?* ¿A quién debe?

Are there any unsatisfied judgments against you?  No  Yes If yes, to whom owed? \_\_\_\_\_ Amount \$ \_\_\_\_\_  
*¿Hay algún juicio pendiente en su contra?* No Sí *Si es así, ¿a quién debe?* Monto

Have you been declared bankrupt in the last 10 years?  No  Yes If yes, where? \_\_\_\_\_ Year \_\_\_\_\_  
*¿Ud. ha declarado bancarota en los últimos 10 años?* No Sí *Si es así, ¿dónde?* Año

**SECTION E - SECURED CREDIT** Complete only if credit is to be secured. Briefly describe the property to be given as security:

**SECCION E - CREDITO CON GARANTIA** *Llene esta sección solo si el préstamo será garantizado. Brevemente describa la propiedad que será dada en garantía de pago.*

PROPERTY DESCRIPTION  
DESCRIPCION DE LA PROPIEDAD

NAMES & ADDRESSES OF ALL CO-OWNERS OF THE PROPERTY  
NOMBRES Y DIRECCIONES DE LOS CO-PROPIETARIOS DE LA PROPIEDAD

IF THE SECURITY IS REAL ESTATE, GIVE THE FULL NAME OF YOUR SPOUSE (if any).  
*SI LA PROPIEDAD DADA EN GARANTIA ES UN BIEN RAIZ, PROVEA EL NOMBRE COMPLETO DE SU ESPOSO(A) (si corresponde).*

**SIGNATURES** - I certify that everything I have stated in this application and on any attachments is correct. Lender may keep this application whether or not it is approved. By signing below I authorize Lender to check my credit and employment history and to answer questions others may ask about my credit record with Lender. I understand that I must update credit information at Lender's request if my financial condition changes.

**FIRMAS** - Yo doy fe de que todo lo que he declarado en esta solicitud y en cualquier página adicional es correcto. Prestamista puede quedarse con esta solicitud si es aprobada o negada. Al firmar abajo yo le autorizo a prestamista para que verifique mi historial de crédito y empleo, además le autorizo para que responda a preguntas que otros podrían hacerle respecto a mi historial de crédito con la prestamista. Yo entiendo que debo mantener esta información de crédito personal actualizada en caso de que cambiara mi situación financiera.

Applicant's Signature Firma del Solicitante	Date Fecha	Other Signature (Where Applicable) Otra Firma (Si Corresponde)	Date Fecha
--	---------------	---	---------------

# Consent to Release Confidential Information

I hereby authorize the Kansas Assistive Technology Cooperative (KATCO) and its partner financial institution(s) to share credit records and other information necessary to complete the review of my loan application for assistive technology. No credit information regarding this application will be shared outside of the KATCO review process or with any individual not listed by the applicant on this release.

\_\_\_\_\_  
**Signature of Applicant (required)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Date

If you wish, you may allow KATCO to share information with other individuals who may be familiar with your situation. This may help the processing of your loan. Please call if you have any questions regarding this release form.

I hereby authorize the following individuals to share credit records and other information appropriate to the review process, with KATCO and its partner financial institutions.

## **ILC, Case Manager, Assistant, etc.** (If Applicable)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Agency Phone

## **Other** (If Applicable)

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone

This release is valid during the application process and, if approved, through the life of the loan specific to this application.

# Federal Sale of Insurance Disclosure

## Credit Disclosure

You have applied for an extension of credit with a KATCO financial partner. KATCO's financial partners may solicit, offer, or sell you an insurance product in connection with this extension of credit. Federal law prohibits any of our partners from conditioning the extension of credit on either:

1. Your purchase of an insurance product from a partner or from any of its affiliates; or
2. Your agreement to not obtain an insurance product from an entity not affiliated with the partner.

KATCO's financial partners may not prohibit you from obtaining insurance from an entity not affiliated with them.

## Insurance Disclosure

An insurance product sold in connection with this extension of credit:

Is not a deposit or other obligation of, or guaranteed by, KATCO's financial partner.

Is not insured by the Federal Deposit Insurance Corporation (FDIC) or any other agency of the United States.

Is not insured by the financial partner and/or its affiliates.

By signing and dating, I acknowledge that I have received and read a copy of this form.

---

**Signature of Applicant**

---

Signature of Co-Applicant (if applicable)

---

Date

---

Date

# Telework Equipment Loan Application Checklist Sheet

If you intend to purchase equipment to help you establish or expand Telework employment (work completed from a distance) we ask that you complete the following information.

Applicants telework equipment or modification loans should include all of the forms and documents required in the previous pages of the packet. In addition, telework loan applications must include this form and the appropriate supporting document:

\_\_\_\_\_  
Employer's Name/Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
FAX

## Please check applicable box and provide requested information

- For currently self-employed applicants, please attach copies of typical invoices and a customer/client list.
- For applicants interested in becoming self-employed, please attach a business plan with telework goals and equipment list.\*
- For applicants interested in establishing a telework center, please attach documentation .
- For applicants that work for an employer who is interested in financing telework equipment, please contact KATCO for the "KATCO Telework Employer Application."

\* If uncertain about this requirement, please visit with KATCO staff



**KANSAS ASSISTIVE  
TECHNOLOGY COOPERATIVE**