

Show-Me Loans

WorkAbility Loans

This application is for the WorkAbility loans program. Please complete the application and attach all required verification listed on Page 1. All information must be provided before your application can be considered. Please feel free to attach additional pages if needed. The minimum loan amount is \$500 and the maximum is \$10,000. If you have any questions, please call toll-free at 800-647-8557. Or view our website at www.at.mo.gov.

Mail the completed application from to:

Show-Me Loans, WorkAbility Loans
Missouri Assistive Technology
1501 NW Jefferson St
Blue Springs, MO 64015-7242

Applications may not be faxed or emailed.

How Your Application Will Be Reviewed

1. The Show-Me Loans Program will review the application first to insure that all needed information is included, and that the application is for WorkAbility purposes. For the purposes of this program “WorkAbility” is work from home and/or remote sites away from an office such as work on the road or at a remote center. It can assist individuals with disabilities who need equipment in order to obtain or maintain employment working from home or a remote site, or to establish or improve self-employment business. If the loan will be for a new self-employment start-up, you will also need to submit a business plan. Contact Missouri Assistive Technology for an outline of what the plan should include. If you need assistance in completing a business plan, resources are provided on the last page.
2. What equipment is eligible through the WorkAbility loan program? Examples include, but are not limited to: computers, printers and related peripherals, software, fax machines and scanners, office machines, tools, office furniture, telecommunication devices, home modifications needed to create an accessible home office, assistive technology that will enable an individual with a disability to work more independently or productively, maintenance agreements and extended warranties for the equipment, etc. If you have questions about whether a type of equipment would be eligible, call Missouri Assistive Technology (MoAT) at the toll-free number listed above.
3. A loan review committee will review the application and decide if the application meets its criteria for a loan. The committee will obtain a summary of the borrower’s and co-signers credit history. The committee will assess whether the applicant has the ability to make the monthly payments for the loan repayment. Interest rates for the program start at two (2) percent. You can contact MoAT with questions about the programs interest rates.

Show~Me Loans For WorkAbility

Missouri Assistive Technology

1501 NW Jefferson St

Blue Springs, MO 64015-7242

Toll Free 1 (800) 647-8557 Voice or 1 (800) 647-8558 TTY

WorkAbility Loan Application **Loan Application Instructions**

1. Please review the guidelines before completing your application.
2. If you have a co-signer or guarantor, both you and the co-signer should complete a financial information form.
3. Please make sure that your application is filled out completely, signed and dated.
4. Please include the requested attachments:
 - a. An invoice, bid or other information showing cost of the business equipment together with description of the equipment to be provided.
 - b. Verification of Income
 - c. Verification of Disability – can be from a doctor, disability service provider, etc.
 - d. Self-Employment: Verification of a proper business licenses and insurance.
 - e. All parties on the application will provide a copy of their state driver's license or identification.
5. Please include a Business Plan if you are working from home starting a new self-employment business. (See the Business Plan Development Guide and resource page.)

A credit check will be conducted on each individual who completes a financial information form.

RETURN COMPLETED APPLICATION TO:

Missouri Assistive Technology

Show~Me Loans

1501 NW Jefferson St

Blue Springs, MO 64015-7242

Toll Free 1 (800) 647-8557 Voice or 1 (800) 647-8558 TTY

Part I

Show-Me Loans, WorkAbility Loans ~ Application

Name (s) of Borrowers:

Date of Application:

Mailing Address:

City:

State:

Zip:

County:

Home Phone:

Cell Home

Work Phone

Email Address:

Applicant Birth date (mm/dd/yy):

Social Security Number:

Co-Applicant: Birth date (mm/dd/yy):

Social Security Number:

How did you hear about Show-Me Loans for WorkAbility?

Name of Borrower:

Borrower's Disability:

Age:

Relationship to Person with a disability:

For all of the questions, you may attach another sheet if needed.

Dollar amount you need to borrow: \$_____

List & describe the equipment and services you want to purchase. Include the name(s) addresses & Phone number of the vendor (s) and the cost of each item (including accessories, shipping & Sales tax.) You must attach an invoice or bid from the vendor or other information showing cost.

Please describe, in your own words, how this business equipment will be used and how it will benefit your business endeavor.

How will the assistive technology assist you in maintaining or obtaining employment?

Describe what the goal is of the WorkAbility loan request.

The next section is for Self Employment Ventures Only. All others move to the next page.

BUSINESS NAME:

What experience do you have in this type of employment/self-employment?

Do you have insurance to cover loss damage to equipment? Yes No

Is this a new or existing WorkAbility business or employment arrangement?

New Start -up Date:

Existing For How Long?

Business License #:

Please briefly describe the WorkAbility Business or WorkAbility Employment for which you are purchasing the equipment. Explain your service or product, whom your competitors are, location, brief history, proposed future operations and suppliers (if applicable).

How many hours per week do you plan to work from home?

For existing business- List the names and phone numbers of three current customer contacts:

- 1.
- 2.
- 3.

For New business- List the names and phone numbers of three potential customer contacts:

- 1.
- 2.
- 3.

Assets**Current Balance (Approximate)**

Checking Accounts \$

Savings Accounts: \$

Stocks & Investments: \$

Real Estate:

List property addresses and approximate appraisal value below:

- 1.
- 2.

Personal/Business Property (example: Cr, boat, RVs, etc.) and their current value:

- 1.
- 2.
- 3.
- 4.
- 5.

Other Assets (Please Describe): \$

Debts

Mortgage (s): Bank	Monthly	Balance
Mortgage (s): Bank	Monthly	Balance
Car (1): Creditor	Monthly	Balance
Car (2): Creditor	Monthly	Balance

Credit cards (attach list)

Creditor	Monthly	Balance
Creditor	Monthly	Balance
Creditor	Monthly	Balance
Creditor	Monthly	Balance

Other Debts (describe)

Debt	Monthly	Balance
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Part III

Budget Worksheet

Basic Household Expenses Itemized

Rent or Mortgage	\$
Utilities	\$
House/renters Insurance	\$
Food & Household goods	\$
Telephone	\$
Cable TV/Internet	\$
Car Payment	\$
Car Maintenance & Repairs	\$
Car Insurance	\$
Other Insurance	\$
Other Transportation (Describe below)	\$
Child Care	\$
Medical Care (Out of pocket)	\$
General Expenses	\$
(Example: cigarettes, alcohol, baby sitting, etc)	
Hobbies, entertainment, gifts	\$
Eating Out	\$
Other (Describe below)	\$

NET MONTHLY INCOME \$ (A)
MONTHLY EXPENSES \$ (B)

DOLLARS AVAILABLE AFTER EXPENSES

INCOME (A) – EXPENSES (B) \$

What maximum dollar amount you can comfortably afford for your monthly loan payment? \$

