

## **PERSONAL INFORMATION APPLICATION**

The Trankilu Alternative Financing Program (TAFP) makes low-interest loans to qualifying borrowers. Qualifying borrowers must demonstrate that they are purchasing assistive technology equipment or services. An application that is not approved by the bank will be reviewed by the Loan Committee for consideration under its loan guarantee program. Qualifying borrowers must meet the loan program criteria of being creditworthy and able to repay the loans.

**The Trankilu Alternative Financing Program (TAFP) will not consider application requests for regular vehicles, mortgages, loan refinancing or to pay down existing debt.**

### **LOAN APPLICATION INSTRUCTIONS**

For requests up to \$3,000, complete the Personal Information Application and the Bank of Saipan Loan Application.

Please note that any request over \$3,000; the Community Based Organization Board will approve on a case-by-case basis.

Auto and van purchases must be accompanied by a buyer's order or specification sheet from the dealer along with a description and price list of the modifications to the vehicle. Home modifications require bids from a licensed CNMI contractor. All other equipment requests must be accompanied by a buyer's order from the vendor where you will purchase the device.

You must provide proof of identity (copy of driver's license or identification card issued by the Bureau of Motor Vehicles) and proof of income (pay stubs, SSDI statement, or W-2). Individuals must also provide proof of their disability related to their request (doctor's report, OT/PT evaluation, or prescription for equipment). All questions must be answered completely on both forms and faxed, mailed or hand delivered with a copy of the buyer's order for the equipment you are requesting to:

**Trankilu Alternative Financing Program (TAFP)  
P.O. Box 506304  
Saipan, MP 96950**

**CAMI Office  
As Lito Saipan  
(670) 664-7030 Fax**

Eligible applications will be sent to the Bank of Saipan for processing. Applications that are not approved by the bank will automatically be reviewed for a possible guaranteed loan. If the bank approves your loan or the loan is guaranteed to the bank by TAFP, you may close the loan at the most convenient Bank of Saipan office.

If you have any questions regarding the application, the application process or assistance completing the application, please call the CAMI Office at 288-5293 from 8:00 a.m to 11:30 a.m. Monday to Friday.

# Trankilu Alternative Financing Program (TAFP)

## TAFP Personal Information

All information on this application form is strictly confidential and will only be used to determine your need for and ability to repay this loan. Completion of this form does not guarantee that a loan will be approved.

*Please print or type*

<b>Name of Person with a Disability:</b>			
<b>Date of Birth:</b>			
<b>Borrower's Name (if different):</b>			
<b>Borrower's Social Security Number:</b>			
<b>What type of assistive technology are you going to purchase? Please check category.</b>			
ADL/Personal Care Equipment	<input type="checkbox"/>	Medical/Rehab. Equipment (e.g., Braces)	<input type="checkbox"/>
Home Modifications	<input type="checkbox"/>	Worksite or School Modifications	<input type="checkbox"/>
Mobility Equipment	<input type="checkbox"/>	Seating or Positioning Equipment	<input type="checkbox"/>
Vehicle Modifications (Van with lift)	<input type="checkbox"/>	Augmentative Communication	<input type="checkbox"/>
Computer Equipment	<input type="checkbox"/>	Computer Access Devices/Software	<input type="checkbox"/>
Hearing Aids	<input type="checkbox"/>	Vision Aids	<input type="checkbox"/>
Recreation Aids	<input type="checkbox"/>	Farm Machinery Adaptations	<input type="checkbox"/>
<b>Other (Please Describe)</b>			
<b>Describe What You Plan to Purchase (Include Brand Name)</b>			
<b>What is the cost of equipment/modifications?</b>			
<b>What is the amount of loan being requested?</b>			
<b>Describe which of the abilities of the person with a disability will be affected by the assistive technology requested. Check all that apply.</b>			
Seeing	<input type="checkbox"/>	Hearing	<input type="checkbox"/>
Talking / Communicating	<input type="checkbox"/>	Remembering	<input type="checkbox"/>
Getting Around / Mobility	<input type="checkbox"/>	Handling Objects / Reaching	<input type="checkbox"/>
Interacting with Others / Socializing	<input type="checkbox"/>	Learning New Information	<input type="checkbox"/>
Other (please describe)			

<b>Describe your disability:</b>	
<b>Describe how this limits your employment/education/independence:</b>	
<b>Explain why the equipment will help you with your employment/education/independence:</b>	
<b>What agency or company referred you to the Trankilu Alternative Financing Program (TAFP)?</b>	
<b>Name of the Advocate or Counselor who referred you:</b>	
<b>Name of Company / person I am buying the equipment from:</b>	
<b>I would like to receive Consumer Counseling services from the Assistive Technology Program to assist me with device selection or referral to other funding sources.    <input type="checkbox"/> Yes    <input type="checkbox"/> No</b>	
I understand that the Trankilu Alternative Financing Program (TAFP) may share information with the Bank of Saipan, the CNM Council on Developmental Disabilities, and the CNMI Assistive Technology Program regarding my loan request. I authorize the TAFP, BoS, CDD and CNMI ATP to share financial, credit and other pertinent information for the purpose of loan approval, loan maintenance, consumer counseling, or to obtain other potential funding sources.	<b>Initials:</b>
I understand the bank will provide me with a decision on my application in 30 days or less. However, I agree to waive the right to a decision in 30 days or less should a loan guarantee to be required from the Trankilu Alternative Financing Program.	<b>Initials:</b>
I have read and understood this application, everything that I have stated is correct to the best of my knowledge. I agree to notify the Trankilu Alternative Financing Program, in writing, of any change of name, address, or employment.	
Should the Trankilu Alternative Financing Program guarantee my loan and make a payment on my behalf, either partial or in full, I understand that I am obligated to repay that amount of money to the Trankilu Alternative Financing Program.	
The Trankilu Alternative Financing 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 am applying for the Trankilu Alternative Financing Program, I authorize all persons inquired of to respond in full to the Trankilu Alternative Financing Program, and I authorize the Trankilu Alternative Financing Program to answer questions about my credit experience with the Trankilu Alternative Financing Program. The undersigned understands that all information provided is subject to verification or investigation.	
<b>Applicant Signature</b>	<b>Date</b>
<b>Co-Applicant Signature</b>	<b>Date</b>