

NewWell Fund

1602 Rolling Hills Drive, Suite 107
Richmond, Virginia 23229
Telephone: (804) 662-9000
Toll Free: (866) 835-5976
Fax: (804) 662-9533
www.newwellfund.org

PERSONAL INFORMATION APPLICATION

The NewWell Fund makes low-interest loans to qualifying borrowers. Qualifying borrowers must demonstrate that they are purchasing assistive technology equipment or services. Individuals applying for a Telework loan must demonstrate they are purchasing computers and other equipment to enable them to work from their home. 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 New Well Fund will not consider application requests for regular vehicles, mortgages, loan refinancing or to pay down existing debt.

LOAN APPLICATION INSTRUCTIONS

For requests over \$15,000, complete the Personal Information Application and the SunTrust Loan Application.

For requests under \$15,000, complete the Personal Information Application and the NewWell Fund Loan Application form.

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 Virginia 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 Department 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 mailed with a copy of the buyer's order for the equipment you are requesting to:

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Eligible applications will be sent to SunTrust Bank 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 the NewWell Fund, you may close the loan at the most convenient SunTrust office. Loans under \$15,000 will be closed by the NewWell Fund via regular mail and will require notarized signatures of the loan applicants.

If you have any questions regarding the application or the application process, please call 804-662-9000 or toll free at 1-866-835-5976. If you need assistance in completing the application, contact the Center for Independent Living in your area at the website <http://www.vadrs.org/cbs/cilslisting.htm>.

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NewWell Fund 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

Name of Person With A Disability:			
Date of Birth:			
Borrower's Name (if different):			
Borrower's Telephone Number:			
Borrower's Social Security Number:			
What type of assistive technology are you going to purchase? Please check category.			
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"/>
Other (Please Describe)			
Describe What You Plan to Purchase (Include Brand Name)			
What is the cost of the equipment/modifications?			
What is the amount of loan being requested?			
Describe which of the abilities of the person with a disability will be affected by the assistive technology requested. Check all that apply.			
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)			

Describe your disability:			
Describe how this limits your employment/education/independence:			
Explain why the equipment will help you with your employment/education/independence:			
What agency or company referred you to the NewWell Fund?			
Name of the Advocate or Counselor who referred you:			
Name of the company / person I am buying the equipment from:			
I would like to receive Consumer Counseling services from a Center for Independent Living to assist me with device selection or referral to other funding sources.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I understand that the NewWell Fund may share information with SunTrust Bank, Virginia Department of Rehabilitative Services (DRS), and the Centers for Independent Living (CIL) regarding my loan request. I authorize the NewWell Fund, DRS and CIL 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.		Initials:	
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 be required from the NewWell Fund.		Initials:	
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 NewWell Fund, in writing, of any change of name, address, or employment.			
Should the NewWell Fund 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 NewWell Fund.			
The NewWell 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 am applying for NewWell Fund financing, I authorize all persons inquired of to respond in full to the NewWell Fund, and I authorize the NewWell Fund to answer questions about my credit experience with the NewWell Fund. The undersigned understands that all information provided is subject to verification or investigation.			
Applicant Signature		Date	
Co-Applicant Signature		Date	

TELEWORK APPLICATIONS ONLY

If you are applying for a loan that will allow you to work from your home, please answer the additional questions for a Telework Loan. For a Telework Loan, you must provide proof of identity (copy of driver's license or identification card issued by Department of Motor Vehicles) and proof of job offer or income if you are currently employed (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).

Are you currently employed in a Telework situation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If not, do you have a job offer to Telework?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of Company:				
Your Occupation:				