

Utah Assistive Technology Foundation

Part Three: Eligibility Form

How did you hear about this program? _____

1. Applicant's Name _____

2. Date of Birth _____ SS# _____

3. Home Address _____

City _____ County _____ State _____ Zip _____

Telephone _____

4. Type of Disability _____

5. Name of Person with Disability (if different than applicant)

6. Date of Birth _____ SS# _____

7. Type of Disability _____

8. **Source(s) of Household Income**

Gross Income Per Month

a. _____ \$ _____

b. _____ \$ _____

c. _____ \$ _____

Total Gross Monthly Household Income: \$ _____

9. Do you have insurance, Medicare or Medicaid? _____

10. How many people live in your household? _____

11. Reasons you applied for funding through this program:

Most affordable Only available financing

Easier/Faster Application Process

Other _____

Please check all that apply.

12. Did you explore any other funding source(s) prior to applying through the UATF? (i.e., bank or credit union loan, Medicare, self pay, private insurance, VR, or Independent Living Center).

13. What is the amount of your total monthly household expenses? (i.e., housing, food, credit card, transportation, loan payments, utilities, etc.) \$ _____

I verify that all of the above information is accurate to the best of my knowledge:

Applicant's Signature _____ Date _____