

**Utah Assistive Technology Foundation (UATF)
Small Business Loan Eligibility**

How did you hear about the UATF? _____

1. Applicant's Name: _____
2. Date of Birth: _____
3. Home Address: _____
City: _____ County: _____ State: _____ Zip: _____
4. Telephone: _____ Email address: _____
5. Type of Disability: _____

6. **Please attach proof of your disability from a medical professional or enrollment in SSI or SSDI. Failure to provide documentation will lengthen the process and may result in denial.**

7. Please mark your current employment status:
- Unemployed
 - Employed
 - Self-employed

Please list your current monthly income: \$ _____

8. Please mark the following employment barriers that you have experienced and that your job or self-employment will overcome:
- Inadequate transportation
 - Inaccessible work environments
 - Demanding work schedule
 - Other (please explain) _____
 - Fatigue
 - The need for personal assistance
 - Lack of employment opportunities

9. Please mark the type of equipment you are seeking funding for:
- Communication equipment
 - Home/office modifications
 - Vehicles
 - Tools of the trade (tools or equipment specific to your business)
 - Computer equipment and related software
 - Office furniture and equipment

10. Please tell us the **amount** you are applying for, the **purpose of the loan**, and briefly about your proposed job or business:

11. Please mark your employment goals:
- Expand existing business
 - Change to self-employment from an existing job
 - Become newly employed in teleworking or telecommuting for a new employer
 - Other goal _____
 - Become newly self-employed
 - Change to teleworking for an existing employer

12. Please list or circle other funding sources you will use: VR, PASS, Loans, Medicaid Waivers, IDAs, Churches, Foundations, Self/Family, None, Other _____

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

Applicant's Signature _____ Date _____