

# Utah Assistive Technology Foundation-Telework

## Part Three: Eligibility Form

How did you hear about this program? \_\_\_\_\_

1. Applicant's Name \_\_\_\_\_

2. SS# \_\_\_\_\_

3. Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_

4. Name of Person with Disability \_\_\_\_\_

Date of Birth \_\_\_\_\_ SS# \_\_\_\_\_

Type of Disability \_\_\_\_\_

**Please attach proof of your disability from a medical professional or verification of enrollment in one of the following programs: SSI or SSDI. Failure to provide documentation will lengthen the application process.**

5.	Source(s) of Income	Gross Income Per Month
a.	_____	\$ _____
b.	_____	\$ _____
c.	_____	\$ _____

Total Gross Monthly Income: \$ \_\_\_\_\_

6. What is your teleworking goal in relation to this loan request?

- Become newly self-employed in telework
- Become newly employed in telework for an employer
- Prevent unemployment
- Increase telework hours
- Increased telework salary

7. Name of employer (if applicable) \_\_\_\_\_

8. How many people live in your household? \_\_\_\_\_

9. Did you explore any other funding source prior to applying through the UATF? If so, where? (i.e., traditional bank loan, Medicare, self-pay, etc.) \_\_\_\_\_

10. What are your total monthly household expenses? (i.e., rent/housing, transportation, food, credit card or loan payments, utilities) \$ \_\_\_\_\_

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

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_