

Welcome to the Assistive Technologies Loan at Spring Bank

Our consumer loan in partnership with the National Disability Institute and Bronx Independent Living Services (BILS) is designed to help you obtain the loan you need at a rate you can afford.

Overview

□ Loans range from \$500 to \$10,000 with terms from 12 to 36 months at 8% interest rate.

Before submitting the loan application, please confirm and provide the application requirements below:

uli	enients below.
	You are 18 or older.
	Proof of identity: Two forms of legal identification including one photo ID (driver's
	license, government issued photo ID including IDNYC, social security card).
	Proof of 3 months of consecutive Income. Paystubs, benefit notice, bank statements (for
	automatic deposits notarized letter from an employer)
	Proof of 3 months' current/ paid-in-full rent payments.
	Proof of 3 months current/ paid-in-full utility bill with current address
	Must have or open a Spring Bank Account
	\$20 Application Fee made payable to National Disability Institute. Can be paid by check
	or money order.

Before applying please consider that Spring Bank may not be able to make a loan if you have outstanding judgments, collections or tax liens or have filed bankruptcy within the last five years.

Sample Loans and Payments

	\$ 1,000	\$ 2,500	\$ 5,000	\$ 10,000
Monthly Payment 12 months	\$ 86.99	\$ 217.47		
Monthly Payment-24 Month Loan			\$ 266.14	\$ 452.27
Monthly Payment-36 Month Loan				\$ 313.36



Assistive Technologies Loan Application

Fields with Asterisk (*) must be completed

Borrower Information: *Name:	Employme *Name:	ent/Income	Information:
*Address:	*Address:		
*City,	-		
State, Zip:	*City, State	e, Zip:	
*Social Security/TIN #:	*Date of Hi	re.	
*Home Dhome #	*Occupatio		
*Mobile Phone #:	*Monthly I		
*Date of Birth:	-		is less than 12 months
*E-mail:	Former Em	ployment:	
If your current address is less than 12 months:	Address:		
Former Address:	City, State,	Zip:	
City, State, Zip:	Employmer	nt Period:	
*Loan Request:	Occupation	n:	
*Amount:	Monthly In	come:	
*Purpose for the Loan:	Other Inco	me:	
*How do you prefer to be contacted:	1)	Amount (monthly)	Source
☐ Email ☐ Home Phone ☐ Mobile ☐ Regular Mail	2)		
	<u>-,</u>		
	Applicant		Co-Applicant
	Yes	No	
Have you ever had a legal judgment against you?			
Have you ever declared bankruptcy?			



If you are applying for more than \$2500 please fill out tables # 1 and #2

Table 1	Applicant	Co-Applicant
CURRENT MONTHLY INCOME & EXPENSES		
INCOME		
Salary		
Commissions		
Bonus		
Interest		
Dividends		
Real Estate		
Other Income from SSI, SDI, Workers Comp:		
Other (income from alimony, child support or separate maintenance:		
TOTAL MONTHLY INCOME		
EXPENSES		
Rental payments		
Mortgage payments		
Installment credit payments		
Alimony, child support or separate maintenance payments		
Other (Itemize below)		
TOTAL MONTHLY EXPENSES		



Table 2

Personal Assets and Liabilities as of / /					
	Applicant	Co-Applicant			
ASSETS	AMOUNT				
Cash or Equivalent:					
Real Estate:					
Auto:					
Other Assets (Itemize below)					
TOTAL ASSETS					
LIABILITIES					
Mortgages:					
Installment Loans:					
Revolving Credit:					
Other Liabilities (Itemize below):					
<u> </u>					
TOTAL LIABILITIES					
NET WORTH (assets minus liabilities)					



If approved, please disburse the approved loan to	Payment Method:				
my Spring Bank Account as follows:	If approved I will make payments as follow:				
 □ Check to Vendor Consider Direct Deposit with Spring Bank □ I would like to have my wages benefits direct deposited to Spring Bank. 	□Automatic Payments from Spring Bank account□Automatic payments from external bank account□In-Person (check, money order, or cash)□Mail (check or money order)				
	☐With automatic payments I agree to have my payments continue into my savings account after the loan is paid unless/until I opt out Customer Signature				
Please read the following: In the event my loan request is approved and issued, I agree that will be furnished to me. I further agree that Spring Bank credit and ability to pay the loan in the requisite time period true and complete. I further agree that the bank may share partner agency.	k may contact any source necessary to determine my d. I hereby acknowledge that the information above is				
Customer Signature: D For Internal Use Only: Intake Staff Date	Pate:				