



NEW MEXICO SEEDLOANS PROGRAM
Self Employment for Entrepreneurs with Disabilities
LOAN APPLICATION FORM

Applicant Name
(Last, First, Middle initial) _____

Street Address _____

City, State, Zip Code _____

Telephone _____ Email: _____

Social Security Number _____ Are You A Client of DVR? Yes/No

When/How Did You Hear About Us? _____

Description of Disability: _____

Relationship to disabled person who will use the equipment _____

Description of equipment and how it will assist with business operation or employment:

(Attach itemized price quotes for all equipment and related installation services to be purchased with the loan)

Amount of loan request \$ _____

(Include: costs of device purchase, extended warranty, service agreement, insurance, training, maintenance and repair of existing equipment, and equipment installation services)

Total Monthly gross income \$ _____ (Include earned and unearned income. For example: Social Security, SSI, and SSDI, and the income of a spouse if applicable)

Description of income sources: _____

Total monthly installment payments \$ _____ (Include rent/mortgage, credit card payments and unsecured loans)

Total assets \$ _____ (Include motor vehicles, homes, and other real or personal property that require licensing and a title)

By signing below, I verify the information submitted in this application and any supporting document is true, accurate and complete, to the best of my knowledge. I also authorize the release of information between the NM SeedLoans Program and participating lender(s).

Applicant Signature

Date

Send application to:
Andy Winnegar, NM SeedLoans Program
c/o NMTAP
435 St. Michael's Dr., Bldg D
Santa Fe, NM 87505
505-954-8521

The NM SeedLoan Council, at its discretion, may request additional information to verify the need for, and appropriateness of, the equipment such as: evaluation reports, physician orders or other documentation.