

**NEW MEXICO TECHNOLOGY ASSISTANCE LOAN PROGRAM  
(NMTAP) LOAN APPLICATION FORM**

Applicant Name

(Last, First, Middle  
initial) \_\_\_\_\_

Street

Address \_\_\_\_\_

City, State, Zip

Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_

Are You A Client of DVR? Yes/No

Description of Disability:

\_\_\_\_\_

Relationship to disabled person who will use the equipment

\_\_\_\_\_

Description of ASSISTIVE TECHNOLOGY and how it will be  
used \_\_\_\_\_

\_\_\_\_\_

(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)

Page 2

Applicant Name  
(Last, First, Middle initial)

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Total Monthly gross income \$ (Include earned and unearned income. For example: Social Security, 551, and SSDI, and the income of a spouse if applicable) Description of income sources:

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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 NMTLP and participating lender(s).

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Applicant Signature

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Date

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

The NMTAP, 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.