



**MASSACHUSETTS ASSISTIVE TECHNOLOGY LOAN PROGRAM  
LONG TERM DEVICE LOAN APPLICATION  
For devices costing under \$500**

*This is the application to borrow a device costing under \$500.00. Eligibility requirements are listed below:*

Allowable Assistive Technology: **Reusable:** any device that is capable of being used again (i.e. communication devices, vision aids, mobility aids, hearing devices)

Non-Allowable Assistive Technology:

- 1) **Consumable:** A product that is consumed or depleted upon use (i.e. personal hygiene products related to health and wellness)
- 2) **Customized:** To make to specifications to suit an individual (i.e. orthopedic devices, eyeglasses, etc)

Income Levels to qualify, your annual Household income should not exceed the amount listed below:

Family Size (household size)	Annual Income (per year)
1	\$22,980
2	\$31,020
3	\$39,060
4	\$47,100
5	\$55,140
6	\$63,180
7	\$71,220
8	\$79,260
Each Add'l person	\$ 8,040

Before submitting this application, did you...

Attach a formal, written quote on your vendor's company letterhead, including ordering information or a print out from on-line resource showing the device, price and vendor.

Attach proof of residency and income? *Applications cannot be processed until this is received.*

1. **If self employed:**

IRS Income Tax returns (including all schedules) for the past two years.

**OR**

2. **If employed\***

Two (2) months of most recent pay stubs from Employer **or** SSDI checks

**OR**

3. **SSDI\*:**

SSI Award Letter (or verification letter) or if direct deposited, copy of your bank statement showing your name and the amount of the deposit.

\*Note: if you have additional income such as rental income, child support and/or alimony, acceptable documentation would be as follows:

Copies of two years of IRS Income tax returns or  
Court documents verifying this income.

Acceptable proof of residence includes a copy of one of the following:

1. Drivers License
2. Voter's Registration
3. Utility Bill in your name
4. Non-driver's identification

Attach acceptable documentation of disability?

Acceptable proof of disability includes a copy of one of the following:

1. Doctor's letter
2. SSDI or Benefits letter

Complete all parts of the application?

*If a question does not apply to you, put N/A or draw a line through it, so we know you did not forget to answer any questions.*

Sign and date the application and agreements in ink where needed?



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LONG TERM DEVICE LOAN APPLICATION**

**for devices costing under \$500**  
**Easter Seals MA – 484 Main Street #600**  
**Worcester, MA 01608**  
**Phone: (800) 244-2756 x 428/431**  
**Fax: (508) 751-6444**

**PART I – PERSONAL INFORMATION**

**APPLICANT (must be at least 18 year old to apply)**

Name (Last, First, MI): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Years at above Address: \_\_\_\_\_ Do you: \_\_\_\_\_ Rent \_\_\_\_\_ Own

Previous Address: \_\_\_\_\_ Apt: \_\_\_\_\_

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

Years at previous Address: \_\_\_\_\_ Did you: \_\_\_\_\_ Rent \_\_\_\_\_ Own

Home Telephone No.: (\_\_\_\_\_) \_\_\_\_\_ Work Telephone No.: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

Preferred method of contact: email  home phone  work phone  cell

**PART II – FINANCIAL INFORMATION**

**HOUSEHOLD INCOME:**

Gross Income for the **household**: \$ \_\_\_\_\_ per week/month/year (circle one)

**HOW MANY MEMBERS OF YOUR HOUSEHOLD?** \_\_\_\_\_

Source of Income: \_\_\_\_\_ (e.g., employment, SSI, etc.)

Other Income: \$ \_\_\_\_\_ per week/month/year (circle one)

Source of Other Income: \_\_\_\_\_ (e.g., employment, SSI, etc.)

PLEASE REMEMBER TO INCLUDE YOUR MOST RECENT COPY OF MONTHLY SSI OR SSDI CHECK **OR**  
BANK STAMMENT SHOWING THE DEPOSIT, **OR** COMPLETED TAX RETURN, **OR** BENEFITS LETTER.  
WITHOUT THIS YOUR APPLICATION WILL BE INCOMPLETE AND NOT PROCESSED.

**PART III – DISABILITY/ASSISTIVE TECHNOLOGY INFORMATION**

Person with Disability (if not applicant)

Name: \_\_\_\_\_

Address (if different from applicant): \_\_\_\_\_

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

Date of Birth (if not applicant): \_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Describe the person's disability:

Describe Device/Equipment/Service for which loan is requested:

Cost of Device/Equipment/Service: \$ \_\_\_\_\_

*NOTE: YOU MUST HAVE A WRITTEN ESTIMATE WITH DETAILED INFORMATION ABOUT THE PRODUCT, PRICE, AND NAME OF VENDOR ON VENDOR'S LETTERHEAD.*

How did you determine this is the type of Assistive Technology most helpful for you?

- Doctor Evaluation/Recommendation       Tried this device
- Other: \_\_\_\_\_
- \_\_\_\_\_

Please describe how this Device/Service/Equipment will improve your independence, productivity, or quality of life:

**PART IV – DEMOGRAPHIC INFORMATION**

The MA AT Loan program is required to maintain statistics regarding the ethnic and racial backgrounds of the people receiving program loans. Although you are not required to answer the questions in Part IV we encourage you to do so as it demonstrates to our funding sources the importance of the program. Your decision as to whether to answer these questions, as well as the answers themselves if you do choose to participate in this section, will in no way affect your eligibility for a loan through the program.

For the person who will be using the assistive technology:

1. What is the person’s gender?  Male  Female
  
2. What is the race/ethnicity of the person?  

<input type="checkbox"/> White/Caucasian/European	<input type="checkbox"/> Latino/Latina/Hispanic
<input type="checkbox"/> Black/African-American/Caribbean	<input type="checkbox"/> Native American/Alaskan Native
<input type="checkbox"/> Pacific Islander	<input type="checkbox"/> Asian Indian/Central Asian
<input type="checkbox"/> Asian/Asian-American	<input type="checkbox"/> Other
  
3. Is English the person’s primary language?  Yes  No (specify)\_\_\_\_\_
  
4. What is the primary purpose of the use of the requested AT?  
 Education  Employment  Community Living
  
5. Why did you choose the AT Loan Program?  
 Could only afford the AT through the statewide AT program  
 AT was only available through the statewide AT program  
 AT was available through other programs, but the system was too complex or the wait time was too long
  
6. Veteran Status of applicant:  
 Active Duty Military  National Guard/Reserve  Veteran  Immediate Family Member of Veteran  N/A

**CERTIFICATION & RELEASE STATEMENT**

I authorize Easter Seals Massachusetts to review all information provided and to seek additional information from third parties to verify the contents of this application. All information is true and correct and is presented here obtain the loan I am seeking. Any misrepresentation on any part of this application could result in rejection of the application and/or termination of the loan agreement.

I also understand that issuance of a loan or acceptance into the program does not imply any type of warranty by Easter Seals Massachusetts regarding the suitability, condition, or safety of the device or equipment purchased with the loan. I understand that I am solely responsible for selecting devices or equipment to be financed. Therefore by signing below, I agree that I can make no claims against Easter Seals Massachusetts or any of its agents, and I hereby release Easter Seals Massachusetts and any of its respective agents or affiliates from and against any liability for defects in any device or equipment or any accident or injury resulting from its use.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

LEASE

This LEASE made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between EASTER SEALS MASSACHUSETTS, a Massachusetts non-profit corporation having an usual place of business at 484 Main Street, Worcester, Massachusetts (hereinafter, "EASTER SEALS" or "Lessor"), and \_\_\_\_\_ a Massachusetts individual residing at the address listed hereinafter (hereinafter "Lessee").

Whereas Easter Seals Massachusetts is a non-profit organization in Massachusetts which works with consumers to identify and provide technology and equipment that the consumer needs to live a full and independent life;

Whereas Easter Seals Massachusetts receives state funds and is governed by the Capital Items Procurement Policy of the State of Massachusetts as governed by the Operational Services Division of the Commonwealth of Massachusetts;

Whereas the Lessee is a consumer in need of assistance, support and equipment to live a full life;

Now, therefore, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, it is hereby agreed by and between the parties as follows:

1. Rental. The Lessor hereby leases to the Lessee and Lessee hereby rents, hires and takes from the Lessor the equipment described as

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(hereinafter "Equipment") upon the following terms and conditions.

1. Term. This lease is for an unlimited beginning on \_\_\_\_\_, 20\_\_\_\_. The Lessee agrees that when s/he is no longer in need of the equipment s/he will contact Easter Seals MA to arrange for return.
2. Rent. The Lessee shall not be obligated to pay any rent or fees for the equipment.
3. Acknowledgement of Receipt. The Lessee acknowledges receipt of the Equipment and the parties agree that the Equipment was inspected and examined by the Lessee and the Equipment was in good and serviceable condition and accepted by the Lessee.
4. Title to the Equipment. Title to the Equipment is and at all times shall remain in the Lessor, the Lessee having only the right to possession and the use thereof during the term of the lease, except as otherwise provided in this agreement. Lessee will at all times protect and defend at all cost and expense, the title of the Lessor from and against all claims, liens and legal processes of creditors of the Lessee and keep all equipment free and clean from all such claims, liens and processes. Only the parties hereto and such other persons whose names are endorsed hereon are authorized to use said property, and Lessee will not permit the Equipment to be used by any other person than designated hereon without the express consent of Lessor.
5. Use. So long as Lessee shall not be in default under this lease it shall be entitled to the possession and use of the leased equipment in accordance with the terms of this lease. The Lessee shall not, without Lessor's prior written consent, part with possession or control of the Equipment or attempt to sell, pledge, assign, mortgage or otherwise encumber any of the Equipment or attempt to purport to sell, pledge, assign, transfer or otherwise dispose of or encumber any interest under this lease.

6. Lessee's Covenants. The Lessee covenants and agrees to keep and maintain the Leased Equipment in good state of condition and repair, reasonable wear and tear excepted;
7. No Warranties. LESSOR NOT BEING THE MANUFACTURER OF THE EQUIPMENT, NOR MANUFACTURER'S AGENT, MAKES NO WARRANTY OR REPRESENTATION, EITHER EXPRESS OR IMPLIED, AS TO THE FITNESS, DESIGN OR CONDITION OF, OR AS TO THE QUALITY OR CAPACITY OF THE EQUIPMENT OR WORKMANSHIP IN THE EQUIPMENT, NOR ANY WARRANTY THAT THE LEASES PROPERTY WILL SATISFY THE REQUIREMENTS OF ANY LAW, RULE, SPECIFICATION OR CONTRACT WHICH PROVIDED FOR SPECIFIC EQUIPMENT OR OPERATORS, OR SPECIAL METHODS, IT BEING AGREED THAT ALL SUCH RISKS, AS BETWEEN THE LESSOR AND THE LESSEE ARE TO BE BORNE BY THE LESSEE AT ITS SOLE RISK AND EXPENSE. The Lessor hereby assigns to the Lessee for and during the lease term with respect to the Equipment, any warranty of the manufacturer, expressed or implied, issued on the equipment.

No oral agreement, guaranty, promise, condition, representation or warranty shall be binding; all prior conversations, agreements or representation related hereto and or to the Equipment are integrated herein, and no modification hereof shall be binding unless in writing signed by the Lessor.

8. Identification of Lessor. Lessee shall identify and save Lessor harmless from any and all liability, loss, damage expense, causes of action, suits, claims or judgments arising from injury to person or property resulting from or based upon the actual or alleges use, operation, delivery or transportation of any and all of the Equipment or its location or condition; and shall, at its own cost and expense, defend any and all suits which may be brought against Lessor, either alone or in conjunction with others upon any such liability or claim or claims and shall satisfy, pay and discharge any and all judgments and fines that may be recovered against Lessor in any such action or actions, provided, however, that Lessor shall give Lessee written notice of any such claims or demand.
9. Loss or Damage of Equipment. The Lessee shall bear all risk of loss, damage, or destruction of the Equipment during the entire lease term. In the event that any Equipment is damaged but is capable of being repaired and restored to substantially its former condition, the Lessee shall effect such repair. If the estimated cost of such repairs exceeds the then Estimated Fair Market Value of such Equipment, the Lessee is not obligated to repair the Equipment.
10. Right to Inspection. Lessor shall have the right from time to time during reasonable business hours upon twenty-four (24) hour written request to enter upon the Lessee's premises or elsewhere for the purpose of confirming existence, condition, and the proper maintenance of the Leased Property.
11. Early Termination of Government Contract. Upon the termination of the contract between the Lessor and the Commonwealth of Massachusetts and/or its agencies, division or departments, any equipment that has not been fully depreciated may be subject to the return of the Equipment to the Commonwealth of Massachusetts, transferred to a third party or may be retained or sold by the Lessor after the payment of the remaining value of the item not fully depreciated to the Commonwealth of Massachusetts. The Lessee understands that the Commonwealth of Massachusetts has the sole and exclusive authority to determine the disposition of the equipment and that the equipment may have to be returned to the Lessor, the Commonwealth of Massachusetts or transferred to a third party designated by the Commonwealth of Massachusetts.
12. Exclusion of Oral Statements. This instrument contains all of the agreements of the parties. No oral or other statements, proposals, or agreements shall be binding on either of the parties hereto.

13. Choice of Law. This lease and agreement shall be deemed to have been executed and entered into in the Commonwealth of Massachusetts and shall be construed, enforced and performed in accordance with the laws thereof without regard to its rules as to conflict of laws.

14. Notices. Any notice which may be required or desired to be given hereunder from either of the parties to the other shall be made as provided:

a. To the Lessor:  
Easter Seals Massachusetts  
484 Main Street  
Worcester, MA 01608

b. To the Lessee:  
At the address listed below.

15. Severability. If any term of the lease or the application thereof to any person, entity or circumstance, shall to any extent be invalid or unenforceable, the remainder of this lease or the application of such terms to persons, entities, or circumstances other than those as to which it is invalid or unenforceable shall not be affected thereby and each term of this Lease shall be valid and enforceable to the fullest extent permitted by law.

Witness our hands and seals of the day first written above.

LESSOR:

LESSEE:

EASTER SEALS MASSACHUSETTS

By:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Address