



ATI Sullivan County Financial Stabilization Loan Fund

Action Toward Independence (ATI)
309 E. Broadway, Ste. A
Monticello, New York 12701
(845) 794-4228 Voice or TTY
(845) 794-4475 Fax

Loan Eligibility and Application Process:

Loan applicants must be Sullivan County residents who are 18 years of age or older and who have a significant physical or mental impairment. To apply please complete the attached application and submit all required supporting documentation. Approval of the loan will be determined after all records have been received and if the applicant can feasibly make a minimum payment of \$10 a month. Loans ranging from \$10 up to \$250 may be obtained, interest free. Subsequently if there is timely repayment of the loan approved applicants may use this account for a future credit reference. Applications can be mailed or faxed to the address or number above; attention to "The Sullivan County Financial Stabilization Loan Fund". If you need assistance in filling out the application or you have a question regarding the documentation required please feel free to call (845) 794-4228.



Funding provided by a grant from the United Way of Sullivan County and private donations

ATI Sullivan County Financial Stabilization Loan Fund Application

Name: _____
(proof of identity: copy of picture ID)

Address: _____

City: _____ State: _____ Zip Code: _____
(proof of residency: copy of drivers license, state issued ID or lease/rental agreement)

Home Phone #: _____ Work Phone #: _____

Cell Phone #: _____

Date of Birth: _____ (proof of age: copy of drivers license or birth certificate)

Loan Amount Requested:\$ _____ Purpose of Loan*: _____

*ATI reserves the right to deny a loan if the money is intended for illegal activities; whether written or verbally expressed or implied; regardless of eligibility

ATI can directly pay certain expenses if it is requested and a bill can be produced for the amount owed. (for example: utility bills, car repair bills or telephone bills)

References:

Name of Personal Reference: _____

Address: _____

Home/Cell Phone #: _____

Name of Work Reference: _____

Work Site Name: _____

Address: _____

Phone #: _____ Fax #: _____

Income Breakout:

Employment Income: \$ _____
S. S. I.: \$ _____
S.S.D.I.: \$ _____
Social Services: \$ _____
Child Support: \$ _____
Other: \$ _____
TOTAL: \$ _____

Document Checklist:

_____ (Copy of paycheck stub)
_____ (Copy of Award Letter)
_____ (Copy of Award Letter)
_____ (Copy of Award Letter)
_____ (Copy of check stub)

If you have a multi income household please list separately.

Benefit(s) Breakout:

Rental Subsidy: \$ _____ (Copy of Section 8)
SNAP: \$ _____ (Copy of Award Letter)
TOTAL: \$ _____

Savings:

Checking/Sav. Acct: \$ _____ (Most recent account statement)
Investments: \$ _____
TOTAL: \$ _____

Expense Breakout:

Rent/Mortgage: \$ _____ (Copy of most recent bill or
Property Taxes: \$ _____ landlord receipt/statement)

Utilities: \$ _____ (Copy of most recent bills)
Telephone \$ _____
Gas/Electric \$ _____
Cable \$ _____

Car Expenses:
Car Payment: \$ _____ (Copy of most recent bill)
Car Insurance: \$ _____ (monthly, quarterly or yearly bill)
Gas \$ _____ (estimate monthly cost)

Transportation:
Bus/Taxi fare: \$ _____ (estimate monthly cost)

Other:

Laundry: \$ _____ (estimate monthly cost)
Personal Needs: \$ _____ (estimate monthly costs)
Credit Cards: \$ _____ (copy of most recent bills)
Other: \$ _____
Miscellaneous: \$ _____ (provide copies if applicable)
Food \$ _____ (estimate monthly cost)
Wage Garnish \$ _____ (provide copies if applicable)

TOTAL: \$ _____
Income – Expenses = \$ _____

I have answered all of the above questions to the best of my knowledge:

Applicant Signature _____ Date _____

Loan approved: _____ Loan Not Approved: _____

Loan taken by: _____

Please take a moment to answer the following questions:

What other resources, if any, have you tried to get help from for this financial need?

Are there any other community resources or people that could assist you with your financial need?

- Would you benefit from training in managing your finances? _____
- Would you like information about ATI's programs and services? _____
 - Public Benefit Assistance
 - Prescription Drug Payment Assistance
 - Information & Referral
 - Parenting Training
 - Independent Living Skills Training
 - Peer Advocacy & Assistance with Housing, Employment, Transportation, Education, Civil Rights, Recovery & Wellness
 - Veteran's Support Services
 - Social & Life Skills classes for children with Autism
 - Educational Advocacy
- Would you like assistance from ATI with anything else? _____