

Lenny Epstein Memorial Loan Fund

Action Toward Independence (ATI)
126 Seward Avenue
P.O. BOX 359
Middletown, New York 10940
(845) 343-4284 Voice or TTY
(845) 342-5269 Fax

Loan Eligibility and Application Process:

Loan applicants must be Orange County residents who are 18 years of age or older and who are, or have been, recipients of mental health services. 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 Lenny Epstein Loan Fund". If you need assistance in filling out the application or you have a question regarding the documentation that is required, please feel free to call (845) 343-4284.

Lenny Epstein Memorial Loan Fund Application

Name: _____

(proof of identity: copy of picture ID)

Address: _____

City: _____ State: _____ Zip Code: _____

(proof of residency: copy of driver license, state issued ID or lease/rental agreement)

Home/Cell Phone #: _____ Work Phone #: _____

**_____ I give Action Toward Independence permission to leave a
detailed message on my voice mail/answering machine.**

Date of Birth: _____

(proof of age: copy of driver 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 Personal Reference: _____

Address: _____

Home/Cell Phone #: _____

Income Breakout:

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

Expense Breakout:

Rent/Mortgage: \$ _____ _____ (Copy of most recent bill or
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 fare: \$ _____ _____ (estimate monthly cost)
Taxi fare: \$ _____ _____ (estimate monthly cost)

Other:

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

TOTAL: \$ _____

Income – Expenses = \$ _____

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

_____ Date _____
Applicant Signature

Advocate Signature