



What is an Equipment Advance Fund?

The Equipment Advance Fund is intended to be a short-term way to pay for Mobility Store equipment when you do not immediately have the funds to pay for the equipment you need and do not have access to other credit to pay for it. Equipment Advance Funds are not intended to be long-term, are generally repaid within 9 months and are not a solution to extensive financial hardships.

The money for advances comes from donated resources that **many** others rely on to be there for their equipment needs so your repayment is **critical** to our being able to continue the program. Everyone using the fund is encouraged to give a donation to the fund at the end of repayment. These donations help cover some basic costs to administer the Equipment Advance Fund program and keep the Mobility Store's doors open.

How does it work?

To apply to the Equipment Advance Fund you need to do so in person at a the Mobility Store office. The application is reviewed thoroughly and approved or denied after checking personal and/or employment references and confirming your income through review of check stub(s). If you are approved through the Equipment Advance Fund an initial payment (down payment) is set along with a repayment schedule. The equipment is the property of the Mobility Store until it is completely paid for and if you fail to make payments the equipment will be returned to the Mobility Store.



EQUIPMENT ADVANCE FUND APPLICATION **DATE:** _____

Item #(s): _____ Amt(s): _____

Funding Sources Contacted: _____

Items Required: Blank Check, Bank Statement, Check Stub

Requested amount \$ _____ Applicant (name responsible for repayment): _____

Address: _____ City: _____ State: _____ Zip _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

How long at address: _____ Own or Rent: _____ Drivers License# _____

DOB: _____ Social Security Number: _____

Employed by: _____ Employer Phone #: _____

Position: _____ How long? _____ Salary: \$ _____ /month

Total Monthly Income \$ _____ Deposited by: _____ (Verified by/Date: _____) Total Monthly Expenses: \$ _____

Personal Reference Name: _____ Address: _____

Phone: _____ Reference's relationship to applicant: _____

Bank Reference Name: _____ Address: _____

Checking Acct # _____ Routing # _____ Savings Acct# _____

Credit Card #: _____ Exp. Date: _____ Code: _____

I hereby authorize the Mobility Store to contact any and all references and/or employers that I have provided information for in support of the application and/or repayment of an Equipment Fund Advance for myself and/or _____ (person to be using equipment).

Applicant Signature _____ Date _____

Approved / Denied (circle one) _____
Mobility Store Staff Signature _____ Date _____

Equipment \$ _____ + Battery \$ _____ + Delivery \$ _____ - Down Payment (required) \$ _____ =

Balance Due \$ _____ Number of Payments: _____ (1, 2, 3, 4, etc.) Due Date: _____ (1st, 15th, 30th, etc.)

Monthly Payment Amount \$ _____ Automatic Payment: Credit Card / Debit Card / Checking Account Withdrawal

I agree that my down payment must be verified cleared from the bank before my equipment will be released to me.

I agree that my signature below authorizes the Mobility Store to deduct the above referenced payments from my account on the _____ day of each month, beginning with the first payment on _____. If a payment is not withdrawn for any reason, the payments(s) will be taken from the customer's account in the following month(s) until the full amount of the EAF has been received

I accept the payment terms for the above equipment and agree that if any payment is not made on the date due, the equipment will be returned to the Mobility Store and no prior payments and fees will be refunded.

I agree that any fee's incurred due to insufficient funds will be added to the balance on the account.

This authorization expires after the final payment has been received by the Mobility Store

Applicant Signature _____ Date _____