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# Handicapped Loan Application Form

## 1. Personal Information

- Full Name: \_\_\_\_\_
- Date of Birth (DD/MM/YYYY): \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_
- Residential Address: \_\_\_\_\_
- National ID/Passport Number: \_\_\_\_\_
- Disability ID Number (if applicable): \_\_\_\_\_

## 2. Disability Details

- Type of Disability: \_\_\_\_\_
- Degree of Disability (%): \_\_\_\_\_
- Certified By (Organization/Doctor): \_\_\_\_\_
- Date of Certification: \_\_\_\_\_
- Support/Assistance Required: \_\_\_\_\_

## 3. Loan Requirements

- Requested Loan Amount: \_\_\_\_\_
- Purpose of Loan (e.g., Equipment, Housing Modification): \_\_\_\_\_
- Preferred Loan Repayment Period (Months): \_\_\_\_\_
- Monthly Payment Proposal: \_\_\_\_\_
- Other Assistance or Financial Aid Received: \_\_\_\_\_

#### 4. Financial Information

- **Bank Name:** \_\_\_\_\_
- **Account Number:** \_\_\_\_\_
- **Monthly Income (if applicable):** \_\_\_\_\_
- **Do you receive a disability allowance? Yes / No**
  - **Amount (if yes):** \_\_\_\_\_
- **Other Assets (if any):** \_\_\_\_\_

#### 5. Declaration and Authorization

- I, \_\_\_\_\_, hereby declare that the information provided is true. I agree to use the loan for the specified purpose to enhance my independence and quality of life.
- **Applicant's Signature:** \_\_\_\_\_
- **Date:** \_\_\_\_\_