

SEND



QUESTIONS    RESPONSES    2

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# Pay it Forward Low Income Fund Application

Here at GRIT, we're committed to helping riders afford the mobility they need to move beyond the pavement. We've created the Pay it Forward Low Income Fund to help riders in difficult financial situations afford a GRIT Freedom Chair.

The fund is endowed by private donations, GRIT's contribution of 10% of each sale of the GRIT Freedom Chair Forward, and proceeds from our customer referral program.

Applications for grants from the fund will be reviewed by the GRIT team. Selected beneficiaries will receive a grant to help cover much, but not all, of the cost of a refurbished GRIT Freedom Chair. These chairs have been lightly used, and have been inspected, refurbished, and certified by the GRIT assembly team.

This application is only open to residents of the United States.

There are six sections of this application. We expect it will take 30 minutes or less to complete. It's not possible to save the application and come back to it later. To view all of the application questions so that you can work on it offline, please [click here](#):

**What is your legal name?** \*

As printed on a driver's license or other form of government issued identification.

Short answer text

**What is your phone number?** \*

Short answer text

**What is your email address?**

Skip this question if you do not use email.

Short answer text

**What is your ZIP code?** \*

Short answer text



Are you a veteran of the US Armed Forces? \*

Yes

No

How did you learn about the GRIT Freedom Chair? \*

Long answer text

After section 1 Continue to next section

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## Freedom Chair impact

Description (optional)

Have you tried the Freedom Chair in person? \*

Yes

No

How would the Freedom Chair impact your life? \*

Long answer text

How often, and where, do you expect to use the Freedom Chair? \*

Long answer text

Please select which uses for the Freedom Chair would best apply to you \*

Select all that would apply.

Exercise

- Outdoor exploration activities, such as adaptive hiking on trails
- Family activities
- Getting around town
- Activities of daily living (shopping, work, and home use)
- Commuting to work or school
- Moving around campus
- Travel and vacations
- Beach use
- Hunting or fishing
- Other...

After section 2 **Continue to next section** ▼

Section 3 of 6



## Ability level

Description (optional)

**What mobility aid(s) do you currently own? \***

Please select all that apply.

- basic wheelchair
- ultralight wheelchair (such as Quickie, TiLite, Ki Mobility, etc)
- power wheelchair
- mobility scooter
- ...

- crutches
- walker
- cane
- handcycle
- all-terrain wheelchair
- sport chair (such as a tennis, basketball, or rugby wheelchair)
- I do not currently need a mobility aid.
- I need a mobility aid but do not have one.
- Other...

**What is your disability? \***

Short answer text

Please explain your functionality at your level of disability. For example, describe the use of hands, arms, torso, and leg muscles.

Long answer text

**What are your limitations on the use of the Freedom Chair? \***

Specifically, storage, transportation, health, transferring, etc.

Long answer text

After section 3 **Continue to next section**

Section 4 of 6



# Financial information

Description (optional)

The GRIT Freedom Chair typically retails for \$2995. The grant would cover most, but not all, of this amount. What co-pay could you afford? \*

Short answer text

What was your pre-tax annual income, as reported in your 2015 taxes? \*

Short answer text

Please list the names and pre-tax annual income of other household members in 2015 \*

Long answer text

Which of these programs do you currently participate in? \*

- Medicare
- Medicaid
- Social Security
- Social Security disability benefits
- VA health system
- SNAP (food stamps)
- Public housing assistance
- Worker's compensation

Please list all other grants for adaptive equipment, healthcare, or mobility aids that you have received in the last two years. \*

If you have not received any, please write "none" below.

Long answer text

Do you have any significant financial obligations?

Such as student loans, contributions to dependent's college degree, mortgages, healthcare payments, etc. Help us get a sense of your overall financial situation.

Long answer text

After section 4 **Continue to next section**

Section 5 of 6

## Personal statement

Description (optional)

In your own words, please tell us about yourself. \*

Long answer text

What else would you like members of the Fund Committee to consider when reviewing your application?

Long answer text

After section 5 **Continue to next section**

Section 6 of 6

## Certification

Description (optional)

By typing your full legal name below you certify that your entries in this application are truthful and accurate. \*

Short answer text