

# MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION



## **Welcome to the Montana Assistive Technology Loan (MATL) Program!**

This program was started as a collaborative effort between RDI Financial, Inc. and MonTECH, a program within the University of Montana-Rural Institute.

This packet contains the checklist and application for your loan. You may mail, email, fax or drop off the required items. Please note that additional documents may be required.

The interest rate is currently 3.5% for loans over \$1500 and 0% for loans under \$1500 and lower. The loan process usually takes approximately a week to ten days once we have all necessary documents. After approval of the loan, closing documents and an ACH form (Authorization Agreement for Direct Payments) will be sent to you to sign. Once the documents are received back in our office, a check will be cut and sent directly to the vendor/contractor you are using.

If you have any questions regarding Assistive Technology, training, evaluation or other AT related services please contact MonTECH at 1-877-243-5751.

If you have any questions about this application or anything regarding the loan program please contact RDI Financial, Inc. at 406-454-5722.

Thank you for choosing MATL!

Sincerely,

A handwritten signature in cursive script that reads 'Jennifer Rogers'.

Jennifer Rogers  
Executive Director  
RDI Financial  
P.O. Box 2326  
Great Falls, MT 59403  
406-454-5722

# MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION

## APPLICATION CHECKLIST

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The following list is provided to let you know what you will need to turn in with your loan application. **You must send ALL items in order for your loan to be processed.** Your loan will take longer if you do not send in all required information with your application.

For your convenience we have added check boxes for you to check off to ensure your application is complete. **Once completed return with your application.**

### **Signed Completed Application**

#### **Proof of Income - Applicant**

Examples of proof of income include: Two current paystubs or statements from your employer, IRS Tax Return for the past two years, Supplemental Security Income (SSI) Award Letter, Social Security Disability Insurance (SSDI) Award Letter, Child Support/Alimony – **Please also complete the enclosed Budget Worksheet**

#### **Two (2) copies of Identification (one must be photo ID) - Applicant**

Examples of identification include: Driver's license with current address, Non-driver's ID with current address, Passport, Utility bill with current address, Medical Card, Social Security Card

#### **An Official Quote from your Vendor**

The official quote should outline the following: A breakdown of costs, the vendor's address and phone number, and if you are purchasing a vehicle it should include the VIN #, year, make, and adaptations being made.

# MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION

## APPLICATION FORM

**The boxes below must be completed before your loan application can be processed.**

**Date of Application:**

**Loan Amount/Credit Limit Requested:**

**Whose income will be used to process this funding process?**

**Marital Status:**      Single                  Married                  Divorced                  Widowed                  Separated

**Technology Experience:**      Assistive Technology (AT) User                  Parent/Guardian of AT User Authorized  
    Representative of AT User                  Combined Financial Information

<b>GENERAL INFORMATION FOR APPLICANT</b>	
Legal Name:	Relationship to loan applicant:
Street Address:	City:
State:	Zip Code:
County:	Email:
Home/Cell Phone:	Work Phone:
Birth Date:	Social Security Number:
Rent/House Payment per Month:	Home Loan Balance:
Mortgage Holder or Landlord Name and Phone Number:	How long at this address:
Person Responsible for House/Rent Payment:	MT Driver's License or MT State ID Number:
Preferred Method of Contact:	Best Time and Days to Contact:
Have you previously applied to the Montana Assistive Technology Loan Program? Yes      No	Have you ever obtained a credit card under another name? Yes      Name: No
Have you ever filed for bankruptcy or had something repossessed? Yes      Year Filed: No	Are you a co-maker, co-signer, endorser or guarantor on any loan or note? Yes      No

# MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION

## SOURCE OF INCOME FOR APPLICANT

**Notice:** Alimony, child support, or separate maintenance need not be revealed if you do not have it considered as a basis for repaying this loan.

**You must provide copies of pay stubs, benefit letters or bank statements.**

Monthly Income (List separately):	Source (List all):
\$	
\$	
\$	
\$	
\$	
\$	
<b>\$ Total Gross Income</b>	

## APPLICANT EMPLOYMENT INFORMATION

If you have employment income complete the section below.

<b>Current Employer Name:</b>	Employment is (check all that apply): Full Time Part time, hours: Seasonal, months worked:
Employer Address:	Supervisor Name:
Work Phone:	How long have you worked there?
<b>Most Recent Prior Employer:</b>	Address:
Supervisor Name:	Phone:
How long were you employed here?	

# MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION

## APPLICANT EMPLOYMENT INFORMATION

If you have employment income complete the section below.

Past Prior Employer:

Address:

Supervisor Name:

Phone:

How long were you employed here?

## LOAN REQUEST INFORMATION

In this section, write down each piece of equipment that you'd like to buy with this loan. A written price quote with the seller's name, address, phone and detailed information about the item listed must be included with this application. If your loan is approved, your loan check will be written and mailed to the seller of the equipment listed on the price quote.

**Your loan will not be processed without a written price quote.**

**Description of Assistive Technology Equipment for which loan is requested:**

Aids for Daily Living

Communication Devices

Hearing Devices

Vision Aids

Durable Medical Equipment

Prosthetics/Orthotics

Computer Adaptations

Home Modification

Vehicle Modification

Transportation

Farm Machinery Adaptations

Switches/Input

Work-site Modification

Environmental Controls

Architectural Barrier Free Design

Recreation/Leisure

Other:

**Cost Estimate:**

All my payments on this MATL loan with RDI Financial will be made by automatic payments taken from:

Name of Banking Institute:

Primary Share/Savings Account

Checking Account

# MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION

## LOAN REQUEST INFORMATION

In this section, write down each piece of equipment that you'd like to buy with this loan. A written price quote with the seller's name, address, phone and detailed information about the item listed must be included with this application. If your loan is approved, your loan check will be written and mailed to the seller of the equipment listed on the price quote.

**Your loan will not be processed without a written price quote.**

If you want to buy a vehicle and you want to know the loan amount you might qualify for prior to shopping for a vehicle, check the box below and we will process your loan decision without a written price quote. You will have to submit a written price quote before you can close on your loan.

I would like to know how much I qualify for prior to shopping for a vehicle.

**If you are applying for a vehicle, enter the vehicle information below**

Vehicle Year:	Vehicle Make:	Vehicle Model:	Mileage:
Purchase Price:	Down Payment (if any):	Trade in Payment (if any):	

# MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION

**Explain the nature of your disability:** (Attach additional pages if necessary)

**The assistive technology will assist the individual to do the following more independently:** (Attach additional pages if necessary)

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## REFERENCES

Please provide us with three (3) references: only one may be a relative and the other two you must have known for at least a year.

Name: Phone: Relationship:

Name: Phone: Relationship:

Name: Phone: Relationship:

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I/we attest that everything I/we have stated in this application is correct to the best of my/our knowledge. I/we understand that if the piece of equipment breaks or is otherwise inoperable, that I/we are still required to repay this loan. I/we understand it is my/our choice to purchase this piece of equipment. Finally, I/we understand that the MATL committee and RDI Financial will rely on the information in this request and my/our credit report(s) to make its decision.

Applicant Signature:

Date:

## MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION

### APPLICANT BUDGET WORKSHEET

**NOTE:** It is intended to help you decide if you will have enough money each month to make a new loan payment and will help our loan committee members make a decision on your loan.

### ESTIMATED MONTHLY EXPENSES

<b>Housing:</b>	Amount
Rent or Mortgage Payment	\$
Utilities (Electric, Gas, Water, Phone(s), Trash, TV, Internet)	\$
House/Renter's Insurance	\$
Property Taxes – including association dues if necessary	\$
Home Maintenance	\$
<b>Transportation:</b>	Amount
Car Payment and Insurance Amount for first car	\$
Car Payment and Insurance Amount for second car, if applicable	\$
Car Maintenance (oil, filters, etc.), Repairs and Gas	\$
Bus Fare/Other transportation cost	\$
<b>Loans:</b>	Amount
Monthly Credit Card Payments	\$
Line of Credit Payments	\$
Student Loans or Other Loans	\$
<b>Food &amp; Living Expenses:</b>	Amount
Personal care, Clothing, Laundry, Dry Cleaning, Household Goods, Etc.	\$
Child Care	\$
Pets and Pet Care	\$
<b>Entertainment &amp; Miscellaneous:</b>	Amount
Travel, Eating Out, Cigarettes, Alcohol, Video Rentals, Movies, Hobbies, Birthday or Holiday Gifts, Charitable Contributions, Gym Dues, Etc.	\$
Other: (explain)	\$
Other: (explain)	\$
<b>Total of All Monthly Bills</b>	\$
<b>GROSS MONTHLY INCOME</b> (enter from page 4 of loan application)	\$
Minus total of all monthly bills	-
<b>NET MONTHLY INCOME</b> (subtract total of all monthly bills from Gross Monthly Income) – this shows how much disposable income you will have to repay your loan each month.	\$



**MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION**  
**Authorization to Obtain Applicant Credit Report**

I hereby authorize RDI Financial and its authorized representatives to obtain a credit report on me. I understand that RDI Financial will use the information contained in my credit report to assist in determining my eligibility for a Montana Assistive Technology Loan. Upon request, RDI Financial will provide me with the name and address of the Consumer Reporting Agency contacted to supply the report. I understand that credit inquiries have the potential to impact my credit score.

**Applicant Signature:**

Printed Name:

Social Security Number:

Date:

# MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION

## Consent to Release Confidential Information

I/we hereby certify that I/we have read and understand this loan application. I/we certify that the information contained in the application is accurate and complete. I/we understand that any incorrect or misleading information on the application and/or attachments could result in rejection of the loan request or termination of the loan.

I/we hereby authorize the Montana Assistive Technology Loan Program (MATL), MonTech and RDI Financial to share credit records and other information necessary to complete the review of my loan application for assistive technology. No credit information regarding this application will be shared outside of the MATL review process or with any individual not listed by the applicant on this release.

I/we acknowledge that the Montana Assistive Technology Loan Program may have access to this application or information obtained in reviewing this loan request.

I/we understand that Montana Assistive Technology Loan Program is not responsible if the requested assistive technology does not function or is not suitable to my needs.

**Applicant Name:**

Date:

Signature:

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If you wish, you may allow RDIF to share information with other individuals who may be familiar with your situation. This may help the process of your loan. Please call if you have any questions regarding this release form.

I/we hereby authorize the following individuals to share credit records and other information appropriate to the review process, with MATL and RDI Financial.

ILC, Case Manager, Assistant, etc. (If Applicable)

Name:

Phone:

Relationship to Applicant:

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## RDI FINANCIAL

### PRIVACY POLICY & DISCLOSURE

The Gramm-Leach-Bliley Act requires us to tell you what steps we take to safeguard the privacy of the financial information you provide to us. Here is a summary of our privacy and disclosure policies.

#### OUR PRIVACY POLICY

We may collect non-public personal information about you from the following sources:

- Information we receive from you on your loan application
- People and organizations identified on your loan application
- Information about your transactions with us, our affiliates or others
- Information we receive from a consumer credit reporting agency

#### WHAT WE DISCLOSE

We do not disclose any non-public personal information about our customers or former customers to anyone except as permitted by law.

#### TELLING YOUR STORY

We may use “your story” (for example, why you needed a loan, what equipment or technology you purchased and how it impacted your life) to explain and market our program to other borrowers and contributors. However, we will not identify you by name unless you give us permission to do so. **If you do not wish to have your story told, please let us know at the time of your application.** It will not affect loan eligibility.

#### CONFIDENTIALITY & SECURITY

RDI Financial takes every precaution to ensure that your personal information remains private. Accordingly, we restrict access to non-public personal information about you to employees and agents of RDI Financial, members of our loan review committee and Board on a need-to-know basis and guarantors, co-signers, vendors and providers who need to know that information to provide products or services requested by you. We maintain physical, electronic and procedural safeguards to comply with federal regulations to guard your non-public personal information.

#### QUESTIONS

If you have any questions or concerns about our privacy and disclosure policies please contact:

RDI Financial  
2022 Central Avenue  
Great Falls, MT 59401  
1-877-275-2227  
[jenniferr@ruraldynamics.org](mailto:jenniferr@ruraldynamics.org)

## MONTANA ASSISTIVE TECHNOLOGY LOAN APPLICATION

The information below is collected solely for the purpose of staying in compliance with our reporting agencies. This will not determine your status for receiving the loan.

### APPLICANT

<b>Gender:</b> Male      Female	<b>Veteran:</b> Yes      No
<b>Ethnicity:</b> Hispanic Yes No	<b>If Hispanic:</b> Cuban Mexican/Chicano Puerto Rican Other Hispanic/Latino
<b>Race:</b> White African American/Black American Indian/Alaskan Native Asian Native Hawaiian/Pacific Islander Multi-Racial	<b>Education:</b> Below HS HS/GED Some College BS or BA Post-Grad
<b>I choose to opt out of sharing this information</b>	