



Montana Assistive Technology Loan (MATL) Program

Thank you for your interest in the MATL program—a collaboration between RDI Financial Wellness and MonTECH at the University of Montana's Rural Institute.

Loan Terms

- 0% interest (APR) for loans up to \$1,500
- 3.5% interest (APR) for loans above \$1,501

Most loans once approved are processed within 10 business days once all required documents are received. After approval, applicants will sign a Promissory Note, Security Agreement, and Truth-in-Lending Disclosure. Once signed, payment is made directly to the vendor or contractor.

Required Forms and Explanation

Please use this checklist as a guide and ensure signatures are provided where indicated.

- ☐ All pages of this Loan Application completed
- ☐ Authorization to Obtain Credit Report for Applicant and Co-Applicant (if applicable)
- ☐ Consent to Release Confidential Information
- ☐ Privacy Policy & Disclosure Agreement
- ☐ Intake Form
- ☐ ACH Authorization for Direct Payments
- ☐ Financial Wellness Questionnaire
- ☐ Proof of Income – One month of income or pay stubs for all applicants
- ☐ Two Forms of ID – One must be a government-issued photo ID
- ☐ Vendor or Contractor Equipment Estimate
- ☐ Insurance Estimate – Required for vehicle or home modification loans (must include full coverage with no more than a \$500 deductible)

Need Assistance?

- For help with the application, contact **RDI Financial Wellness** at **(406) 403-8162**.
- For questions about Assistive Technology (AT), training, or services, contact **MonTECH** at 1-877-243-575.

Possible MATL Fees

Returned Payment Fee: \$15.00
Late Payment Fee: \$15.00
Vehicle Lien Fee: \$15.00

Mail Completed Packets to:

Attn: MATL
RDI Financial Wellness
PO Box 2326
Great Falls, MT 59403-2326

Submit Completed Packets to:

Email: matl@ruraldynamics.org
Fax: (406) 761-8622

Learn more about the MATL program at: <https://www.matl.ruraldynamics.org/>

Date of Application:		Loan Amount Requested: \$	
Applicant Information		Co-Applicant Information	
Legal Name:		Legal Name:	
Whose income will be used for loan approval?		Relationship to loan applicant: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent / Guardian <input type="checkbox"/> Other	
Address:		Address:	
City/State/Zip Code:		City/State/Zip Code:	
Phone Number:		Phone Number:	
Email:		Email:	
Marital Status (select one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Marital Status (select one): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	
DOB:	SSN:	DOB:	SSN:
Rent or Home Payment / mo. \$	Home Loan Balance Total \$	Rent or Home Payment / mo. \$	Home Loan Balance Total \$
Person Responsible for Home/Rent Payment:		Person Responsible for Home/Rent Payment:	
MT Driver's License or MT State ID Number:		MT Driver's License or MT State ID Number:	
Preferred time and method of contact?		Preferred time and method of contact?	
Have you previously applied for MATL? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you previously applied for MATL? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever obtained a credit card under another name? If, yes what name?		Have you ever obtained a credit card under another name? If, yes what name?	
Have you ever filed for bankruptcy or had something repossessed? If yes, what year?		Have you ever filed for bankruptcy or had something repossessed? If yes, what year?	
Are you a co-maker, co-signer, endorser or guarantor on any loan or note? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a co-maker, co-signer, endorser or guarantor on any loan or note? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Applicant Income	Co-Applicant Income
List Separately Monthly Income Sources and Amounts: <i>You must provide copies of pay stubs, benefit letters, or bank statements as proof of income.</i>	List Separately Monthly Income Sources and Amounts: <i>You must provide copies of pay stubs, benefit letters, or bank statements as proof of income.</i>
Total Monthly Gross Income: \$	Total Monthly Gross Income: \$
Applicant Employer	Co-Applicant Employer
Current or Most Recent Employer:	Current or Most Recent Employer:
Employment Status (check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time / Hours per week: _____ <input type="checkbox"/> Seasonal / Months worked per year: _____	Employment Status (check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time / Hours per week: _____ <input type="checkbox"/> Seasonal / Months worked per year: _____
Employer Address:	Employer Address:
Supervisor Name:	Supervisor Name:
Employer Phone Number:	Employer Phone Number:
Length of Employment:	Length of Employment:
Previous Employer:	Previous Employer:
Employment Status (check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time / Hours per week: _____ <input type="checkbox"/> Seasonal / Months worked per year: _____	Employment Status (check all that apply): <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time / Hours per week: _____ <input type="checkbox"/> Seasonal / Months worked per year: _____
Employer Address:	Employer Address:
Supervisor Name	Supervisor Name:
Employer Phone Number:	Employer Phone Number:
Length of Employment:	Length of Employment:

Detailed Assistive Technology Request	
<p>Select the primary type(s) of assistive technology this loan will support (check all that apply):</p> <p> <input type="checkbox"/> Aids for Daily Living <input type="checkbox"/> Communication Devices <input type="checkbox"/> Hearing Devices <input type="checkbox"/> Vision Aids <input type="checkbox"/> Durable Medical Equipment <input type="checkbox"/> Prosthetics / Orthotics <input type="checkbox"/> Computer Adaptations <input type="checkbox"/> Home Modifications <input type="checkbox"/> Vehicle Modifications (<i>see Vehicle Requirements</i>) <input type="checkbox"/> Transportation (<i>see Vehicle Requirements</i>) <input type="checkbox"/> Farm Machinery Adaptations <input type="checkbox"/> Switches / Input Devices <input type="checkbox"/> Worksite Modifications <input type="checkbox"/> Environmental Controls <input type="checkbox"/> Architectural Barrier-Free Design <input type="checkbox"/> Recreation / Leisure <input type="checkbox"/> Other (specify): </p>	<p>Vendor Name and Cost Estimate (\$):</p>
<p>Describe how your disability impacts your daily life or access to independence: (Attach additional pages if needed)</p>	<p>Describe how the assistive technology will support increased independence or improved quality of life: (Attach additional pages if needed)</p>
<p>Vehicle Loan Pre-Approval Option</p> <p><i>If you are planning to purchase a vehicle but don't yet have a specific one in mind, you may request a loan pre-approval. Check the box below if you'd like to know how much you qualify for before shopping. A final price quote will still be required before the loan can be closed.</i></p> <p><input type="checkbox"/> I would like to know how much I qualify for prior to shopping for a vehicle.</p>	<p>If you already have a vehicle in mind, please complete the following:</p> <p> Year: _____ Make: _____ Model: _____ Mileage: _____ Purchase Price: \$ _____ Down Payment (if any): \$ _____ Trade-In Value (if any): \$ _____ </p>

Detailed Monthly Expense Worksheet		
Please complete one form per applicant or household. This worksheet helps you (and the loan committee) evaluate whether you can afford an additional loan payment each month.		
This form is completed for: <input type="checkbox"/> Applicant Only <input type="checkbox"/> Applicant & Co-Applicant		
Category	Expense Type	Amount (\$)
Housing	Rent or Mortgage Payment	
Housing	Utilities (Electric, Gas, Water, Phone, Internet, Trash, TV, Propane)	
Housing	House/Renter's Insurance	
Housing	Property Taxes / HOA Dues	
Housing	Home Maintenance	
Transportation	Car Payment & Insurance (1st Vehicle)	
Transportation	Car Payment & Insurance (2nd Vehicle)	
Transportation	Maintenance, Repairs, Fuel	
Transportation	Public Transit / Rideshare	
Loans & Debt	Credit Card Payments	
Loans & Debt	Line of Credit	
Loans & Debt	Student or Other Loans	
Living Expenses	Food & Groceries	
Living Expenses	Clothing, Household, Personal Care	
Living Expenses	Child Care	
Living Expenses	Pet Care	
Entertainment	Dining Out, Hobbies, Gifts, Gym, etc.	
Entertainment	Other:	
Entertainment	Other:	

Total Monthly Expenses: \$ _____

Gross Monthly Income (enter from page 3 of loan application): \$ _____

Net Monthly Income (Income - Expenses): \$ _____

Applicant References

Please provide three (3) references. Only **one may be a relative**. The other two must be individuals you have known for **at least one year**. These references will only be contacted in the event we are unable to reach you.

Reference 1

Name: _____

Phone: _____

Address:

Relationship to You:

Reference 2

Name: _____

Phone: _____

Address:

Relationship to You:

Reference 3

Name: _____

Phone: _____

Address:

Relationship to You:

Payment Method (ACH Authorization)

All payments on this MATL loan with **RDI Financial Wellness** will be made through automatic withdrawals from the bank account listed below. Payments will be debited on or near the **20th of each month**. This authorization will remain in effect until I notify RDI in writing at least **10 days** before the scheduled withdrawal date to change or cancel this authorization.

Account Holder's Name: _____

Name of Financial Institution: _____

☐ Checking Account

☐ Savings/Share Account

Routing Number: _____ **Account Number:** _____

You may also attach a **voided check** to ensure accurate processing.

Applicant Certification & ACH Authorization

I/we certify that the information provided in this application is true and complete. I/we understand that I/we am/are fully responsible for repaying the loan, even if the equipment becomes damaged or unusable, and that the decision to purchase the equipment is mine/ours. I/we acknowledge that RDI Financial Wellness will use this application and credit report(s) to evaluate loan eligibility.

I/we authorize RDI Financial Wellness to automatically withdraw loan payments from the designated bank account on or near the **20th of each month**, as outlined in the Promissory Note. I/we agree to ensure sufficient funds are available and understand a **\$15 fee** may apply for any returned payment. I/we may cancel a scheduled withdrawal by notifying my financial institution at least three (3) business days in advance, per 12 CFR Part 1005 of the Electronic Funds Transfer Act.

Applicant Signature: _____

Co-Applicant Signature (if applicable): _____

Date: _____

Authorization to Obtain Credit Report

This credit report will be used to evaluate the applicant's loan request through the Montana Assistive Technology Loan (MATL) Program. A credit report will only be pulled if an RDI Financial Wellness representative determines it is necessary to complete the approval process. Payment history may be reported to the major credit bureaus and may impact your credit score.

Applicant Information

Last Name: _____

First Name: _____

MI: _____

Current Address: _____

City/State/Zip Code: _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Co-Applicant Information

Last Name: _____

First Name: _____

MI: _____

Current Address: _____

City/State/Zip Code: _____

Phone Number: _____

Date of Birth: _____

Social Security Number: _____

Credit Report Authorization

I authorize RDI Financial Wellness and its authorized representatives to obtain and use my credit report for the purposes stated above, and to share the results with relevant parties for loan processing.

Applicant Signature: _____

Co-Applicant Signature (if applicable): _____

Date: _____

Consent to Release Confidential Information

I/we certify that I/we have reviewed and understand this application, and that all information provided is accurate and complete to the best of my/our knowledge. I/we understand that any false or misleading information may result in denial or termination of the loan. I/we authorize RDI Financial Wellness to share credit and application information as necessary for loan evaluation. This information will only be used as part of the MATL review process and will not be shared outside the program or with individuals not listed below. I/we acknowledge that RDI staff and partners may access this application and supporting materials to complete the loan review. I/we understand that MATL and its partners are not responsible if the assistive technology does not perform as expected or meet my/our needs.

Applicant Signature: _____

Co-Applicant Signature (if applicable): _____

Date: _____

Optional Authorized Contact: If applicable, you may authorize a case manager or support person to share relevant information with MATL and RDI Financial Wellness to assist with your application.

Name: _____

Phone: _____

Relationship to Applicant: _____

Privacy Policy & Disclosure

The Gramm-Leach-Bliley Act requires that we inform you of how your personal financial information is collected, used, and protected. The following outlines how **RDI Financial Wellness** safeguards your privacy.

We may collect non-public personal information from:

- Your loan application and supporting documents
- Individuals or organizations listed on your application
- Your transactions with us or our partners
Credit reporting agencies

What We Disclose

We do **not** share your non-public personal information with outside parties except as permitted by law. This includes vendors or guarantors needed to complete your loan process.

Using Your Story

With your permission, RDI Financial Wellness may share your story (e.g., how assistive technology has supported your independence) to promote our programs. We will never share your name or identifying details without your written consent.

Confidentiality & Security

We limit access to your personal information to staff, agents, loan review committee members, and board members who need it to process your loan. We maintain physical, digital, and procedural safeguards in accordance with federal regulations.

If you have any questions about this Privacy Policy or how your information is used, please contact RDI Financial Wellness at (406) 403-8162 or visit <https://www.rdifinancial.org>.

I have read and understand the Privacy Policy:

Applicant Signature: _____

Co-Applicant Signature (if applicable): _____

Date: _____

Demographic Intake Form

The information below is collected solely for compliance with reporting requirements. It will not affect your eligibility for a loan. You may opt out by checking the box at the end of the form.

	Applicant	Co-Applicant
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Female – Head of Household	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Non-Binary <input type="checkbox"/> Female – Head of Household
Ethnicity	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic
Race	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other
Education	<input type="checkbox"/> Below High School <input type="checkbox"/> High School / GED <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post-Graduate	<input type="checkbox"/> Below High School <input type="checkbox"/> High School / GED <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's <input type="checkbox"/> Post-Graduate
Veteran Status	<input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Not a Veteran	<input type="checkbox"/> Veteran <input type="checkbox"/> Vietnam-Era Veteran <input type="checkbox"/> Not a Veteran
	<input type="checkbox"/> I prefer not to share demographic information.	<input type="checkbox"/> I prefer not to share demographic information.

Financial Well-Being Questionnaire

Part 1: How well does this statement describe you or your situation? Please select one response per statement.

#	Statement	Completely	Very Well	Somewhat	Very Little	Not at All
1	I could handle a major unexpected expense					
2	I am securing my financial future					
3	Because of my money situation, I feel like I will never have the things I want in life					
4	I can enjoy life because of the way I'm managing my money					
5	I am just getting by financially					
6	I am concerned that the money I have or will save won't last					

Part 2: How often does this apply to you? Please select one response per statement.

#	Statement	Always	Often	Sometimes	Rarely	Never
7	Giving a gift for a wedding, birthday, or other occasion would put a strain on my finances for a month					
8	I have money left over at the end of the month					
9	I am behind with my finances					
10	My finances control my life					

Part 3: About You

11. **Your age:**

- ☐ 18–59 ☐ 60 or older

12. **How did you complete this questionnaire?**

- ☐ I read the questions myself
☐ Someone read the questions to me

Vehicle MATL Loan Requirements

MATL vehicle loans are available for individuals with disabilities who require a vehicle for:

- Medical, psychological, or therapy appointments
- Employment or maintaining employment
- Attending school or training programs

The applicant must explain how the vehicle is directly related to their disability needs.

General Requirements:

- **Vehicle Age Limit:** MATL will not finance any vehicle more than **10 years old** from the current calendar year.
- **No Private Sellers:** MATL will not finance vehicles purchased from **private sellers**, including platforms such as **Facebook Marketplace**. Vehicles must be purchased from a licensed dealership.
- **Insurance Requirement:** Borrowers must maintain full coverage auto insurance for the life of the loan, with a deductible **no greater than \$500**.
- **Lien:** A lien will be placed on the vehicle until the loan is paid in full.

Requirements for Used Vehicles:

If applying for a used vehicle loan, the following additional conditions must be met:

1. The vehicle must be inspected by an **independent, certified mechanic** to confirm it is in good working condition. Borrowers may include the cost of the inspection in the loan, but MATL does not pay it directly.
2. If the vehicle has **adaptive equipment**, it must be inspected by a **certified professional** to confirm functionality. Inspection costs may be included in the loan.
3. The vehicle must meet the insurance and lien requirements listed above.

Maximum Loan Terms for Used Vehicles:

Vehicle Age Range	Maximum Loan Term
Current model year to 2 years old	Up to 60 months (72 if over \$30,000)
3 to 6 model years old	Up to 48 months
7 to 10 model years old	Up to 36 months

**The MATL Loan Committee may approve an exception for a vehicle one or two model years older than the standard, but not three or more years older.*