

Montana Assistive Technology Loan Program (MATL)

Thank you for your interest in the MATL program. This program was started as a collaborative effort between Rural Dynamics and MonTECH, a program within the University of Montana-Rural Institute.

Please fill out the attached loan application at your convenience. The MATL loan has an interest rate of 0% on loans at or below \$1,500 and 3.5% on loans above \$1,501.

All loans usually take approximately ten days to complete once all necessary documents are received. After approval of the loan, a Promissory Note, Security Agreement, and Truth and Lending Disclosure Statement will be sent to the applicant(s) to sign. When all forms are executed, a check will be sent directly to the vendor/contractor for the equipment.

Upon turning in the application, please include the Intake Form, two (2) forms of ID, all sources of proof of income, and equipment verification with vendor information. Co-applicants are required to sign the application in the appropriate places and send documentation of proof of income along with two forms of ID.

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

If you have any questions regarding filling out the application you may contact the Rural Dynamics office by calling us toll-free at 1-877-275-2227 or by filling out the contact form on our website at <http://ruraldynamics.org/contact>.

Completed packets with required supporting documents can be sent by:

Mailing:

Attn: MATL
Rural Dynamics
PO Box 2326
Great Falls, MT 59403

Faxing: Attn: MATL to

406.761.8622

Email: Attn: MATL to

amperiman@greenpath.com

Have questions? Call 406.454.5704

Explanation of Forms

Application: The forms needed to apply for your loan and its purpose is to initially request your loan amount; stating the disability, and the product you wish to purchase with the loan funds. **This requires a signature.**

Credit Application: This is an authorization for Rural Dynamics to obtain your credit score. This will help determine your qualifications for a loan. However, a low credit score does not necessarily mean that you will be denied for a loan. If you need assistance reestablishing good credit, we have credit management representative that can assist you with this at no extra charge. **This requires a signature.**

Estimated Monthly Expenses Worksheet: This is a monthly budget worksheet included in the application that assists you in itemizing your monthly expenses, income, and assets. When filling this worksheet out remember all information is to help you establish what you spend on a monthly basis.

Consent to Release Confidential Information: This allows Rural Dynamics to gain access to your confidential information. They could also be speaking with your case manager, consulting MonTECH, or a financial institution. **This requires a signature.**

Rural Dynamics Privacy Policy and Disclosure: This explains our policies and procedures in keeping your financial information safeguarded. **This requires a signature.**

Personal Documents Needed

Primary Form of Identification: Provide a photocopy of a valid, signed, non-expired, and government issued photo ID. Examples: My ID, Federal Employee ID, Montana State Issued ID, Montana Driver's License, Valid U.S. Passport, State Employee ID, Military ID, or a Federal Employee ID. Non-U.S. citizen must meet Alien Identification requirements.

Secondary Form of Identification: Provide a photocopy of any current, signed ID, if possible. Examples of acceptable forms of secondary identification: Social Security card, Current Military ID, Current Student ID, Employee ID, Voter Registration Card, Credit Card, Birth Certificate, Firearm License or a current utility bill or property tax bill.

The Patriot Act requires individuals to submit two (2) forms of personal documentation with all loan applications. If more than one person is applying, then their personal documentation is required as well.

Equipment Verification Documents: Estimated cost on the vendor/contractor letterhead and can also be a link to a website, a newspaper or catalog clipping. If you are requesting a home medication it could be a blueprint of plans or sketches or a written explanation with a price from the contractor you are working with.

Proof of Income (pay stubs, SSI award letter, etc.): This is proof of your verifiable income. Please provide all forms of income you wish to use in determining your loan for yourself and a co-applicant.

Other Personal Documentation: This is whatever is necessary to determine your loan approval. This could also be documentation under request by the loan approval committee.

Estimate of insurance: Full coverage insurance is required for vehicle loans and vehicle and home modifications with no more than \$500 deductible. Please provide an insurance quote with your application.

Montana Assistive Technology Loan Application

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

The following list is provided to let you know what you will need to turn in with your loan application. **ALL items must be sent in order for the loan to be processed.** Please check-off these boxes when turning in the application.

- Signed Completed Application (Applicant) & (Co-Applicant if Applicable) Page 10
- Signed Authorization to Obtain Credit Report (Applicant) Page 11
- Signed Authorization to Obtain Credit Report (Co-Applicant if Applicable) Page 12
- Signed Consent to Release Confidential Information (Applicant) & (Co-Applicant if Applicable) Page 13
- Signed Privacy Policy and Disclosure Page 15
- Intake Form (Applicant) & (Co-Applicant if Applicable) Page 16
- Authorization Agreement for Direct Payments (ACH debit) Page 17
- Financial Wellness Questionnaire Page 18
- 1 Month - Proof of Income (Applicant) & (Co-Applicant if Applicable)
- Two (2) copies of Identification, one must be photo ID (Applicant) & (Co-Applicant if Applicable)
- Verification of Assistive Technology Equipment along with Vendors Information
- Possible Fees Associated with this loan:
 - Returned payment fee \$15.00
 - Late payment fee \$15.00
 - Vehicle lien fee \$15.00
- Application complete and all pertinent information attached, sign below:

Signature of Co-Applicant

Signature of Co-Applicant (if applicable)

Montana Assistive Technology Loan Application

Date of Application:		Loan Amount/Credit Limit Requested	
Whose income will be used to process this funding process?		<input type="checkbox"/> Assistive Technology (AT) User <input type="checkbox"/> Parent/Guardian of AT User <input type="checkbox"/> Authorized Representative of AT User <input type="checkbox"/> Combined Financial Information	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
Applicant Information		Co-Applicant Information	
Legal Name:		Legal Name:	
Relationship to loan applicant: <input type="checkbox"/> Self <input type="checkbox"/> Parent/ Guardian <input type="checkbox"/> Other: _____		Relationship to loan applicant: <input type="checkbox"/> Self <input type="checkbox"/> Parent/ Guardian <input type="checkbox"/> Other: _____	
Address:		Address:	
City/State/Zip Code:		City/State/Zip Code:	
Email:		Email:	
Home/Cell Phone:	Work Phone:	Home/Cell Phone:	Work Phone:
County:	Birth Date:	County:	Birth Date:
Social Security Number:		Social Security Number:	
Rent/House Payment: \$ _____ Per Month	Home Loan Balance:	Rent/House Payment: \$ _____ Per Month	Home Loan Balance:
How long at this address:		How long at this address:	
Mortgage Holder or Landlord Name and Phone Number:		Mortgage Holder or Landlord Name and Phone Number:	
Person Responsible for House/Rent Payment:		Person Responsible for House/Rent Payment:	
MT Driver's License or MT State ID Number:		MT Driver's License or MT State ID Number:	
Preferred Method of Contact:		Preferred Method of Contact:	
Best Time and Days to Contact:		Best Time and Days to Contact:	

Applicant Information	Co-Applicant Information
Have you previously applied to the Montana Assistive Technology Loan Program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously applied to the Montana Assistive Technology Loan Program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever obtained a credit card under another name? <input type="checkbox"/> Yes, Name: _____ <input type="checkbox"/> No	Have you ever obtained a credit card under another name? <input type="checkbox"/> Yes, Name: _____ <input type="checkbox"/> No
Have you ever filed for bankruptcy or had something repossessed? <input type="checkbox"/> Yes, Year Filed: _____ <input type="checkbox"/> No	Have you ever filed for bankruptcy or had something repossessed? <input type="checkbox"/> Yes, Year Filed: _____ <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	Are you a co-maker, co-signer, endorser or guarantor on any loan or note? <input type="checkbox"/> Yes <input type="checkbox"/> No

Source Of Income

Applicant Information	Co-Applicant Information
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Notice: *Alimony, child support, or separate maintenance income 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):	Monthly Income (List separately):	Source (List All):
Total Gross Income:		Total Gross Income:	

Employment Information	
Applicant Information	Co-Applicant Information
If you have employment income - complete the section below.	If you have employment income - complete the section below.
Current Employer Name:	Current Employer Name:
Employment is (check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part time, hours: _____ <input type="checkbox"/> Seasonal, months worked: _____	Employment is (check all that apply): <input type="checkbox"/> Full Time <input type="checkbox"/> Part time, hours: _____ <input type="checkbox"/> Seasonal, months worked: _____
Employer Address:	Employer Address:
Supervisor Name:	Supervisor Name:
Work Phone:	Work Phone:
How long have you worked there?	How long have you worked there?
Most Recent Prior Employer:	Most Recent Prior Employer:
Address:	Address:
Supervisor Name:	Supervisor Name:
Phone:	Phone:
How long were you employed here?	How long were you employed here?
Past Prior Employer:	Past Prior Employer:
Address:	Address:
Supervisor Name:	Supervisor Name:
Phone:	Phone:
How long were you employed here?	How long were you employed here?

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 Loan Assistive Technology Equipment:	Cost Estimate:
<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 Modification <input type="checkbox"/> Vehicle Modification (see page 17 for requirements) <input type="checkbox"/> Transportation (see page 17 for requirements) <input type="checkbox"/> Farm Machinery Adaptations <input type="checkbox"/> Switches/Input <input type="checkbox"/> Work-site Modification <input type="checkbox"/> Environmental Controls <input type="checkbox"/> Architectural Barrier Free Design <input type="checkbox"/> Recreation/Leisure <input type="checkbox"/> Other (specify) _____	

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

Name of Banking Institute: _____

Primary Share/Savings Account

Checking Account

However, 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):

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)

Note: Complete this form for each applicant. 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.

This form is completed for: Applicant Only Applicant & Co-Applicant

Estimated Monthly Expenses

Housing	Amount
• Rent or Mortgage Payment	\$
• Utilities (Electricity, Gas, Water, Phone(s), Trash, TV, Internet)	\$
• House/Renter's Insurance	\$
• Property Taxes – include association dues if necessary	\$
• Home Maintenance	\$
Transportation	
• 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	\$
Loans	
• Monthly Credit Card Payments	\$
• Line of Credit Payments	\$
• Student Loans or other loans	\$
Food and Living Expenses	
• Monthly food expenses	\$
• Personal care, Clothing, laundry, dry cleaning , household goods, etc.	\$
• Child Care	\$
• Pets and Pet Care	\$
Entertainment and Miscellaneous	
• Travel, eating out, cigarettes, alcohol, video rentals, movies, hobbies, birthday or holiday gifts, charitable contributions, gym memberships, Etc.	\$
• Other: (explain)	\$
• Other: (explain)	\$
Total of All Monthly Bills	\$
Gross Monthly Income (enter from page 2 of loan application)	\$
• Minus total of all monthly bills	-
Net Monthly Income (Subtract total of all monthly bills from Gross Monthly Income for disposable income.)	\$

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. Although we do not expect to have to use such information, unforeseen circumstances do take place, and we would not want that to jeopardize your loan status with us.

Thank you for your cooperation.

Contact 1

Name: _____

Address: _____

Phone: _____

Relationship to Borrower: _____

Contact 2

Name: _____

Address: _____

Phone: _____

Relationship to Borrower: _____

Contact 3

Name: _____

Address: _____

Phone: _____

Relationship to Borrower: _____

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 Rural Dynamics will rely on the information in this request and my/our credit report(s) to make its decision.

Applicant Signature	Date
Co-Applicant Signature	Date

Authorization to Obtain Applicant Credit Report

Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Previous Address if Less than Two Years:		
City:	State:	Zip Code:
Date of Birth:		
Phone Number:		
Social Security Number:		
<input type="checkbox"/> Check this box if you prefer we contact you by phone for your Social Security Number.		
When is a good time and day to contact you?		
Purpose of Information: The report is used to review the applicant's loan request to the Montana Assistant Technology Loan Program. However, the credit report will not be pulled until on our MATL financial management representatives feels that it is necessary to approve the loan. We will be reporting your payment history to the major credit bureaus and this may affect your credit report/score.		
Applicant Authorization I hereby authorize Rural Dynamics and its authorized representatives to obtain a credit report for the purposes indicated above and authorize its release as above.		
Signature:		Date:

Authorization to Obtain Co-Applicant Credit Report

Co-Applicant Information

Last Name:	First Name:	Middle Initial:
Address:		
City:	State:	Zip Code:
Previous Address if Less than Two Years:		
City:	State:	Zip Code:
Date of Birth:		
Phone Number:		
Social Security Number: <input type="checkbox"/> Check this box if you prefer we contact you by phone for your Social Security Number.		
When is a good time and day to contact you?		
Purpose of Information: The report is used to review the applicant's loan request to the Montana Assistant Technology Loan Program. However, the credit report will not be pulled until on our MATL financial management representatives feels that it is necessary to approve the loan. We will be reporting your payment history to the major credit bureaus and this may affect your credit report/score.		
Co-Applicant Authorization I hereby authorize Rural Dynamics and its authorized representatives to obtain a credit report for the purposes indicated above and authorize its release as above.		
Co-Applicant Signature:		Date:

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 Rural Dynamics 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: _____

Co-Applicant Name (If Applicable): _____

Date: _____

Signature: _____

If you wish, you may allow RDI 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 Rural Dynamics.

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

Name: _____ Phone: _____

Relationship to Applicant: _____

Vehicle Loan Requirements

The Vehicle must be used to transport the individual with the disability to medical, psychological, physical therapy and related appointments or used to maintain employment or for transport to school.

The borrower must also relate the need for the vehicle directly to his or her disability.

The vehicle can be no older than 10 years past the current year.

The borrower must provide full coverage insurance on the vehicle during the length of the loan and **have no more than a \$500 deductible.**

A lien will be attached to the vehicle until loan is paid in full.

Requirements for Used Vehicle Purchase:

Used vehicles to be purchased with loan funds must meet the following conditions:

1. Any vehicle purchased must be inspected by an independent, certified mechanic and verified to be in good working condition. MATL will not pay for the cost of the inspection, but the borrower may include the cost in the loan.
2. If the vehicle is already modified with adaptive equipment, the adaptive equipment must be inspected by an independent, certified professional and verified to be in good working condition. MATL will not pay the cost of the inspection, but the borrower may include the cost in the loan.
3. The borrower must provide full coverage insurance on the vehicle during the length of the loan and **have no more than a \$500 deductible.**
4. A lien will be attached to the vehicle until loan is paid in full.

Maximum Period of a Used Vehicle Loan

The maximum period of a used vehicle loan shall be determined as follows:

1. Current vehicle model year and two previous vehicle model years – 60 months (72 months for loan amounts above \$30,000).
2. Previous three to six vehicle model years from current year– 48 months.
3. Previous seven to ten vehicle model years from current year – 36 months.

The Loan Committee may approve a longer loan term if the vehicle is one or two model years older than the vehicle loan term policy allows, but not if it is three or more years older.



Privacy Policy & Disclosure

The Gramm-Leach-Bliley Act requires a disclosure of the steps taken to safeguard the privacy of the financial information you provide to Rural Dynamics. Below is a summary of the privacy and disclosure policies.

Our Privacy Policy

Rural Dynamics 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

Rural Dynamics does not disclose any non-public personal information about our clients or former clients to anyone except as permitted by law.

Telling Your Story

Rural Dynamics 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.

Confidentiality & Security

Rural Dynamics 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 Rural Dynamics, 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. Rural Dynamics maintains 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 Rural Dynamics.

I have read this Privacy Policy: _____
Applicant Signature

Intake Form

Applicant	Co-Applicant
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.	
<p>Gender:</p> <p> <input type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Female <input type="checkbox"/> Non-binary <input type="checkbox"/> Female – head of household (must have a qualifying dependent in household to claim) </p> <p>Ethnicity:</p> <p>Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race:</p> <p> <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other </p> <p>Education:</p> <p> <input type="checkbox"/> Below HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Some College <input type="checkbox"/> BS or BA <input type="checkbox"/> Post-Grad </p> <p>Veteran:</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vietnam Era vet </p> <p><input type="checkbox"/> I opt out of sharing my information</p>	<p>Gender:</p> <p> <input type="checkbox"/> Male <input type="checkbox"/> Trans <input type="checkbox"/> Female <input type="checkbox"/> Non-binary </p> <p>Ethnicity:</p> <p>Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Race:</p> <p> <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> African American/Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Other </p> <p>Education:</p> <p> <input type="checkbox"/> Below HS <input type="checkbox"/> HS/GED <input type="checkbox"/> Some College <input type="checkbox"/> BS or BA <input type="checkbox"/> Post-Grad </p> <p>Veteran:</p> <p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Vietnam Era Vet </p> <p><input type="checkbox"/> I opt out of sharing my information</p>



Authorization Agreement for Direct Payments (ACH Debits)

Name(s): _____
(Please Print)

I/we hereby authorize Rural Dynamics, herein after called the Company, to automatically withdraw funds from the account I specify below in the amount of principal/interest outlined on my Promissory Note. I agree that my account will be debited on or near the **20th of each month** and that it is my responsibility to ensure that sufficient funds are in my account at that time. I understand that if my payment is returned for "Not Sufficient Funds", I will be responsible for paying a **\$15.00** returned item fee. I understand that I may stop payment on this preauthorized electronic fund transfer from my account by notifying my financial institution orally or in writing at least three business days before the scheduled date of the transfer pursuant to 12 CFR Part 1005 of the Electronic Funds Transfer Act.

Financial Institution _____

Transit Routing/ ABA Number _____

Account Number _____

This authority will remain in effect until I instruct Rural Dynamics in writing to change or cancel this authorization 10 days prior to the date funds are to be debited from my account.

Signature: _____

Date: _____

Signature: _____

Date: _____

Checking Account

PLEASE NOTE: All payments are withdrawn on or near the **20th of EVERY month.**

Savings Account

Please attach a sample

Financial Well Being Questionnaire

Part 1: How well does this statement describe your or your situation?

<u><i>This statement describes me</i></u>	<u>Completely</u>	<u>Very Well</u>	<u>Somewhat</u>	<u>Very little</u>	<u>Not at all</u>
1. I could handle a major unexpected expense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I am securing my financial future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Because of my money situation, I feel like I will never have the things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can enjoy life because of the way I'm managing my money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am just getting by financially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am concerned that the money I have or will save won't last	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2: How often does this statement apply to you?

<u><i>This statement describes me</i></u>	<u>Always</u>	<u>Often</u>	<u>Sometimes</u>	<u>Rarely</u>	<u>Never</u>
7. Giving a gift for a wedding, birthday, or other occasion would put a strain on my finances for a month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I have money left over at the end of the month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I am behind with my finances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. My finances control my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 3: ***Tell us about yourself***

11. How old are you: 18-61 62+
12. How did you take the questionnaire? I read the questions Someone read the questions to me