



MONTANA ASSOCIATION FOR THE BLIND

1302 24th St W, PMB 134, Billings, MT 59102

406-442-9411

<https://www.mabsop.org>

Memorial Loan Program/Elder Blind Lease Loan Program Application

The Montana Association for the Blind has two no-interest loan programs for MAB members who are visually impaired and seeking funds for equipment or education.

- The Memorial Loan Program is for applicants under the age of 55.
- The Elder Blind Lease/Loan Program is for applicants over the age of 55.

In all other regards, the programs are identical. This application serves for both programs.

Return completed form to address above or: mabadmin@mabsop.org

If this form is not accessible, [CLICK HERE](#)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Cell Phone _____

Email _____

Amount Requested \$ _____

I am requesting a loan from:

- Memorial Loan Program
- Elder Blind Lease/Loan Program

Purpose of Loan (See loan rules for restrictions)

Monthly Income from all sources:

Income from: _____ **Amount \$** _____

Income from: _____ **Amount \$** _____

Income from: _____ **Amount \$** _____

Monthly Debts

Debt to: _____ **Amount \$** _____

Debt to: _____ **Amount \$** _____

Debt to: _____ **Amount \$** _____

Attach additional pages is necessary

Requested loan repayment terms:

\$ _____ **per month for** _____ **months (must be 36 months or less)**

Employer's Name _____

Address _____

City _____ **State** _____ **Zip** _____

Phone _____

Vendor Certification (required for loans for equipment purchase)

Vendor's Name _____

Company _____

Address _____

City _____ **State** _____ **Zip** _____

DESCRIPTION OF EQUIPMENT DESIRED BY APPLICANT:

Cost of equipment: \$_____

___ I certify that the applicant has used the above equipment for twenty minutes or more successfully, and I personally recommend it as the best option available.

___ I certify that the above equipment is being offered at a competitive price or below

___ I understand the applicant may be offered a used or alternative piece of equipment should one be available, and I will be given an opportunity to match or rebid the original offer.

Vendor's signature

Date