Disability-Inclusive Asset Building: New Strategies for Achieving Real Economic Impact for Americans with Disabilities

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This paper reflects the leadership of thousands of people across the United States committed to building a better economic future for Americans with disabilities. In 2000, the National Disability Institute (NDI) sparked a national dialogue when it invited community development organizations, disability service organizations, universities, and federal agencies to join a monthly meeting to discuss how gains in the asset-building field could be extended to people with disabilities. Washington, DC-based participants gathered in the basement of the National Cooperative Bank as others called in from around the country for the brown-bag luncheon series titled "With Equity and Assets for All" (WEAFA).

Some of the first questions raised in these monthly meetings related to asset limits. What happens to a working person's Supplemental Security Income (SSI) or Medicaid benefits if they claim the Earned Income Tax Credit (EITC) or participate in a matched savings program like an Individual Development Account (IDA)? Some wanted to know how asset-building products or tax reform might help people with disabilities working at well-paying jobs and not on public benefits defray the high out-of-pocket expenses associated with working (e.g. paying for a powered chair or hiring a personal assistant). Other questions surfaced around the accessibility of and support provided by local community economic development resources and private-sector financial services. Do Volunteer Income Tax Assistance (VITA) sites or IDA programs reach out to the customer with a disability? How well are financial institutions reaching these customers? Do investments in this underserved market qualify for Community Reinvestment Act (CRA) credit? After a year of meetings, it was clear that there were still many unknowns. It was also obvious that no one had asked people with disabilities about their tax and financial service needs or about how they save or manage their finances. There were no well-developed ideas about what products, services, or tax policies could help them increase their economic self-sufficiency.

The luncheon discussions prompted participants to begin research on asset accumulation for people with disabilities and to look for ways to leverage existing community development resources and adapt existing asset building programs to meet the needs of this group. This paper describes some of these efforts and their results. We begin by providing new demographic data related to the economic condition of people with disabilities. Next, we describe the partnership between NDI's Real Economic Impact (REI) Tour and the VITA program of the Internal Revenue Service (IRS) aimed at providing asset-building strategies and free tax preparation and filing assistance to people with disabilities. We also describe exploratory research by Southern New Hampshire University examining the effect of asset-building products and services on the market participation of low-income individuals with disabilities.

Throughout these discussions, we explore the link between disability and poverty, including the complex interactions among public support programs, income, asset accumulation, and tax policies.

Demographic Data

There are over 200 disability programs across 23 federal agencies, costing over $300 billion a year. Yet, there is a distinct absence of disability data from briefs on poverty and health care reform, suggesting that disability status is given less weight in policymaking than other demographic information such as race and ethnicity, age, family status, nativity, and work experience (Fremstad, 2009; Hartnett and Morris, 2005; Ball, Morris, Hartnett, and Blanck, 2006). There has also been little research to date on the link between disability and poverty (U.S. Government Accountability Office, 2005; Hartnett and Morris, 2005). However, strides have been made in the collection and reporting of data on the economic condition of people with disabilities. Here we provide highlights of these new data.

General

There are 54 million Americans with disabilities; that translates to one out of every five civilian, non-institutionalized persons (Cornell University, *Disability Statistics*). Of these, 35 million have a disability that significantly interferes with everyday activities.

Disability Type

Cornell University provides the following estimates across disability type (reported for individuals over the age of five): Sensory, 11.7 million individuals; physical, 25.7 million; mental, 15.9 million; self-care, 8.3 million; go-outside the home, 12.4 million; employment, 13.6 million.

Disability Prevalence

Cornell University reports the following prevalence of disabilities across race and ethnicity: Whites, 12.6 percent; Black/African Americans, 17.0 percent; Asians, 6.3 percent; Native Americans, 22.5 percent; Hispanic/Latino, 10.7 percent; other, 11.7 percent.

Employment

There are 22 million working-age individuals (between the ages of 16 and 64) with disabilities. Of these, 7.6 million are working and five million file a tax return (Internal Revenue Service, 2007). The U.S. Department of Labor reported that in June 2010, 15.6 percent of people with disabilities were unemployed compared to 9.6 percent of people with no disability (U.S. Bureau of Labor Statistics). The employment-to-population ratio for people with disabilities was 28.5 percent compared to 70.3 percent for people with no disability.

Median Income

For employed individuals between the ages of 21 and 64, the median income is $17,150 for those with a disability and $24,160 for those with no disability (U.S. Census Bureau, 2005). For the 20.8 million families who have a member with a disability, median income is $39,155, compared to $50,046 for the 51.3 million families who do not have a member with a disability. The following summarizes the differences in sources of income for families who have a member with a disability versus families who do not: wages and salaries, 73.1 versus 89.3 percent of earnings; self-employment, 11.1 versus 14.8 percent; Social Security, 42.8 versus 14.2 percent; SSI, 11.7 versus 0.9 percent; public assistance other than Social Security and SSI, 6.5 versus 2.7 percent.

Poverty

Disability and poverty are highly correlated; over half of all working-age adults who experience poverty also report a disability (Fremstad, 2009). The IRS reports that 51 percent of taxpayers with disabilities have Adjusted Gross Incomes of less than $21,000 a year (Internal Revenue Service, 2007).

She and Livermore (2009) report that people with disabilities experience poverty two to five times more often than people with no disability and that 65 percent of people experiencing long-term poverty (longer than a year) have a disability.

Access to Free Tax Preparation and the EITC

*S*tate-by-state analysis by the IRS shows that among low-income filers (those with incomes less than $38,348), taxpayers with disabilities access free tax preparation services at a lower rate (1.6 percent) than taxpayers with no disability (3.5 percent). This suggests that more can be done to ensure equal access to these services (Hartnett, ongoing). The IRS also estimates that $1 billion in EITC refunds go unclaimed by taxpayers with disabilities annually.

Social Security

There are an estimated 11 million people with disabilities who receive some form of Social Security benefits (Social Security Administration, 2007a). As much as 40-50 percent of the 6 million people receiving SSI are considered *unbanked*, having no checking or savings account. Persons participating in income maintenance programs such as SSI and Social Security Disability Insurance (SSDI) and who have access to “work incentive” programs (e.g., the Plan to Achieve Self Support/PASS and the Property Essential to Self Support/PESS) demonstrate low rates of participation in such savings vehicles (Social

Security Administration, 2007b). Moreover, only 23 percent of Medicaid Buy-In participants who qualify for SSDI use any one of the work incentives available to them (Mathematica Policy Research, 2007).[1]

Market Trends

Marketing research indicates that people with disabilities are living longer, living more independently, and taking on more responsibility for the management of their budgets and resources than ever before (Solutions Marketing Group, *Disability Facts*). People with disabilities want information on how to save, where to save, how to plan for the future, how to manage debt and credit, how to buy a home, how to optimize available tax credits, how to use federal work incentives, where to bank, how to invest, and where to get free tax-preparation assistance. Fully 48 percent of people with disabilities report that the Internet has significantly improved the quality of their lives compared to 27 percent of people without disabilities. However, 41 percent of people with disabilities do not use a computer at home compared to 24 percent of people with no disability (Hartnett, ongoing).

Savings and Investment Behavior

IRS analysis shows that 37 percent of people with disabilities use financial institutions for savings and investments compared to 51 percent of people with no disability; 30 percent of people with disabilities do not invest compared to 12 percent of people with no disability; 23 percent of people with disabilities rely on family, friends, and neighbors to help them through a financial emergency compared to 40 percent of people with no disability; 18 percent of people with disabilities use online banking compared to 37 percent with of people with no disability; and 16 percent of people with disabilities use financial advisors compared to 29 percent of people with no disability (Internal Revenue Service, 2007).

Real Economic Impact (REI) Tour

The REI Tour is a national initiative and partnership with the IRS VITA program designed to deliver free tax preparation and filing assistance along with other asset-building strategies to low-income persons with disabilities. The REI Tour is designed to increase the number of tax filers with disabilities and their use of tax credits and deductions; build local partnerships among persons with disabilities and their families, disability- and community-based organizations, and companies that sponsor the Tour; and promote measurable economic growth in participating cities.

The REI Tour provides mini-grants and technical assistance to community-based coalitions providing free tax preparation services to expand their disability capacity. REI Tour cities have used these resources to make their tax sites accessible, provide education to their volunteers about disability sensitivity, and hold trainings on the use of technology—such as Video Relay Services for assisting deaf

[1] Medicaid Buy-In programs enable people to save income from wages while retaining access to essential health coverage.

taxpayers. The REI Tour also hosts an annual national conference and provides stipends for lead partners to convene and share best practices. The Tour has been sponsored by private sector organizations including Bank of America, AT&T, Walmart, Acorda Therapeutics, Inc., 54Freedom, and Darden Restaurants Foundation.

Since the start of the REI Tour in 2005, local partners have provided free tax-filing assistance to 332,903 taxpayers with disabilities (see Table 1).[2] The tax returns to these taxpayers amounted to $312.3 million. The REI Tour grew from serving 11 cities in 2005 to 100 cities in 2010 and is in all 50 states. In its short history the REI Tour has saved taxpayers with disabilities over $138.4 million in paid preparer fees.

Table 1

REI Tour Partner Outcomes

Year	Cities	Local Partners	Returns Prepared	Percent Increase	Refunds Received ($ millions)	Savings in Tax Prep Fees ($ millions)
2005	11	----	7,600		$6.8	$1.5
2006	30	200	17,223	127%	$15.3	$3.4
2007	54	355	36,275	111%	$32.6	$7.2
2008	62	555	90,653	150%	$81.0	$18.1
2009	84	634	181,152	100%	$176.6	$36.2
2010	100	700	360,499	99%	$351.6	$72.0
TOTAL	100	700	693,402		$663.8	$138.4

For the first four years, REI Tour partners hand-collected data on the number of taxpayers with disabilities coming to the VITA sites. Starting in 2009, the IRS TaxWise software has included a question about taxpayer disability status. VITA sites are using the knowledge gained as part of the REI Tour to develop outreach and education efforts, enlist new funding sources, and develop universal tax preparation models that can better serve taxpayers with disabilities. The VITA site data show that about 13 percent of taxpayers at the sites either report a disability or report being the head of household with a person with a disability. About 51 percent of taxpayers with disabilities surveyed by IRS Wage and Investment Research were found to have an average adjusted gross income of $21,000 or less, linking disability to the profile of low-income tax filers. VITA site partners realize that many of their low-income taxpayers are indeed taxpayers with disabilities from diverse backgrounds. In Detroit, MI, 31.0 percent of VITA taxpayers identify themselves as having a disability; in Rochester, NY, 18.1 percent; in Wichita, KS, 28 percent; in Flint, MI, 34 percent (Hartnett, ongoing).

[2] For a full report on the outcomes of REI Tour partners, visit http://www.reitour.org/docs/annualreports/2009REIReport.pdf.

In 2009 and 2010, the REI Tour, in partnership with DeafTax.com—a tax preparation service for the Deaf provided by Schwarz Financial Services—and 14 cities implemented a pilot project aimed at promoting access to free tax assistance for deaf taxpayers. The pilot used state-of-the-art Video Relay Service (VRS) technology to connect deaf tax preparers using American Sign Language (ASL) interpretation to bring real-time, remote, free tax preparation to deaf taxpayers who qualified for the EITC. A survey of the pilot participants indicates that preferences of deaf taxpayers using free tax assistance services include: VRS technology, an ASL interpreter, lip reading, a teletypewriter (TTY) for communicating, and written communication.[3]

New Hampshire Field Research

The community economic development sector has demonstrated transformational outcomes for people and communities historically overlooked by traditional forms of economic development (Dubb, 2005; Simon, 2001). However, until recently, the disability market has been largely overlooked by the community development field. Much of this has to do with the perception that public policy limits the degree to which people with disabilities can earn money and save money, calling into question the degree to which the disability market is viable. But recent changes in public policy make it easier than ever before for adults with significant disabilities to accumulate savings. For example, 42 states have Medicaid Buy-In programs. SSI and SSDI beneficiaries now have access to a variety of work incentives within the programs to facilitate savings and financial self-sufficiency. Moreover, opportunities are available within subsidized housing programs, including, but not limited to, Family Self Sufficiency Escrow options and Section 8 Voucher Assisted Mortgages. Finally, Individual Development Accounts are offered through many CDFIs in partnerships with banks, some of which use lending instruments such as Assistive Technology Loan Products.

Although policy barriers still exist, and greater investments are needed, the most critical obstacle for community development engagement of this market is that many practitioners do not understand how disability programs interact and how they can be effectively combined or “braided” (individually and systemically) to achieve larger gains in economic self-sufficiency of persons with disabilities and local communities—desirable outcomes for both fields of practice.

Historically, people with disabilities have used disability-specific human-service agencies as a primary source of information and service provision. While this link is critical, these agencies tend to limit their involvement in financial-related matters to Social Security and Medicaid-related benefit programs. Given the low rates of participation among SSI and SSDI beneficiaries in work incentive programs such as the PASS, PESS, and Impairment Related Work Expenses (IRWE) programs, expanding access to a service mix from the community development field is a worthy endeavor. Such linkages can help individuals with disabilities leverage support and services from both sectors, as well as help provide community development organizations with the knowledge necessary to avoid the unintended

[3] For a full report on the pilot project, visit http://www.reitour.org/docs/deaftax09.pdf.

consequence of disqualifying individuals with disabilities from income support or health insurance programs.

Recognizing the gap between the activities of human-service agencies and community development organizations, Southern New Hampshire University undertook the Financial Education and Volunteer Income Tax Assistance Study to explore the application of a comprehensive financial coaching model to the financial security and asset holdings of individuals with disabilities. The summary of the study below highlights some of the outcomes possible through interagency coordination.

Methodology

This study was exploratory, non-experimental, and used multiple methods to examine the impact of integrating financial counseling efforts—including VITA counseling, credit counseling, household budgeting assistance, and work incentives counseling—on the financial stability and savings accumulation of participants with disabilities. Researchers also connected participants to asset-building programs such as IDAs and Financial Self Sufficiency programs.[4] As early-stage research, the project recruited a purposeful sample of adults with disabilities between the ages of 25-65 who had evidence of earned income during the tax year and who accessed services from participating community partner agencies including the New Hampshire Bureau of Vocational Rehabilitation, a local community mental health center, or another local area agency. Community partners disseminated recruitment flyers and hosted informational forums to educate their clients about the opportunity to participate in the research.

Due to the non-experimental nature of the study design, the characteristics of the study sample are not representative of the disability community. Study results are not generalizable, and at best only suggest a possible correlation between the study protocol and the outcomes achieved by study participants.[5]

Study Participants

A total of 46 participants consented to take part in the research study. Data from 39 of these individuals are included here[6]. At the time of intake, the average age of study participants was 42. Twenty

[4] Financial Self Sufficiency (FSS) Accounts are available through housing authorities for individuals who qualify for Section 8 Housing. FSS Accounts allow participants to escrow a percentage of their earnings that would otherwise increase their rental contribution. These earnings can then be used to fund goods and services that help promote the participant's financial independence.

[5] A second generation random-sample study following the treatment protocol discussed here—the REAL Opportunity Study—is being implemented in the states of New Hampshire and Wisconsin in partnership with state Divisions of Vocational Rehabilitation (DVR). The study is led by the University of New Hampshire's Institute on Disability in partnership with the Burton Blatt Institute at Syracuse University with funding from the National Institute on Disability for Rehabilitation Research. The project is investigating whether comprehensive financial coaching leads to significant differences in asset holdings and financial well-being of DVR participants compared to the outcomes attained by the control group that receives services as usual. Study results will be available in 2012.

[6] Thirty-nine of the 46 participants who enrolled in the project completed the study.

participants reported mental illness as their primary disability, eight reported "other disabilities," five reported a physical disability, four reported a developmental disability, and two reported speech disabilities. Over half of all participants had never been married, lived alone, and had at least a high school diploma. Eleven participants had dependent children. Thirty-one participants worked at least part-time with a mean wage of $8.85 per hour.

For analysis purposes, participants were stratified into sub-groups to explore any possible correlation between their stated reasons for joining the project and the outcomes achieved. Participants were divided into five categories based on their responses to questions about their financial goals: the "Build My Financial Future" group (n=10) were those who expressed strong motivation to improve their long-term financial futures; the "Control Spending" group (n=7) were those who expressed the need to reduce their expenses in order to live within their means; the "On My Own" group (n=4) were those who expressed the desire to have more financial independence from significant others (e.g. partners, parents, and Representative Payees); the "Learn More About It" group (n=10) were those who wanted more information about available resources but did not express specific financial goals; and the "Financial Crisis" group (n=8) were those who conveyed they were under financial stress and in urgent need of financial counseling.

Findings and Observations

Financial Services Market Participation

Thirty-three participants (85 percent) had bank accounts at the time of project enrollment. Fourteen had only a checking account, four had only a savings account, and 15 had both checking and savings accounts. Six participants were unbanked. The Build My Financial Future group had the largest number of banked participants.

Most participants with established lines of credit belonged to either the Control Spending group or the Financial Crisis group. Four participants held mortgages, three participants had home equity lines of credit, 11 participants had auto loans, and 14 participants had at least one credit card (some participants reported more than one line of credit). In addition, three participants had student loan debt, but this status was equally distributed among the Build My Financial Future group, the Control Spending group, and the On My Own group.

At the start of the study, seven participants established new deposit-only accounts as part of their enrollment in IDA programs. By the end of the research, two study participants used savings from their IDA programs to purchase new home mortgages with total housing costs not exceeding 30 percent of their household income. One study participant qualified for an affordable car loan (which was consistent with her financial goals) as a result of correcting flaws on her credit report and increasing her earned income. One participant paid down the principal on her mortgage and home equity line of credit as a result of the untimely death of her spouse and subsequent life insurance payments. Several participants increased their use of financial services; the Build My Future group increased the use of these services more than any other group.

Savings Accumulation

The percentage change in savings varied among the groups (see Table 2). Post tests indicated that the Build My Future group increased their savings by more than 28 percent by making use of IDAs and the EITC. The percent change in savings is inflated for the Financial Crisis group because of the life insurance settlement received by one member. Aside from bank savings accounts, other savings vehicles utilized by study participants included retirement savings (n=4), Special Needs Trusts (n=3), money held by family (n=3), savings at home (n=2), stocks and bonds (n=1), certificates of deposit (n=2), Employability Accounts (n=1), FSS Accounts (n=1), and Plans for Achieving Self Support (PASS) (n=1).[7]

Table 2

Change in Savings Accumulation

Type of Participant	Total Savings Intake	Total Savings at Follow-up	Percentage Change
Build My Future	$795.31	$1,015.14	27.6%
Control Spending	$5,671.41	$5,529.50	-2.5%
On My Own	$517.75	$641.50	23.9%
Learn More About It	$656.20	$493.33	-24.8%
Financial Crisis	$3,786.13	$8,775.63	131.8%
Total	$2,219.87	$3,257.82	46.8%

Debt Reduction

All groups reduced their debt within the first six months of participation (see Table 3). The percentage of debt reduction ranged from 27 percent to 73 percent. The three groups with the largest percentage reduction in debt were the Control Spending group (73 percent reduction), the Financial Crisis group (60 percent reduction), and the Build My Future group (58 percent reduction). After 12 months of enrollment in the study, all groups continued to reduce their debt with the exception of the Build My Future group. The behavior of this group was explained by significant events experienced by three of the ten participants in the group: One participant acquired an affordable car loan consistent with her financial goals; one participant lost her job and increased her credit card debt while unemployed; a third

[7] Employability Accounts are savings vehicles in New Hampshire's Medicaid for Employed Adults with Disabilities (MEAD) program, the state's Medicaid Buy-In program. MEAD maintains health care for workers with disabilities by incentivizing real income gains and by excluding resources accumulated as a result of employment that would otherwise disqualify participants from health insurance coverage available from the Medicaid program.

participant was exploited by a highly influential family member who convinced her to open an account with a predatory lender. The account was later paid off in regular installments.

Table 3

Debt Reduction

Type of Participant	Total Debt Intake	Total Debt at Follow-up	Percentage Change
Build My Future	$3,541.30	$1,502.00	-57.6%
Control Spending	$97,507.71	$26,622.51	-72.7%
On My Own	$1,418.25	$1,037.50	-26.9%
Learn More About It	$1,418.20	$955.56	-32.6%
Financial Crisis	$49,581.25	$19,877.42	-59.9%
Total	$29,089.03	$9,365.52	-67.8%

Asset-Building Program Participation

All seven IDA participants were members of the Build My Future group. Three of the IDA participants pursued post-secondary education using savings from their IDAs, two participants pursued home ownership, and two participants pursued business development. All but two of the IDA participants graduated or are anticipated to graduate from the IDA program. Two participants saving for post-secondary education were terminated from the IDA program because they were unable to secure employment for a lengthy period of time.

Those who have graduated from the IDA program, or otherwise maximized their savings contribution, have done so through *resource braiding*, the practice of leveraging multiple programs for achieving greater financial gains. For example, one participant leveraged the EITC program, a PASS plan, the IDA program, and the Ticket to Work program to buy a used car with cash and pay for tuition and books for graduate school. He is currently working in his preferred occupation, completing his graduate work, and in the process of building a positive credit history; all these steps are moving him toward his long-term goal of homeownership. Another participant used her IDA savings to cover insurance payments on the accessible van she uses to commute to her teaching and consulting appointments. A married couple increased their earned income and outperformed all other IDA participants in terms of their savings rates. They qualified for a Section 8 Home Ownership Voucher and a loan from the U.S. Department of Agriculture to purchase their condo within walking distance of the local supermarket and their places of employment.

Services Utilized

An index was created to determine whether there is a correlation between the utilization of the four core services (work incentive counseling, VITA services, consumer credit counseling/budgeting, and asset building programs) and the outcomes attained (percent change in savings, debt reduction) (see Table 4). The participants who accessed all four core services were ranked as "high" users of services. Those who accessed two or three of the core services were ranked as "medium" users. Those who accessed one or no service were ranked as "low" users. The Build My Future group utilized services more than any other group. This group's large increase in savings and debt reduction suggests a correlation between services utilized and outcomes achieved. Also, participants who used consumer credit counseling services were among those who reduced their debt most. It appears that there may be value in matching a narrow set of services to participants' goals.

Table 4

Services Utilized

		Services Utilized			
Type of Participant		High	Medium	Low	total
Build Future	count	1	7	2	10
	% within	10.0%	70.0%	20.0%	100.0%
Control Spending	count	0	3	4	7
	% within	0.0%	42.9%	57.1%	100.0%
On My Own	count	0	3	1	4
	% within	0.0%	75.0%	25.0%	100.0%
Learn More	count	0	2	8	10
	% within	0.0%	20.0%	80.0%	100.0%
Crisis	count	0	3	5	8
	% within	0.0%	37.5%	62.5%	100.0%
Total	count	1	18	20	39
	% within	2.6%	46.2%	51.3%	100.0%

Implications

The financial coaching model used in this study linked community development and disability service resources in an attempt to improve the financial security and asset holdings of participants. The study provided insight into participants' use of financial services as well as their practice of resource braiding. The participant outcomes also suggest that connecting low-income individuals with disabilities to financial counseling and asset-building resources may help them build assets and reduce debt. The findings of this study are not generalizable to a wider population given the non-random nature of the sampling method and the small sample size. However, the results do suggest that there are untapped resources for low-income people with disabilities within existing community-based organizations, and that tailored financial counseling can help leverage these resources.

The services utilized in the study are available in most local communities. Thus, there is potential for developing and replicating the comprehensive financial coaching model. There is also the potential to pair the work done by community development and disability service organizations with the resources of the REI Tour partnerships. Investments in all of these community-based organizations can further strengthen outcomes.

Improving the economic and social mobility of persons with disabilities is the cornerstone of the contemporary disability framework. Poverty reduction, economic security, and asset-building strategies are natural extensions of this aim. We strongly recommend further research into how community-based programs can promote the financial well-being and social participation of this neglected audience. Such research can provide insight into how to strengthen these programs and inform community development stakeholders of investment opportunities.

Conclusion

The resources and knowledge housed in community development organizations, including asset-development programs, hold great potential for benefiting low-income individuals with disabilities. The REI Tour and the Financial Education and Volunteer Income Tax Assistance Study provide examples of partnerships between community-development organizations and disability service organizations that serve to enhance the economic and social well-being of low-income taxpayers with disabilities. We recommend the following next steps for research and program and policy development:

1. Study access issues limiting the economic advancement of people with disabilities. For example, the REI Tour DeafTax VITA Pilot identified the importance of using technology to provide free tax filing services to deaf taxpayers. Additional research can identify how to improve access to free tax assistance and other asset-building programs for the Blind.
2. Include a disability variable in public and private data collection to improve knowledge of the needs and preferences of the disability market. For example, there are few data on tax and finance preferences of taxpayers with disabilities who are not eligible for EITC.
3. Develop a better understanding of the financial service needs of the disability market. Survey the accessibility of financial services to disability population groups (i.e., visually impaired, deaf, intellectual, mobility). Conduct additional research on the banking, credit, and asset development practices of low-income working persons with disabilities to identify barriers they may face in accessing the financial mainstream.
4. Increase the capacity of financial institutions to customize services and products to meet the needs of the disability market through the use of product development and training resources. In addition, research the role of technology in connecting customers with

disabilities to banking services.

5. Promote public policy that addresses the asset-building needs of the disability market, including raising asset limits related to public benefits. Promote awareness of how serving the financial needs of people with disabilities may constitute eligibility for CRA credit.

The first generation of research and program implementation described above has shown that the disability market segment is large and viable. The REI Tour data portray a typical EITC-eligible taxpayer with a disability as unbanked or underbanked, lacking in major assets such as a home or pension, and with limited opportunity for economic mobility. In the New Hampshire study, taxpayers with significant disabilities were found to benefit from comprehensive, targeted financial coaching when these services were used in combination with other community development and public programs. As we move forward in these tough economic times, we believe that this work conveys a message of hope and ideas for advancing economic empowerment for Americans with disabilities.

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