

Loan Application Form			Date:				
First name:		Surname:					
DOB:		Gender:					
Country of Birth:		Aboriginal/Torres Strait Islander: YES or NO					
Address:							
Telephone:		Mobile:					
EMAIL:							
SECONDARY CONTACT: Name:			Number:				
Address:							
Do you already have a NILS loan with another provider ?		YES	NO				
What Centerlink Payment do you receive?							
What is your CRN?							
Do you have a Health Care Card?		Yes	No	Or Pension Card?	Yes	No	
Do you have any dependents?		Yes	No				
Please list gender and age of dependents:							
Do you have a partner?		YES	NO				
Partners first name:		Partners Surname:					
Partners DOB:		Partners Country of Birth:					
Partner's Centrelink Payment:							
What do you want the loan for?							
What will be the approximate cost?							
HOUSING:	Public Rental	Private Rental	Own Home				
Answer only if applying for General Loan:							
Length of time in housing:							
Have you experienced domestic violence in the past twelve months?		Yes	No				
What form did this violence take e.g. physical, sexual, emotional/psychological, social, financial, cultural, racial and / or spiritual.							
Name of Domestic Violence agency:							
Staff name:		Agency Phone no:					
Referral Source: Who referred this person to us?							
<input type="checkbox"/>	Friend	<input type="checkbox"/>	Relative	<input type="checkbox"/>	Case Worker	<input type="checkbox"/>	Centrelink
<input type="checkbox"/>	Community Organisation	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Previous Borrower		
OFFICE USE ONLY: Loan Type: DV or General							