

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"/>
<input type="checkbox"/>	Case Worker	<input type="checkbox"/>	Centrelink	
<input type="checkbox"/>	Community Organisation	<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>
<input type="checkbox"/>	Previous Borrower			
OFFICE USE ONLY: Loan Type: DV or General				