

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

**Attachment G**