CHRISTIAN COMMUNITY AID
Serving the Community

CHRISTIAN COMMUNITY AID NILS Loan Application Form

Date _____ NILS Reference Number: _____

Applicant 1 Details

Surname: _____ First Name/s:_____

Applicant 2 Details

Surname: _____ First Name/s:_____

Gender: Applicant 1: Male/Female Applicant 2: Male/Female

Date of Birth: Applicant 1: _____ Applicant 2: _____

Country of Origin

Applicant 1:_____ Applicant 2:_____

Aust, ATSI? (Y/N): _____ Aust, ATSI? (Y/N):_____

Pension/Benefit

Applicant 1 Pension/Benefit:_____ Applicant 2 Pension/Benefit: _____

Address

Street: _____

Suburb: _____ Postcode: _____

Contact Information

Home: _____ Work: _____

Mobile: _____ Other: _____

Email: _____

Secondary Contact*

Name: _____Secondary Contact:_____

Phone: _____

*Secondary Contact will only be used in exceptional circumstances & no loan information will be divulged.

Household

Number of dependents:_____ Dependents' average age:_____

Housing type (Please circle) Public rent Private rent Own house Relatives Transitional Mobile Home Length of time at this address :_____

Loan Purpose Item/Product

Item:_____Make/Model No.:_____

Cost:_____

Referral Source (Please circle) Friend Relative Case Worker Community Organisation Centrelink Other