|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Date:** | | Click here to enter a date. | | | | | | | | **NILS Ref:** | | | | |  | | | | | |
|  |  |  | | | | | | | | | |  | | | | | | | | | | |
|  |  | **Applicant (1)** | | | | | | | | | | **Applicant (2)** | | | | | | | | | | |
| **First Name:** | |  | | | | | | | | | |  | | | | | | | | | | |
| **Family Name:** | |  | | | | | | | | | |  | | | | | | | | | | |
| **D. O. B :** | |  | | | | | | | | | |  | | | | | | | | | | |
| **Client ID Type** | |  | | | | | | | | | |  | | | | | | | | | | |
| **Gender:** | |  |  | | |  | Male | |  | Female | |  | | |  |  | | | | Male |  | Female |
| **ATSI:** | |  | Yes | | |  | No | |  | Both | |  | | | Yes |  | | | | No |  | Both |
| **Country of Origin:** | |  | | | | | | | | | |  | | | | | | | | | | |
| **Number of Dependents:** | |  | | | | | | | | | |  | | | | | | | | | | |
|  |  |  | | |  | | |  | | | |  | |  | | | | |  | | | |
| **Address:** | |  | | | | | | | | | |  | | | | | | | | | | |
|  | |  | | | | | | | | | |  | | | | | | | | | | |
| **Phone:** | |  | | | | | | | | | |  | | | | | | | | | | |
| **Mobile:** | |  | | | | | | | | | |  | | | | | | | | | | |
| **Email:** | |  | | | | | | | | | |  | | | | | | | | | | |
|  |  |  | | |  | | |  | | | |  | |  | | | | |  | | | |
| **Secondary Contact:** | | (Secondary contact only used in exceptional circumstances &no loan information will be divulged) | | | | | | | | | | | | | | | | | | | | |
| **Name:** |  | | | | | | | | | | | | | | | | | | | | | |
| **Phone:** |  | | | | **Relationship:** | | | | | |  | | | | | | | | | | | |
|  |  |  | | |  | | |  | | |  | |  | | | | |  | | | | |
| **Concession Type:** | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | | |
| **Centrelink Income:** | | Choose an item. | | | | | | | | | Choose an item. | | | | | | | | | | | |
|  |  |  | | |  | | |  | | |  | |  | | | | |  | | | | |
| **Housing type:** | | Choose an item. | | | | | | | | | | | | | | | | | | | | |
| **Household Composition:** | | Adults | | |  | | |  | | | Children | |  | | | | |  | | | | |
| **Time at current Address:** | | Years | | |  | | |  | | | Months | |  | | | | |  | | | | |
|  |  |  | | |  | | |  | | |  | |  | | | | |  | | | | |
| **What is the loan for?** | |  | | | | | | | | | | | | | | | | | | | | |
| **Make/Model:** | |  | | | | | | | | | **Item Cost ($)** | | | | | | | | |  | | |
| **Do you have any other NILS Loans?** | | | | |  | | |  | | |  | |  | | | Yes | | | |  | No | |
| **Do you have Willingness and Capacity to repay the loan?** | | | | | | | | | | | | |  | | | Yes | | | |  | No | |
|  | | | | | | | | | | | | |  | | | | | | |  | | |
| **Referral Source:** | | Choose an item. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | |