|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **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. |
|  |