



The Women's Centre for Health and Wellbeing Albury Wodonga

NILS LOANS APPLICATION FORM

Please fill in the form below and tick any appropriate boxes that describe your situation. Please attach all relevant documentation to your application. Hand in to your NILS Officer or administration

Your Name *

First

Middle

Last

Date of Birth

DD/MM/YYYY

Your Address

Postal Address (if different from your home address)

Best contact phone number

Email *

Do you have any children/dependants?

Yes

No

How many children/dependants do you have?

Name of Emergency Contact / Next of Kin *

First

Middle

Last

Phone Number of Emergency Contact / Next of Kin

Relationship to Emergency Contact / Next of Kin

e.g. partner, mother

Your Gender Identity

Female

Male

Other

Click on the title that best describes you

Your Accommodation

Boarding House

Crisis, Emergency or Transition accommodation

Independent Living Unit

Indigenous Community

Institutional Setting

Private Residence client/family owned

Private Rental - Real Estate

Private / Public Rental

Public Shelter

Supported Commission

Other

What kind of housing do you live in?

If you clicked on "Other" further information is needed

Your Living Arrangements - Who do you live with

- Single (Living Alone)
- Sole Parents with dependant(s)
- Couple
- Couple with dependant(s)
- Group (related adults)
- Group (unrelated adults)
- Homeless / no household
- Not Stated or Described

Circumstances of Concern

- Physical Health
- Family Function
- Mental, Health, Wellbeing, Self-Care
- Managing Money
- Personal / Family Safety
- Employment, Education & Training
- Age Appropriate Development
- Material Wellbeing
- Community Participation and Network

Aboriginal & Torres Strait Islander

- Aboriginal
- Torres Strait Islander
- Aboriginal & Torres Strait Islander

Disability

- Yes
- No
- NDIS Participant

Income for Client 1

- Centrelink

- Child Support
- Wages
- Other

Total Income Client 1

Income for Client 2 (If Relevant)

- Centrelink
- Child Support
- Wages
- Other

Total Income (Client 2)

Expenses - Accommodation

- Rent / Board
- Mortgage
- Home Repairs
- Furniture Storage
- Medication
- Vitamins
- Dentist
- Optometrist

Expenses - Food / Groceries

- Supermarket
- Takeaway / Dining Out
- Laundry / Cleaning

Expenses - Personal

- Clothing / Shoes
- Entertainment / Movies
- Papers / Books / Magazines
- Baby needs
- Casino / Pokies / Gambling
- Gym Membership

- Rent Arrears
- House / Contents Insurance
- Council Rates / Strata Fees
- Doctor
- Ambulance
- Supplements
- Health Insurance
- Alternative

- Butchers / Grocers
- Pet Food

- Haircuts
- Childcare / After School
- smoking
- Alcohol
- Child Support

Expenses - Existing Loans

- Car Loan
- Credit Card
- Bank Loan
- Rent To Buy
- Family / Friends
- Other

Expenses - Bills & Utilities

- Gas
- Water
- Mobile
- Utility Arrears

Expenses - Health

- Doctor
- Ambulance
- Dentist
- Optometrist

Expenses - Transport

- Public Transport
- Car Registration
- Car Insurance / Greenslip

Expenses - Education

- School Fees
- Bags / Stationary
- Sports / Club Membership

Expenses - Debts / Fines

- Traffic Fines
- Taxation Debt
- Other

LOAN DETAILS - Loan Purpose

- Household Appliances
- Economic Participation
- Health Items

- Centrelink Advance
- Overraft
- Payday Loans
- Store accounts / Layby
- After Pay / ZIP / Open Pay

- Electricity
- Home phone / Internet
- Pay TV / Netflix / Stan

- Medication
- Vitamins / Supplements
- Health Insurance
- Alternative therapies

- Petrol
- Car Repairs / Services

- Uniforms
- Excursions / Camps

- Centrelink Debt
- Court Fines

- Education
- Household Furniture
- Technology

- Outdoor Equipment
 Car Related Items

- Household Repairs
 Other

Today's Date DD/MM/YYYY

Please tick to indicate you have read the attached Clients Rights and Customer Responsibilities Information on our NILS page

- Yes
 No

If you tick no, please go back and read the Clients Rights and Customer Responsibilities information then come back to tick Yes.

I agree (please tick each relevant box)

- that I have applied for a NILS Loan via the Women's Centre for Health and Wellbeing Albury Wodonga
 that by signing this agreement all the information supplied is true and correct to the best of my knowledge
 I agree if the loan is approved that I will repay the nominated amount until the loan is fully repaid
 I agree that I will contact the Women's Centre for Health and Wellbeing Albury Wodonga if my contact details change whilst repaying my loan
 I agree that I will contact the Women's Centre for Health and Wellbeing Albury Wodonga if I have difficulty with repayments
 I agree that the Women's Centre Albury Wodonga can contact me about my Loan
 I understand that when I repay my loan, other people in the community will be able to have a NILS Loan

I (add your name) agree to the conditions listed above for this loan application (Client 1) *

First

Middle

Last

I (add your name) agree to the conditions listed above for this loan application (Client 2 - if relevant) *

First

Middle

Last

Income Supporting Documents to submit with this application

- Centrelink statement
 Payslips
 ATO assessment notice
 Bank Statements

Click on the documents that you will be supplying for this application

Proof of Expenses Documents to submit with this application

- Bank Statements
 Statement of Rental Payments or Mortgage Statement

- Gas Account
- Electricity Account
- Water Account
- Internet and Home Phone Account
- Mobile Phone Account
- Credit Card Statements
- Statement from Existing Loan
- Afterpay or similar service (can be screenshot)

Click on the documents that you will be supplying for this application

Proof of Identification

- Centrelink Card
- Australian Drivers License
- Proof of Age Card
- Community Identity Card
- Australian Passport
- Birth Certificate
-
- Mobile Phone Account
- Credit Card Statements
- Statement from Existing Loan
- Afterpay or similar service (can be screenshot)

Click on the documents that you will be supplying for this application

Proof of Address

- Rental Agreement
- Mortgage Statement
- Rental Statement
- Statutory declaration

Click on the documents that you will be supplying for this application

Thank you, please check you have filled the answers correctly and give to your NILS Officer or our Administration

