

LOAN APPLICATION FORM

DATE:

Applicant (1).....

First Name.....Family Name.....

D.O.B. Male / Female.....

Country of origin.....

Current Pension/Health Care Card.....

Applicant (2).....

First Name.....Family Name.....

D.O.B. Male / Female.....

Country of origin.....

Current Pension/Health Care Card.....

Address.....

Suburb.....Post Code.....

Residential Length:

Home Telephone: Mobile.....

Work telephone:..... Other.....

Total Children: Ages.....

Housing Type: Private Public Other
(please indicate)

Loan Item / Purpose.....

Make / Model.....

Expected Cost: Local quote \$..... Delivery \$.....

Buying Service \$ Delivery \$.....

Referral.....

.....

- Friend Relative Case Worker Centrelink
 External Organization Internal Other

DECLARATION

This budget is a true and correct estimate to the best of my knowledge.

If a quote is sought from Good Shepherd Buying Service, I understand my details will be forwarded to them for statistical purposes.

I understand that no identifying information will be given to the loans committee members.

I understand that this information will be retained by Knox NILS and the profile information will be recorded on the loans program management database.

- The information will not be released to other agencies, but may at some time be accessible by service providers to Good Shepherd for example, information technology suppliers when maintaining or modifying computer systems.

Applicant (1)..... /...../
Signature Date

Applicant (2)..... /...../
Signature Date

ASSESSMENT COMMITTEE USE ONLY

Assessment Committee Meeting Date /...../

Members

Loan Approved Yes/No

Further Information required: OR Reason for unsuccessful application

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Cheque Details

Cheque #: Date: / /

Amount \$ Payee:.....