

# CLIENT APPLICATION

## LOAN DETAILS – NB: ONLY ONE INTEREST FREE LOAN PER HOUSEHOLD

What item do you wish to purchase with this NILS loan? \_\_\_\_\_

Please state your reasons for applying for this loan: \_\_\_\_\_

Source of Income: \_\_\_\_\_ Income/fortnightly: \_\_\_\_\_

How much could you repay fortnightly: \_\_\_\_\_

Have you applied for a NILS loan from Communify Qld before:  Yes  No

## CLIENT

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: h \_\_\_\_\_ m \_\_\_\_\_ w \_\_\_\_\_

Gender:  M  F DOB: \_\_\_\_\_

Marital Status:  Single  Married  De Facto  Divorced  Separated  Widow/er

Country of birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Do you require the services of an interpreter?  Yes  No

## ACCOMMODATION

Place of Residence:  Own House  Rented  Boarding House  Homeless

Time at current address: \_\_\_\_\_ How long have you lived in QLD? \_\_\_\_\_

## DEPENDANTS

Name	Relationship	Contact No.	Gender	DOB
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	
			<input type="checkbox"/> M <input type="checkbox"/> F	

## SIGNATURES

I/we declare that the information contained in this form is true and correct.

Applicant/s Signature: \_\_\_\_\_

Signature Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

## OFFICE USE ONLY