Logo, company name

Description automatically generatedLogo, company name

Description automatically generated

**LOAN APPLICATION**

Application Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| **Each application is assessed on an individual basis.  By completing this form, is in no way a guarantee that the loan will be approved.** |

**PERSONAL DETAILS**

Name: DOB: Gender:

Address:

State: Postcode:

Postal address: (if different from above)

Mobile No: Work No:

Email:

Time at current address: Country of Birth: ATSI: Yes/No

How did you hear about this service?

|  |  |  |  |
| --- | --- | --- | --- |
| **RESIDENTIAL STATUS (please tick)** | | | |
| [ ] Home owner | [ ] Mortgage | [ ] Public housing | [ ] Private rent |
| [ ] Living with family/friend | [ ] Women’s refuge | [ ] Transitional housing | [ ] Other |

|  |  |  |  |
| --- | --- | --- | --- |
| **HOUSEHOLD TYPE (please tick)** | | | |
| [ ] Single with children | [ ] Couple with children | [ ] Single with no children | [ ] Couple with no children |
| [ ] Multi adult household with children | [ ] Multi adult household with no children | [ ] Other – please specify: | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of dependents:** |  | **Annual income:** | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Purpose of Loan:** |  | **Cost of item/s:** | $ |

**EMPLOYMENT DETAILS**

Employment status: (please tick as appropriate)

[ ] full-time [ ] part-time [ ] casual [ ] self-employed

[ ] other – please specify:

Occupation:

Length of employment: Can we contact you there? Y / N (please circle)

Contact No.:

**EMERGENCY CONTACT DETAILS**

Name: Contact No:

Relationship to Applicant:

From time to time surveys will be conducted to assess the effectiveness of the program. They will be contacted via phone or survey monkey. The survey allows you to provide feedback on the program, and the impact on your situation. Information collected will be de-identified for reporting purposes.

Do you consent to participating in surveys? (Please circle) Y N

**SUPPORTING DOCUMENTATION CHECKLIST**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Y** | **N** | **N/A** |
| 1. Driver’s licence or other photo ID. |  |  |  |
| 2. Most recent payslips (minimum two). |  |  |  |
| 3. Income statement from Centrelink (if applicable). |  |  |  |
| 4. Last **90 days** transaction history for **ALL** accounts. |  |  |  |
| 5. Lease agreement or document showing length of housing. |  |  |  |
| 6. Most recent utility bills e.g. electricity/gas. |  |  |  |
| 7. Most recent statements for any other credit facilities. |  |  |  |
| 8. Registration papers or proof of vehicle ownership (car repairs or registration renewal only). |  |  |  |
| 9. Written quote or bill for items required. |  |  |  |

|  |
| --- |
| **The application cannot be processed until all required documentation has been received.** |

“I/We consent to my/our personal information (including sensitive information, as that term is defined in Care Incorporated’s privacy policy) being shared with, transferred and/or disclosed to, our affiliates and partners, Community Organisations (and their subcontractors) and Service One Alliance Bank, for the purposes of processing loan applications, payments and repayments and otherwise administering Assistance Beyond Crisis (including loan management, reporting and evaluative activities).”

Name: Date: / /

Signature: