

LOAN APPLICATION

Each application is assessed on an individual basis. Submitting this form does not guarantee approval of this loan. After completing this form, please email to abc@carefcs.org



Name:			DOB:	
Address:	3		Post Code:	
Email:			Gender:	
Mobile:		Country of Birth:		
Indigenous Status:		If born outside of Australia, please select your		
□ Aboriginal		residency status:		
□ Torres Strait Islander		□ Permanent resident		
☐ Both A&TSI		□ Temporary Visa – Please inform visa type:		
Housing Type:		Household composition:		
□ Own home		□ Individual		
□ Private rent		☐ Couple with no children		
□ Public housing		☐ Couple with Children		
□ Community housing		□ Sole parent withChildren		
	e House	□ Extended family		
	Pr	□ Other		
Length of time at current address:		Employment Details:		
		□ Full-time		
How did yo	ou hear about this service?	□ Part-time		
		□ Casual		
Loan Purpo	ose:	□ Self-Employed □ Other		
Decument		other		
	ts required for loan assessment:		Applicant 1	
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"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 Bendigo Bank, for the purposes of processing loan applications, payments and repayments and otherwise administering Care Community Loan program (including loan management, reporting and evaluative activities)."



LOAN APPLICATION



To further assist us in completing your assessment complete the below budget. After completing this form, please email to

abc@carefcs.org

Budget Items	Per Fortnight	
Groceries		
Take Away		
Cigarettes/Alcohol		
Fuel/Car		
Entertainment		
Chemist/Doctors/Medical/Dental		
Personal Items/Beauty/Hairdresser		
Sport/Hobbies		
Afterpay/Zip/Humm or other Buy Now Pay later		
Loan		
Mobile		
TV Streaming		
Utilities – Electricity, Gas & Water		
Insurance – Home contents, Car, Life		
Other:		
Total		
Applicant Name:	Date	
Signature:		

