



Date: _____

Interview / Applicant Details

First Name: _____

Middle Name: _____

Family Name: _____

Gender: _____

Birthdate: __ / __ / ____

Country of Birth: _____

Language(s) spoken at home: _____

Aboriginal / Torres Strait Islander

Neither Aboriginal
Torres Strait Islander Both

Housing type (please circle)

Public Rent Private Rent
Own Home Relatives
Crisis /Transition Other:

Household type (please circle)

Single (person living alone)
Sole parent with dependant(s)
Couple with dependant(s)
Group (related adults)
Group (unrelated adults) Homeless/no household

Number of Dependents: _____

Ages of Dependents: _____

Contact Details

Address: _____

Suburb: _____

Postcode: _____

Home phone: _____

Mobile: _____

Email: _____

Loan Details

Item: _____

Make/model: _____

Cost: _____

Secondary Contact & Referral Details

*Secondary Contact will only be used in exceptional circumstances & no loan information will be divulged.

Secondary Contact Name:

Secondary Contact Phone Number:

Referred by: _____

(If referred by another agency)

Agency name: _____

Staff name: _____

Contact number: _____

