



Neighbourhood Centres of Bellingen Shire Inc.

ABN: 46 636 213 835

Incorporation no: INC1901679

31 Hyde Street, Bellingen

Postal: PO Box 204, Bellingen NSW 2454

Phone: 02 6655 1239

Email: manager@ncobs.org.au

No Interest Loans (NILS) Application

nils@ncobs.org.au

DATE: _____

CENTRE: _____

NILS OFFICER: _____

Enquiry Method In person Phone Email SMS Other

PERSONAL DETAILS

First Name _____ Middle Name _____

Last Name _____ Preferred Name _____

Date of Birth _____

Loan purpose _____

Loan sub purpose _____

Loan period _____

How did you hear about NILS? _____

Eligibility criteria Earns less than \$57,000 per year after tax

Centrelink benefit

Healthcare card

Time at current address 0 – 3 months 3 – 6 months 6 months plus

Time at previous address 0 – 3 months 3 – 6 months 6 months plus

If less than 3 months for current AND previous address, provide reason

Residential address _____

Suburb _____ Post Code _____ State _____

Postal address (if different from residential address) _____

Suburb _____ Post Code _____ State _____

Accommodation Type _____

Living Arrangements _____

Number of dependants _____ Country of birth _____

Telephone contact number _____

Email _____

Gender Male Female Intersex Indeterminate Not stated

Identifies as Australian Indigenous Yes No Prefer not to answer

If yes, do you identify as Aboriginal Torres Strait Islander

Identifies as having a disability Yes No Prefer not to answer

If yes, nature of the disability _____

SECONDARY CONTACT

First Name _____ Last Name _____

Email _____ Phone No. _____

Relationship _____