Salvos No Interest Loan Scheme (NILS) Information for Community Members

Thank you for your enquiry about a no interest loan. Enclosed is a checklist of documents we need from you plus some forms.

If you would like to apply for a loan here are the steps involved.

STEP 1 - SEND YOUR DOCUMENTS TO US:

Complete and sign the:

- privacy acknowledgement
- client and loan information form with budget
- CCeS consent form

Get a quote for the items you wish to purchase including delivery if needed.

Send the forms, quote and all other supporting documents listed in the checklist.

STEP 2 – TELEPHONE INTERVIEW and APPLICATION FINALISED:

A Microfinance Worker will call you to:

- confirm that you are eligible to apply
- prepare a budget and agree to affordable repayments
- · request any extra info

If eligible, you will be asked to provide any remaining documents plus sign a conditional loan agreement.

Once your documents are provided your application will be submitted to a Good Shepherd Microfinance Loan Provider (usually BaptistCare).

STEP 3 - LOAN ASSESSOR WILL DECIDE ON YOUR APPLICATION:

A loan assessor at BaptistCare will advise you of the outcome of your application. If it is approved then BaptistCare will make the payment.

QUESTIONS:

If you have any questions, please call and leave your name & phone number so we can get back to you:	(02) 9466 3547	
To submit your documents you can email, post or drop off forms,		
supporting documents and quote to us.		
More information can be found on our website:	https://nils.com.au/	

NILS - Checklist of Documents

Applications are assessed on the basis of total household income and expenditure. For this reason, where applicable, documentation for **both you and your partner** will be required.

Basic	c information about you and your loan
	Privacy acknowledgement (signed)
	Client and Loan Information Form
	CCeS consent form (signed)
	2 forms of ID – eg Health Care Card / Concession Card / Drivers Licence
	Quote for goods or services. Preferably a tax invoice or quote on business letterhead with valid ABN. Include delivery if needed with preferred payment details.
Finar INCO	ncial information – <i>all documents must be recent</i> : DME
	Centrelink Income Statement
	Centrelink Deduction Statement
	Payslips
	Bank statements for ALL bank accounts (last 3 months & no older than 2 weeks)
ACC	OMODATION
	If you own your home: rates notice
	If you rent: rent statement/ledger from your property manager
	If you board: statutory declaration
UTILI	ITIES
	Electricity/gas invoices
	Any other invoices you may have (Water rates, Phone and Internet etc)
EXPE	ENSES
	Statements for any current debts or contracts (eg credit card, finance card, car loan, payday loans, appliance rentals)
	Details of your household expenses (Budget provided for you to fill out)
CAR	EXPENSES
	If your loan is for car repairs: proof of car ownership (eg rego notice)

NILS Loan Purposes

Loan Amount

Depending on their capacity to repay, eligible people can borrow up to a maximum of \$1,500 through NILS. There is no minimum.

This limit is extended to \$2,000 for people who have experienced family violence. Clients who receive only one benefit and are on Newstart, Youth Allowance or similar benefits, are likely to only have the capacity to repay a loan of around \$1000.

Loan Purpose

NILS loans are provided to enable people living on low incomes the opportunity to purchase significant or essential new household items, or a service, that improves their quality of life or enhances social and economic participation, where they would otherwise not be able to access fair and affordable credit.

Loan purposes include, but are not limited to, the following:

- * These items require the client to be the homeowner or car owner.
- ** This item is for clients experiencing family violence.
- *** This item is for clients who cannot pay by small instalments nor access other financial support.
- **** Ensure that all other options are unavailable.

	u			

Course fee	Music related	School camp
Course material	School Uniform	

Household Appliances

Air conditioner	Fridge	Television
Clothes dryer	Heater	Vacuum cleaner
Dishwasher	Hot water service*	Washing machine
Entertainment	Microwave	Water tank/pump*
Freezer	Stove/oven*	•

Household Furniture

Baby item	Dining table
Bed/mattress	Lounge suite

Health

Dental	Respiratory	Wheelchair
Mobility scooter	Professional health proced	ure

Orthotics/Prosthetics Vision related

Technology

Computer	Mobile phone
Computer accessories	Tablet

Computer accessories **Economic Participation**

Equipment and tools	Barbeque
Lawnmower	Bicvcle

Repairs

Blinds/curtains	Household improvement		
Fauipment	Household repair*		

Car Related Items

Driving lesson/test	Tyres*	Registration*
Windscreen*	Repairs/maintenance*	Insurance excess*

Other

Funeral cost	Veterinary cost	Council Rates***
Relocation cost**	Bond****	Vet cost
Insurance Excess*		

Excluded Loan Purposes:

Loans are not approved for emergency relief or items where other assistance is available. Items not available to NILS clients:

- Emergency Relief
- Rent expenses
- Rent arrears
- Living expenses such as food
- Gas, electricity or phone bills
- Debt repayment and consolidation
- Second hand and refurbished electrical goods (except mobility scooter)
- Second hand baby furniture
- Motor vehicles
- Outbound international airfares
- Clothing (with the exception of school/sport uniforms)
- Comprehensive or third party/fire/theft insurance
- Fines or penalties

Excluded disbursement types:

- Cash advances
- Cheques to a third party for a private sale
- Cheques payable to the loan recipient or other individual
- Lay-by

RIGHTS & RESPONSIBILITIES

You have a right to:

- Be treated fairly and with respect regardless of your personal circumstances or beliefs
- Be informed about the NILS eligibility criteria
- Be informed about loan decision making processes
- Receive support, mentoring and financial education
- Be informed about the terms and conditions of the loan
- Know how information about you is recorded and who will have access to your information
- Make a complaint and have the complaint dealt with fairly and promptly without retribution
- Access your personal file following a request in writing.

Your responsibilities are to:

- Act in a manner that respects the rights of other applicants and our employees
- Ensure all information provided for the purpose of the loan enquiry and interview is true and correct and that no false or misleading information is given at any time.
- Make regular repayments as stated in your contract (remembering all repayments
- are used to fund loans to other members of the community)
- Advise us if you are experiencing difficulties making your repayments
- Advise us if Centrepay is no longer available to you due to changes in your circumstances
- Arrange alternative repayments if Centrepay is no longer available to you
- Advise us if you change your address or telephone number.

Conflict of Interest Policy

Assessments of all No Interest Loan applications will be based on the policies in force, from time-to-time, of The Salvation Army and Good Shepherd Microfinance and not on the personal values of those working on your application or making the decision.

Assessments will not be influenced by an applicant's age, gender, disability, sexuality, race, political or religious beliefs, or upon the categories of spending that they declare.

A conflict of interest may occur where a person, involved in NILS, also performs other roles within the organisation; for example, a person who conducts loan interviews may also work as a Corps Officer or a Rural Chaplain, and has knowledge or information, not listed on the application. In such cases, the person concerned should ensure that information obtained from the applicant regarding their loan application is used for that purpose only. Similarly, information obtained in the person's other role should not influence preparation of the client's loan application.

Where a worker or becomes aware of a conflict of interest this fact must be made known to the assessor prior to a decision being made. Where the worker is unable to resolve the conflict themselves they are to exempt themselves from further preparation of the application and the decision making process. This circumstance should also be documented for future reference.



Community member to keep pages 1 to 6 for their records

~~~

Community member / applicant to complete and return pages 7 to 13



# **Privacy Notice and Consent Form**

This form is to be used whenever we collect personal information. It is to be read in conjunction with our Privacy Policy.

| Your privacy is important to us                         | The Salvation Army, a not-for-profit organisation, is committed to upholding its obligations under the <i>Privacy Act 1988</i> .                                                                                                                                                                                                                                                                                                                                                             |                                                                                                      |  |
|---------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--|
| Our privacy<br>policy contains<br>the details           | Our privacy policy can be found online at https://www.salvationarmy.org.au/privacy. It includes information on how you may access and update the personal information we hold about you, the complaints process for a breach of the Australian Privacy Principles, and how we manage the complaints we receive.                                                                                                                                                                              |                                                                                                      |  |
| Our privacy<br>office is here to<br>help                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | responsible for ensuring we adhere to our privacy ovided in the privacy policy and are available for |  |
| We only collect<br>what we need                         | We collect personal information we believe is reasonably necessary to provide you with the services we offer. This includes information you provide to us on this form, any additional information you provide to our staff verbally or otherwise, and any information we may need to collect about you from third parties on your behalf (if applicable).                                                                                                                                   |                                                                                                      |  |
| You consent to<br>use for related<br>purposes           | By providing us with this personal information you also consent to our use or disclosure of this personal information for purposes related to the services we provide. Unless permitted or required by law, we will not use this information for any other purpose without your consent.                                                                                                                                                                                                     |                                                                                                      |  |
| Your signature<br>acknowledges<br>your<br>understanding | By signing this document you:  acknowledge you have read and understood the document understand the reasons for the collection of your personal information understand the ways in which your personal information may be used and disclosed acknowledge you provide this personal information to The Salvation Army voluntarily agree to the use and disclosure of your personal information as indicated here acknowledge that the personal information you have provided to us is current |                                                                                                      |  |
| Let us know if<br>your details<br>change                | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | as practicable if this personal information is no or the collection and/or use of the personal       |  |
| Applicant 1 Nan                                         | ne:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Applicant 2 Name:                                                                                    |  |
| Applicant 1 Signature:                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Applicant 2 Signature:                                                                               |  |
| Data:                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Date:                                                                                                |  |

# Salvos NILS - CCeS Consent Form

[This form is optional – if you agree, this form authorises us to get your Centrelink income information from an online system]

#### I authorise:

- Salvos NILS to use Centrelink Confirmation eServices to perform a Centrelink enquiry of my Centrelink Customer details in order to enable Salvos NILS to determine if I may qualify for a NILS loan; and
- the Australian Government Department of Human Services (the department) to provide the results of that enquiry to Salvos NILS.

#### I understand that:

- the department will use information I have provided to Salvos NILS to confirm my
  eligibility for relevant NILS service and will disclose to Salvos NILS my personal
  information including my name, address, payment type, payment status, income,
  assets, one-off payment, deduction, shared care arrangements and dependents;
- this consent, once signed, remains valid while I am a client of Salvos NILS unless I withdraw it by contacting Salvos NILS or the department;
- I can obtain proof of my circumstances/details from the department and provide it to Salvos NILS so that my eligibility for relevant NILS service can be determined; and
- if I withdraw my consent or do not alternatively provide proof of my circumstances/details, I may not be eligible for the NILS service provided by Salvos NILS.

| Applicant 1:   | Applicant 2:   |
|----------------|----------------|
| Name:          | Name:          |
| CRN:           | CRN:           |
| Date of Birth: | Date of Birth: |
| Signature:     | Signature:     |
| Date:          | Date:          |

# **Client Information**

Please complete as much of this form prior to interview as possible. Additional information may be requested by your Microfinance Worker. **If 2 applicants (couple) applying:** the person who will be making the repayments will need to fill in this page.

| First name(s)                                                                     |                                                      |              |             |                  |           |          |
|-----------------------------------------------------------------------------------|------------------------------------------------------|--------------|-------------|------------------|-----------|----------|
| Last name                                                                         |                                                      |              |             |                  |           |          |
| Date of Birth                                                                     |                                                      |              |             |                  |           |          |
| Centrelink Identifie (CRN)                                                        |                                                      |              |             |                  |           |          |
| *Evidence of Ident                                                                | ification provided (                                 | Healthcare / | Concessi    | on Card <i>i</i> | / Licence | ) YES/NO |
| Street number/nar                                                                 | ne                                                   |              |             |                  |           |          |
| Suburb/Town                                                                       | ·                                                    | Postcode     |             | State/T          | erritory  |          |
| *Evidence of recer                                                                | nt electricity bill YE                               | ES/NO *Ev    | vidence of  | gas bill         | YES / N   | 0        |
| Is your postal add                                                                | ess the same: Yes                                    | s 🗆 No 🗆     | If No, Pos  | tal addre        | ess:      |          |
|                                                                                   |                                                      |              |             |                  |           |          |
| Type of accommodation                                                             | Govt/Comm. Hous<br>Boarding □                        | sing D       | rivate rent | al □ (           | Other 🗆   |          |
| Length of time at o                                                               | Length of time at current address  Years and  Months |              |             |                  |           |          |
| *Evidence of addre                                                                | ess showing you ha                                   | ve lived the | re for mor  | e than 3         | months    | YES / NO |
|                                                                                   |                                                      | Address:     |             |                  |           |          |
| If less than 3 mont                                                               | •                                                    |              |             |                  |           | _        |
| address and lengtl<br>previous address                                            | n or time at                                         |              |             |                  |           | _        |
|                                                                                   |                                                      |              | rs and      |                  |           |          |
| *Evidence of address showing you have lived there for more than 3 months YES / NO |                                                      |              |             |                  |           |          |
| Phone (landline): Mobile:                                                         |                                                      |              |             |                  |           |          |
| Email:                                                                            |                                                      |              |             |                  |           |          |
| How did you find out about NILS?                                                  |                                                      |              |             |                  |           |          |
| Do you live with a                                                                | partner                                              | Yes □        | No 🗆        |                  |           |          |
| Other than partner, how many                                                      |                                                      |              |             |                  |           |          |
| dependents live w                                                                 |                                                      |              |             |                  |           |          |



| Alternative Contacts (must list                                                                                | 2, can be fan                      | nily, friend, carer or support worker):                                              |  |  |
|----------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------------------------------|--|--|
| Name:                                                                                                          |                                    | Mobile:                                                                              |  |  |
| Email:                                                                                                         |                                    | _Relationship:                                                                       |  |  |
| Name: Mobile:                                                                                                  |                                    |                                                                                      |  |  |
|                                                                                                                |                                    |                                                                                      |  |  |
| Email: Relationship:                                                                                           |                                    |                                                                                      |  |  |
|                                                                                                                |                                    | ng questions will have no impact on your administrative and statistic purposes only. |  |  |
| Country of Birth                                                                                               |                                    |                                                                                      |  |  |
| Language Spoken at home                                                                                        |                                    |                                                                                      |  |  |
| Gender                                                                                                         | Male □ Fem                         | ale                                                                                  |  |  |
| Indigenous Status                                                                                              | Aboriginal                         | Torres Strait Islander □ Both □ None □                                               |  |  |
| Living with a disability                                                                                       | Yes □ No □ Nature of disability:   |                                                                                      |  |  |
| Residency Status                                                                                               | Citizen/Permanent Resident   Other |                                                                                      |  |  |
| Loan Information                                                                                               |                                    |                                                                                      |  |  |
| Type of goods or services to purchased (fridge, washing r dental services etc)  Supplier Details (e.g. store n | nachine,                           |                                                                                      |  |  |
| suburb or supplier trading na                                                                                  |                                    |                                                                                      |  |  |
| Loan Amount Sought (\$'s to be paid to supplier or service provider)                                           |                                    | \$                                                                                   |  |  |
|                                                                                                                | ness ABN and                       | preferred payment method YES / NO                                                    |  |  |
| Describe in a few words why essential/important, and the                                                       |                                    | I goods and/or services are<br>having NILS to allow immediate purchase:              |  |  |
| Please Note:                                                                                                   |                                    |                                                                                      |  |  |

- The Client and Loan Information above will be used to decide if you are eligible to apply for a NILS loan.
- If you are eligible to apply, further information may be requested.
- If you are eligible to apply, your ability to repay a loan will be based on your household's financial situation.

# **Household Financial Details**

| Expenditure  *= required a dollar value even if \$0 | Amount | Period (eg week/fortnight) |
|-----------------------------------------------------|--------|----------------------------|
| Housing                                             |        | (eg week/fortilight)       |
| Rent *                                              |        |                            |
| Rental arrears *                                    |        |                            |
| Mortgage *                                          |        |                            |
| House / contents insurance *                        |        |                            |
| Home repairs                                        |        |                            |
| Council rates / strata fees *                       |        |                            |
| Furniture storage                                   |        |                            |
| Other                                               |        |                            |
| Food / grocery                                      |        |                            |
| Supermarket *                                       |        |                            |
| Butcher and grocer *                                |        |                            |
| Takeaway / snacks / dining out                      |        |                            |
| Pets / pet food / vet / registration                |        |                            |
| Laundry / cleaning *                                |        |                            |
| Other                                               |        |                            |
| Other                                               |        |                            |
| Personal                                            |        |                            |
| Clothing / shoes                                    |        |                            |
| Haircuts                                            |        |                            |
| Entertainment / movies                              |        |                            |
| Childcare / afterschool care *                      |        |                            |
| Newspapers / books / magazines                      |        |                            |
| Smoking                                             |        |                            |
| Baby needs *                                        |        |                            |
| Alcohol                                             |        |                            |
| Casino / pokies / betting / TAB / lotto             |        |                            |
| Gifts                                               |        |                            |
| Child support *                                     |        |                            |
| Gym membership                                      |        |                            |
| Other                                               |        |                            |
| Other                                               |        |                            |
| Savings / Insurance                                 |        |                            |
| Savings / Christmas clubs                           |        |                            |
| Funeral plan                                        |        |                            |
| Life / unemployment insurance                       |        |                            |
| Other                                               |        |                            |

| Expenditure                                    | Amount | Period              |
|------------------------------------------------|--------|---------------------|
| -                                              |        | (eg week/fortnight) |
| Bills / utility                                |        |                     |
| Gas *                                          |        |                     |
| Electricity *                                  |        |                     |
| Water *                                        |        |                     |
| Home phone / internet *                        |        |                     |
| Mobile *                                       |        |                     |
| Pay TV / Netflix / Stan                        |        |                     |
| Utility arrears *                              |        |                     |
| Other                                          |        |                     |
| Health                                         |        |                     |
| Doctor                                         |        |                     |
| Medicine                                       |        |                     |
| Ambulance                                      |        |                     |
| Vitamins / supplements                         |        |                     |
| Dentist                                        |        |                     |
| Health insurance                               |        |                     |
| Optometrist                                    |        |                     |
| Alternative therapy / physio / chiro / osteo   |        |                     |
| Other                                          |        |                     |
| Transport                                      |        |                     |
| Public transport                               |        |                     |
| Taxi / ride share                              |        |                     |
| Petrol                                         |        |                     |
| Car registration *                             |        |                     |
| Car repairs / servicing                        |        |                     |
| Car insurance – comp / 3 <sup>rd</sup> party * |        |                     |
| Education                                      |        |                     |
| School fees / tuition / course fees *          |        |                     |
| Uniforms                                       |        |                     |
| Bags / stationery                              |        |                     |
| Excursions / camps                             |        |                     |
| Sports / club membership                       |        |                     |
| Other                                          |        |                     |
| Other                                          |        |                     |
| Fines / debts                                  |        |                     |
| Traffic fines *                                |        |                     |
| Centrelink debt *                              |        |                     |
| Taxation debt *                                |        |                     |
| Other                                          |        |                     |

| Expenditure              | Amount | Period (eg week/fortnight) |
|--------------------------|--------|----------------------------|
| Existing loans           |        |                            |
| Car loan *               |        |                            |
| Centrelink advance *     |        |                            |
| Credit card *            |        |                            |
| Overdraft *              |        |                            |
| Bank loan *              |        |                            |
| Payday loans *           |        |                            |
| Rent to buy *            |        |                            |
| Store accounts / layby * |        |                            |
| Family / friends         |        |                            |
| Bank fees                |        |                            |
| Other                    |        |                            |

# Applicant 1

| Income                                    | Amount | Period |
|-------------------------------------------|--------|--------|
| Wages                                     |        |        |
| Disability Support Pension or Age Pension |        |        |
| Family Tax Benefits                       |        |        |
| Carers Benefit                            |        |        |
| Newstart Allowance                        |        |        |
| Parenting/Child Support Payments          |        |        |
| Other Income                              |        |        |
| Annual Net (after tax) Income             |        |        |
| Criteria for single person \$45,000       |        |        |

<sup>\*</sup>Evidence of income (income statement / 2 recent payslips) YES / NO

# Applicant 2

| Income                                    | Amount | Period |
|-------------------------------------------|--------|--------|
| Wages                                     |        |        |
| Disability Support Pension or Age Pension |        |        |
| Family Tax Benefits                       |        |        |
| Carers Benefit                            |        |        |
| Newstart Allowance                        |        |        |
| Parenting/Child Support Payments          |        |        |
| Other Income                              |        |        |
| Annual Net Income                         |        |        |
| Criteria for couple \$60,000              |        |        |

<sup>\*</sup>Evidence of income (income statement / 2 recent payslips) YES / NO

<sup>\*</sup>Evidence of 3 months bank statements for ALL accounts no older than 2 weeks YES / NO

<sup>\*</sup>Evidence of 3 months bank statements for ALL accounts no older than 2 weeks YES / NO