

# Director of Housing Home Loan Programs

## HOME RENOVATION LOAN

### APPLICATION FORM

Office Use Only

Complete this application form if you only need finance to assist in the replacement of Internal Instantaneous Gas Water Heaters.

The Home Renovation Service also provides a free home inspection service to identify any Health and Safety related works. The Home Renovation Loan can also be used to finance such works.

Would you like us to contact you to discuss the Home Renovation Service?

Yes, I would like more information on the Home Renovation Service,

No, I only wish to apply for finance to fund the replacement of my Internal Instantaneous Gas Heater.

All information declared in your application will be kept strictly confidential.

**BEFORE YOU SEND THIS APPLICATION FORM TO US, PLEASE CHECK TO SEE THAT YOU HAVE:**

- Completed each section.
- Attached the quote for the replacement of heater.
- Attached a copy of Income statement/Centrelink income statement
- Sign Privacy Act Authorisation
- For identity purposes attach a copy of your pension/concession card or Drivers Licence and Medicare Card.

Are your affairs handled by a Power of Attorney:  Yes  No

If Yes, please provide their Name and Address and have them sign the application form.

Name.....

Address.....

Phone Number:.....

Please use **BLOCK** letters  
Tick  boxes where required.

<b>PERSONAL DETAILS Applicant 1</b>	
MR <input type="checkbox"/>	
Mrs <input type="checkbox"/>	
Ms <input type="checkbox"/>	
Miss <input type="checkbox"/>	
<b>Given Name(s):</b>  	
<b>Surname:</b>  	
<b>Date Of Birth</b>  / /  <input type="checkbox"/> M <input type="checkbox"/> F	<b>Gender</b>
<b>Country Of Birth:</b>  	
<b>INCOME DETAILS:</b> Aged Pension <input type="checkbox"/> Disability Pension <input type="checkbox"/> Widows Pension <input type="checkbox"/> Wages <input type="checkbox"/> Carers Pension <input type="checkbox"/> Overseas Pension <input type="checkbox"/> Newstart Allowance <input type="checkbox"/> Other <input type="checkbox"/>	
<b>Financial Details- Applicant 1</b> Fortnightly gross income (before tax)  \$  Other Gross Income e.g Pension/Allowances  \$	
<b>PERSONAL DETAILS Applicant 2</b>	
Mr <input type="checkbox"/>	

Mrs

Ms

Miss

**Given Name(s):**

**Surname**

**Date Of Birth**

**Gender**

/ /

M  F

**Country of Birth:**

**INCOME DETAILS:**

Aged Pension  Disability Pension  Widows Pension  Wages

Carers Pension  Overseas Pension  Newstart Allowance  Other

**Financial Details- Applicant 2**

Fortnightly gross income  
(before tax)

\$

Other Gross Income  
e.g Pension/Allowances

\$

**Residential Address**

Number

Street:

Suburb:

Postcode:

**Postal Address (if different from residence)**

Number

Street:

Suburb:

Postcode:

Home Phone Number

Business Phone Number

**Property Details:**

Certificate of Title:

**Volume:**

**Folio:**

**Do you require an interpreter?**

YES

NO

**Family Status**

Single No Dependants

Single With Dependants

Couple with Dependants       Couple no Dependants

Number of Dependants.....

Ages:.....

**LIABILITIES** - i.e what you owe

**Loans**

Lender	Current Loan Amount	Monthly Repayments
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**Credit Cards/Line of credit**

Bank/Credit Union	Credit Limit	Amount owing
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**ASSETS** - i.e. what you own

Approximate property value	\$
Savings	\$

Investments/shares	\$
Motor vehicle	\$
House Contents: <i>estimate only</i>	\$

**Would you like an interview to discuss the loan details and repayment options?**

**YES**     **NO**

**ACKNOWLEDGEMENT AND CONSENT FOR THE APPLICANT(S)**

- I/We acknowledge that this application form is not to be regarded as an offer or acceptance of credit under any legislation relating to the provision of credit. The information I/we have provided in this form will not become part of any contract for credit, which may come into existence between me/us and the Director.
- I/we authorise the Director to use this application to assess and approve my/our application for a Home Renovation loan.
- I/we understand that only the Director can decide whether this application is approved and that any person who may have introduced me/us to the Director has no authority to give that approval.
- I/we consent to the Director exchanging information concerning my/our financial affairs with any person acting on my/our behalf, including my/our agent, accountant, solicitor.
- I/we confirm that the information contained in this application and financial information supporting it are in all respects complete and correct. I/we acknowledge that the Director will rely on this information when making its decision.
- I/we acknowledge that the Director has the right to confirm the details of the information provided in this application.
- I/we am/are not an undischarged bankrupt.

Signature of <b>Applicant 1</b>
<b>Date:</b>
Signature of <b>Applicant 2</b>

**Date:**