



Women Helping Women

LOAN APPLICATION FORM

PLEASE NOTE: This form **MUST** be completed in full in order to be considered for a loan. Please provide the last two months bank statements with this application.

PERSONAL DETAILS

Name:

Your Residential Address:

.....

Date of Birth:

Cell Phone Number:

Email:

Occupation:

Driver's Licence or Passport Number:

(Please bring your ID and a photocopy of your ID to your interview with the Trustees)

REFERENCES

*Please supply details for two referees (people who know you really well and who are **NOT** from your own family and preferably local. Please give their relationship to you i.e. friend, neighbour, employer etc*

Referee #1: Relationship:

Name:

Address:

.....

Phone Number:

Email:

Referee #2: Relationship:

Name:

Address:

.....

Phone Number:

Email:

Family Member:

Please give details of a family member with whom you are in regular contact.

Name:.....

Relationship to you:

Address:

Phone number:

(We may contact the above family member when considering your application and will contact them in the event of a non-payment of your loan)

CURRENT EMPLOYER.....Years: Months:

Your Role

Phone Number:

Contact:.....

PREVIOUS WORK EXPERIENCE (LAST FIVE YEARS)

Work:

.....

.....

.....

.....

Education:

.....

.....

Voluntary / Other:

LOAN DETAILS: How much are you wanting to borrow? \$.....

(maximum loan is \$2,000)

Reason for Loan: (e.g. describe business, training purpose or employment)

(Please note that we generally only pay to the provider of the services and not to you)

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.....

How did you hear about the Loan Fund?

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.....

Have you applied to any other Loan funds for this same reason?

Yes / No (if yes, please give brief details)

.....

How do you propose to pay back the loan, and within what period? Within twelve months (if \$1,000 or under) or eighteen months if \$2000

.....

Business Applicants:

NB: Please attach a current business plan. An example of a short business plan is provided on our Website.

Have you completed business training? Yes / No

Business Training Provider:

Date Completed:

Training Provider Name & Address

.....
.....

Business Ph No: Business Email:

FINANCIAL INFORMATION

(Your ability to provide evidence of your ability to repay is critical in your application)

Annual Income:

..... \$

Include salary, wage, benefits, loans, boarders, shares, child support.
Please specify (joint) if applicable

Personal savings

..... \$

Include savings, investments, bonds, shares, insurance, Kiwi-Saver.
Please specify (joint) if applicable

Total Value of Assets

..... \$

Include property, vehicles, furniture etc. Please specify (joint) if applicable

Total Value of Liabilities/money owed to others

..... \$

Include mortgage loans, After-pay, overdue accounts, credit/store cards, bills.
Please specify (joint) if applicable

Weekly Outgoings

..... \$

Include food, rent/board, mortgage, power, rates, phone, childcare,
transport, After-pay, insurance, pet care, medical costs etc (joint) if applicable

Please list details on a separate page.

Availability for Interviews? Days and Times.....

I confirm that the contents of this loan application form are true and accurate

Signed:Date:

Please scan and email your application to the address below

nelsonwomensloanfund@gmail.com