

## Business Application Form

If for any reason you have difficulty in completing the application form, please contact your dedicated Jewish Care Relationship Officer on (03) 8517 5999.

It is a requirement that all loans are reviewed by the Relationship Officer and a Financial Counsellor who have the professional knowledge and understanding to recommend strategies for financial management.

Access to Financial Counsellors is a fundamental component of the loan program offering.

Ultimate approval of the loan application is by an independent Loan Approval Committee.

### Personal Details

**Borrower 1 (Name):**

**Former Names / Also Known As:**

**Borrower 2 (Name):**

**Former Names / Also Known As:**

• **Identification Photo ID showing Name, Date of Birth and Current Address**

### Borrower 1

**Address:**

**P/C:**

**Length of time at current address:**

**Previous address** (if less than 3 years at current address):

**P/C:**

**Telephone Nos: (H)**

**(B)**

**(Mob)**

**Email:**

**Gender:**

**Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Marital Status:** Single/De Facto/Married/Divorced/Separated/Widowed *(please circle)*

**No. of Dependents:**

**Driver's Licence:**

**Country of Birth:**

**Date of Arrival in Australia:**

**Borrower 2**

**Address:** \_\_\_\_\_ **P/C:** \_\_\_\_\_

**Length of time at current address:** \_\_\_\_\_

**Previous address** (if less than 3 years at current address): \_\_\_\_\_ **P/C:** \_\_\_\_\_

**Telephone Nos:** (H) \_\_\_\_\_ (B) \_\_\_\_\_ (Mob) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Marital Status:** Single/De Facto/Married/Divorced/Separated/Widowed (please circle)

**No. of Dependents:** \_\_\_\_\_ **Driver's Licence:** \_\_\_\_\_

**Country of Birth:** \_\_\_\_\_ **Date of Arrival in Australia:** \_\_\_\_\_

**How did you hear about Empower Jewish Care Interest Free Loans?** (Please tick)

- Australian Jewish News
- Social Media – please specify
- J-Wire
- My Connections
- Returning client
- Another borrower
- Other \_\_\_\_\_





**Will you be contributing to the purchase? If so, how much?**

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**How many years have you operated the business?**

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**What is your role in the business?**

- Active Manager
- Passive Stakeholder
- Director
- Other \_\_\_\_\_

**What is your business structure?**

- Sole Trader
- Partnership
- Company
- Trust
- Other \_\_\_\_\_

\* Business Certificate of Registration will be required for holding entities, trustees and trading entities.

**Do you pay yourself a wage or dividend from the business?**

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**How many staff do you have excluding yourself?**

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\* Please provide a copy of your current profit and loss statement, current balance sheet and latest tax return (attach here) or at the time of interview with your Relationship Officer.



**Employment Details**

	Income Frequency	Borrower 1	Borrower 2
Occupation			
Employer's Name			
Employer's Address			
Hours Worked			
Income (after tax)			

Please provide last 3 pay slips

Rental			
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Please provide last 3 rental statements

Dividends			
Interest			
Centrelink – specify type			
Other – please specify			

**Personal Expenses**

	Name of Lender	Limit	Repayment Frequency	Outstanding Balance	Borrower 1, 2 or joint
Mortgage					
Investment Loan					
Credit Card					
Personal Loan					
Car Loan					
Centrelink Advance					
NILS, Gemach or other Interest Free Loan					
Payday Lender					
Short Term Money Lender					
Family / Friends					

Please provide 3 months statements for the above

Personal Assets					
	Name of Lender	Type of Account	Balance	Overdraft Facility	Borrower 1, 2 or joint
Cash Savings					
<b>Please provide 3 months bank statements</b>					
	Address		Estimated Market Value	Borrower 1, 2 or joint	
Property 1					
Property 2					
	Make & Model	Secured	Estimated Market Value	Borrower 1, 2 or joint	
Vehicle 1					
Vehicle 2					
	Name of Institution	Balance	Insurance attached (if known)	Borrower 1, 2	
Superannuation					
	Name of Institution	Product	Limit	Balance	Borrower 1, 2 or joint
Shares / Bonds / Investments					
	Name of Insurer	Type of Insurance	Balance	Policy Owner(s) (Borrower 1, 2 or joint)	Insured (Borrower 1 or 2)
Life Insurance / Trauma / Income Protection / TPD					
Home Contents					
Other					



## Declaration

I/We authorise my employer or accountant, Centrelink or relevant party to disclose any salary, employment or financial details to Jewish Care (Victoria) Inc (“Jewish Care”) in the assessment of this application. I/We also acknowledge that Jewish Care will provide a copy of this authority to the relevant party but not any part of the credit application.

I/We authorise Jewish Care to undertake necessary checks to determine creditworthiness including but not limited to providing information to authorised third parties (such as Dun & Bradstreet) to conduct credit checks, which may require information to be stored and used by third parties to conduct said checks.

I/We authorise Jewish Care to liaise with other internal departments about my loan application where required/ appropriate.

I/We declare that the information given on this form is true and correct and any misleading information could result in the cancellation of any agreements and initiation of legal action for debt recovery.

I/We consent to the use by Jewish Care of the information contained in this application form for the purpose of assessing the request for this application.

I/We authorise Jewish Care to make any enquiry necessary to verify the information supplied in this application form, including with members of my family household.

I/We authorise Jewish Care to contact and discuss my application with the guarantors nominated.

I/We agree that all monies received from Jewish Care will be applied to the purposes as requested in making this application and further, will exclusively be used for business purposes.

I/We agree to advise Jewish Care if assistance for the purposes sought in this application is received from any other source.

I/We undertake to advise Jewish Care without delay if there is any change in the circumstances outlined that may alter or prevent the ability to repay the loan as agreed.

I/We undertake to advise Jewish Care without delay if there is any change in the circumstances outlined in the application and, if as a result of those changes, to reimburse any funds to Jewish Care if requested by them to do so.

I/We hereby agree to pay all fees, nominated by Jewish Care with respect to this loan.

I/We have been made aware of my/our responsibilities in repaying this loan and understand the role of our guarantors in assuring the repayment of our loan in the event of our default.

### Borrower 1

### Borrower 2

Name:

Name:

Signature:

Signature:

Date:

Date:

## Privacy Statement

Jewish Care (Victoria) Inc is committed to protecting all personal and health information that we collect, hold and use in accordance with the Privacy Act 1988 (Cth), the Privacy & Data Protection Act 2014 (VIC), the Privacy Principles under those Acts and the Health Records Act 2001 (Vic) and the Health Privacy Principles under that Act.

For further information how Jewish Care (Victoria) Inc collects, uses, protects and discloses personal and health information, please visit [www.jewishcare.org.au/privacy](http://www.jewishcare.org.au/privacy) or contact Jewish Care's Privacy and Information Office on (03) 8517 5999 or email [privacy@jewishcare.org.au](mailto:privacy@jewishcare.org.au).

You can also write to:

### **The Privacy & Information Officer**

Jewish Care (Victoria) Inc  
PO Box 6156  
St Kilda Road  
Melbourne Victoria 3004