

Attachment G – Budget Assessment Form

Community Care Beenleigh Districts
Inc. NILS Reference Number _____

Income - Fortnightly

Wages (average last two fortnights)

Pension/Allowance

Family Allowance

Family Tax Benefit Part A

Family Tax Benefit Part B

Maintenance Received

Rental Assistance

Board

Other

TOTAL INCOME

	Client 1	Client 2
Wages (average last two fortnights)		
Pension/Allowance		
Family Allowance		
Family Tax Benefit Part A		
Family Tax Benefit Part B		
Maintenance Received		
Rental Assistance		
Board		
Other		
TOTAL INCOME		

Expenditure - Fortnightly

Housing

Rent

Rent Arrears

Board

Mortgage

Land Rates

Water Rates

Insurance (house and contents)

House Repairs

TOTAL

Household

Gas

Electricity

Water

Telephone (landline)

Mobile

Internet

Other

TOTAL

Transport

Vehicle Loan

Petrol

Repairs

Servicing

Registration

Fines

License

Insurance

Public Transport

Other

TOTAL

Food/Groceries

Meat

Fruit & Veggies

Milk

Bread

Takeaway

Pet Food

Incidentals

Other

TOTAL

Medical

Doctor

Chemist

Medicine

Vitamins

Medical Equip.

Education / Childcare

School Fees

Uniform

Bags

Excursions

Sport

Dentist	_____	Stationery	_____
Optometrist	_____	Books	_____
Chiropractor	_____	Child Care	_____
Naturopath	_____	Other	_____
Insurance	_____		_____
Other	_____		_____
TOTAL	_____	TOTAL	_____

Personal

Clothing	_____
Hair Cuts	_____
Entertainment	_____
Child Minding	_____
Videos/DVDS	_____
Pay TV	_____
Paper/Magazines	_____
Cigarettes	_____
Other	_____
Other	_____
TOTAL	_____

Other Loans

Centrelink	_____
Credit Card	_____
Store A/C	_____
Finance Comp.	_____
Personal Loan	_____
Rental Contract	_____
Chrisco	_____
Other	_____

TOTAL	_____

Total Expenditure \$ _____

Total Income \$ _____

Surplus / Deficit \$ _____

Notes:

Loan purpose: _____
 Loan amount: \$ _____
 Repayments per fortnight: \$ _____
 Centrelink Loans (expected end date): _____

Loan Assessment Committee use:

Loans Committee Meeting Date: / /

Loan Approved: Yes No

Further Information Required:

LAC Members present:

Declaration

NILS Reference Number _____

This budget is a true and correct estimate to the best of my knowledge.

I understand that this information will be retained by Community Care Beenleigh Districts Inc. and the profile information will be recorded on the loan administration database.

I understand that no identifying information will be given to the Loan Assessment Committee Members.

I/we do not currently have an existing NILS loan nor have I/we had a NILS loan written off with another provider

I/We consent to my/our personal information (including sensitive information, as that term is defined in Community Care Beenleigh Districts Inc.'s privacy policy) being shared with, transferred and/or disclosed to, our affiliates and partners, including other accredited NILS providers (and their subcontractors), the National Australia Bank and Good Shepherd Microfinance, for the purposes of processing loan applications, payments and repayments and otherwise administering the NILS Program (including loan management, reporting and evaluative activities).

Signature (Client 1): _____ Date: ____ / ____ / ____

Signature (Client 2): _____ Date: ____ / ____ / ____

Witness (NILS Microfinance Worker): _____ Date: ____ / ____ / ____

Cheque Details: Date: ____ / ____ / ____ Cheque No: _____
Amount: _____ Payee: _____