**Aviva GoodLoans Referral Form**

Name

D.O.B

**Contact details**

Address

Phone

Email

Item client wishes to purchase



You have a community services card

 You are unable to access bank credit

 You have lived at address for 3 months

Name of referring agency (if applicable)

Please forward to: [communityfinance@avivafamilies.org.nz](mailto:communityfinance@avivafamilies.org.nz)