



Date:        /        /

**CLIENT DETAILS:                      APPLICANT 1    APPLICANT 2**

Name:

Birth:                      /        /    /        /

Dependant(s):                      age(s):    (If different):                      age(s):

Marital Status:

Email:

Phone:

Address:

Living Status:

Time at Current Address:                      Years                      Months    Years                      Months

**FINANCIAL ASSISTANCE BEING SOUGHT**

**Purpose for seeking credit**

(Purchase, Refinance, other etc.)

(Owner Occupied, Investment, other etc.)

Other specific needs. Please give as much detail as possible, eg "Purchase property at 456 Road Street Suburb for \$200,000 as principal place of residence. Have access to redraw and minimum repayments for first three years":

Total Loan amount required: \$

Preferred Loan Options:

Preferred Repayment:

**INCOME AND EXPENDITURE:**

**Employment:                      Applicant 1    Applicant 2**

Annual Gross Salary: \$

Annual Gross Salary: \$

Annual Bonuses:        \$

Annual Bonuses:        \$

Occupation:

Occupation:

Employer:

Employer:

Type of Employment:

Type of Employment:

Length of Employment:                      Years                      Months

Length of Employment:                      Years                      Months

Previous Employment:

Previous Employment:

(If under 2 years)

(If under 2 years)

NOTE: You will be required to supply supporting documents to prove your income.

**YOUR FINANCIAL POSITION:** *The following asset and liability information provides a snapshot of your net worth.*

**Real Estate:**

Client Ownership	Address	Value	Monthly Repayments	Loan Amount	Rent (Monthly)	Use	Lender	Interest Rate
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both		\$	\$	\$	\$			
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both		\$	\$	\$	\$			
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both		\$	\$	\$	\$			

**Vehicle:**

Client Ownership	Make	Value	Monthly Repayments	Liability	Drivers' Licence Number	Lender
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both		\$	\$	\$		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both		\$	\$	\$		

**Other:**

Client Ownership	Asset	Liabilities
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Savings: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Credit Card Limit(s): \$
	Banking Institute:	Banking Institute:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Superannuation: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Personal Debt: \$
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Home Contents: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Taxation Debt: \$
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Other: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Other: \$
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Other: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Other: \$
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Other: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Other: \$

\* any additional Assests & Liabilities please advise in the "notes" section

Monthly Living Expenses Breakdown:	Applicant 1	Applicant 2
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Child Maintenance:	\$	Child Maintenance:	\$
Rent:	\$	Rent:	\$
Other:	\$	Other:	\$
Food/Housekeeping:	\$	Food/Housekeeping:	\$
Insurance:	\$	Insurance:	\$
Utilities:	\$	Utilities:	\$
Education:	\$	Education:	\$
Entertainment:	\$	Entertainment:	\$

**Adverse Credit:**

(Bankruptcy, defaults, etc) Details:

**Notes:**