

Fact Find



Goals

Your goals

What are you looking to do?

Purchase

- First home
- Next home
- Investment
- Commercial
- Industrial

Refinance

- Get a better deal
- Renovate
- Consolidate debt
- Reverse mortgage
- Borrow extra funds
- Personal loan

(Optional) If your situation is complex, tell your loan expert about it here.
E.g. you want to buy a new property and refinance at the same time.

Are there any important dates you're working towards?

Settlement date

Finance date

Auction date

Applicants

Your details

Full name

Date of Birth

Email

Mobile

Marital Status

- Single Married De facto
 Separated Divorced Widowed

Gender

- Male Female Prefer not to say

Mother's maiden name

Preferred name *(Optional)*

Previous name *(Optional)*

Current home address

Mailing address Same as home address

Are you a citizen and permanent resident of Australia? Yes No

If you answered no:

What country are you a citizen of?

What country are you a resident of?

What's your residency status?

- Permanent Resident Temporary Resident Non-resident

Applicants

Your household

What best describes your current household?

Single - no children

Single - with dependent children

Dependent name & age

Dependent name & age

Dependent name & age

Couple - no children

Partner's first name

Couple - with dependent children

Partner's first name

Dependent name & age

Dependent name & age

Dependent name & age

Applicants

Person co-applicant

Full name

Date of Birth

Email

Mobile

Marital Status

- Single Married De facto
 Separated Divorced Widowed

Gender

- Male Female Prefer not to say

Mother's maiden name

Preferred name *(Optional)*

Previous name *(Optional)*

Current home address

Mailing address Same as home address

Is the co-applicant a citizen and permanent resident of Australia? Yes No

If you answered no:

What country is he/she a citizen of?

What country is he/she a resident of?

What's is his/her residency status?

- Permanent Resident Temporary Resident Non-resident

Applicants

Company/trust co-applicant

Business name

Office address

Office phone number

Office email

Organisation tax number

Organisation company number

Description

Properties

Your home

Do you own, rent, board, or live with parents?

Applicant 1: _____

Own

What type of property?

Industrial Residential Rural Commercial

Address

When did you move in?

Estimated property value

Are you paying off a mortgage? Yes No

If you answered yes:

Which lender are you with?

Remaining mortgage amount

Repayment schedule

Repayment amount

Is interest tax deductible?

 Yes No

Applicant 2: _____

Same as applicant 1

Own

What type of property?

Industrial Residential Rural Commercial

Address

When did you move in?

Estimated property value

Are you paying off a mortgage? Yes No

If you answered yes:

Which lender are you with?

Remaining mortgage amount

Repayment schedule

Repayment amount

Is interest tax deductible?

 Yes No

Rent

Address

When did you move in?

Rent

Address

When did you move in?

Boarding

Address

When did you move in?

Boarding

Address

When did you move in?

Living with parents

Address

When did you move in?

Living with parents

Address

When did you move in?

Properties To purchase

What will this property be used for?

Home

Have you found a property you want to buy?

Yes No

What kind of property?

Newly constructed home To be built An established home Vacant land to build new home

What type of property?

Industrial Residential Rural Commercial

If you answered yes above, what suburb is the property located in?

If you answered no, what state will the property be in?

How much do you expect the property to cost?

Investment

Have you found a property you want to buy?

Yes No

What kind of property?

Newly constructed home To be built An established home Vacant land to build new home

What type of property?

Industrial Residential Rural Commercial

If you answered yes above, what suburb is the property located in?

If you answered no, what state will the property be in?

How much do you expect the property to cost?

Will this property generate rental income?

Yes No

If yes, what is the estimated monthly rental income?

Properties

Other properties

Do you own a residential property? Yes No

Detailed type

- Apt unit flat Fully detached house Semi-detached house
 Terrace Property development Vacant land
 Other: _____

Address

Estimated value of property

If paying a mortgage, please complete the following fields:

Lender

Remaining mortgage amount

Monthly repayment amount

Is interest tax deductible?

- Yes No

Are you going to refinance this mortgage?

- Yes No

If no, will you be using this property as security?

- Yes No

Does this property generate rental income?

- Yes No

If yes, what is the monthly rental income?

Do you own a second residential property? Yes No

Detailed type

- Apt unit flat Fully detached house Semi-detached house
 Terrace Property development Vacant land
 Other: _____

Address

Estimated value of property

If paying a mortgage, please complete the following fields:

Lender

Remaining mortgage amount

Monthly repayment amount

Is interest tax deductible?

- Yes No

Are you going to refinance this mortgage?

- Yes No

If no, will you be using this property as security?

- Yes No

Does this property generate rental income?

- Yes No

If yes, what is the monthly rental income?

Properties

Other properties

Do you own an industrial property? Yes No

Detailed type

Non-specialised industrial Light industrial Other _____

Address

Estimated value of property

If paying a mortgage, please complete the following fields:

Lender

Remaining mortgage amount

Monthly repayment amount

Is interest tax deductible?

Yes No

Are you going to refinance this mortgage?

Yes No

If no, will you be using this property as security?

Yes No

Does this property generate rental income?

Yes No

If yes, what is the monthly rental income?

Do you own a rural property? Yes No

Detailed type

8 hectares or less Over 8 hectares but less than 40 Over 40 hectares

Address

Estimated value of property

If paying a mortgage, please complete the following fields:

Lender

Remaining mortgage amount

Monthly repayment amount

Is interest tax deductible?

Yes No

Are you going to refinance this mortgage?

Yes No

If no, will you be using this property as security?

Yes No

Does this property generate rental income?

Yes No

If yes, what is the monthly rental income?

Properties

Other properties

Do you own a commercial property? Yes No

Detailed type

- Prof chambers Offices Factory
 Warehouse Vacant Land Retirement Village
 Residential commercial Non-specialised commercial
 Other: _____

Address

Estimated value of property

If paying a mortgage, please complete the following fields:

Lender

Remaining mortgage amount

Monthly repayment amount

Is interest tax deductible?

- Yes No

Are you going to refinance this mortgage?

- Yes No

If no, will you be using this property as security?

- Yes No

Does this property generate rental income?

- Yes No

If yes, what is the monthly rental income?

Notes

Financial position

Assets

Please complete the fields below if you own the following asset/s:

Applicant 1: _____

Motor Vehicle 1

Make Year

Value
\$

Description (optional)

Applicant 2: _____

Motor Vehicle 1

Make Year

Value
\$

Description (optional)

Motor Vehicle 2

Make Year

Value
\$

Description (optional)

Motor Vehicle 2

Make Year

Value
\$

Description (optional)

Boat

Value
\$

Description (optional)

Boat

Value
\$

Description (optional)

Savings

Value
\$

Description (optional)

Savings

Value
\$

Description (optional)

Bonds

Value
\$

Description (optional)

Bonds

Value
\$

Description (optional)

Managed funds

Value
\$

Description (optional)

Managed funds

Value
\$

Description (optional)

Financial position

Assets

Please complete the fields below if you own the following asset/s:

Applicant 1: _____

Shares

Value

Description (optional)

Applicant 2: _____

Shares

Value

Description (optional)

Cash

Value

Description (optional)

Cash

Value

Description (optional)

Debenture charge

Value

Description (optional)

Debenture charge

Value

Description (optional)

Cheque account

Value

Description (optional)

Cheque account

Value

Description (optional)

Cash management

Value

Description (optional)

Cash management

Value

Description (optional)

Pension account

Value

Description (optional)

Pension account

Value

Description (optional)

Term account

Value

Description (optional)

Term account

Value

Description (optional)

Financial position

Assets

Please complete the fields below if you own the following asset/s:

Applicant 1: _____

Savings account

Value

Description (optional)

Deposit paid

Value

Description (optional)

Furniture

Value

Description (optional)

Superannuation

Value

Description (optional)

Goodwill

Value

Description (optional)

Home contents

Value

Description (optional)

Receivables

Value

Description (optional)

Applicant 2: _____

Savings account

Value

Description (optional)

Deposit paid

Value

Description (optional)

Furniture

Value

Description (optional)

Superannuation

Value

Description (optional)

Goodwill

Value

Description (optional)

Home contents

Value

Description (optional)

Receivables

Value

Description (optional)

Financial position

Assets

Please complete the fields below if you own the following asset/s:

Applicant 1: _____

Equity

Value

Description (optional)

Tools of trade

Value

Description (optional)

Stock machinery

Value

Description (optional)

Collections

Value

Description (optional)

Charge over cash

Value

Description (optional)

Guarantee

Value

Description (optional)

Gifts

Value

Description (optional)

Applicant 2: _____

Equity

Value

Description (optional)

Tools of trade

Value

Description (optional)

Stock machinery

Value

Description (optional)

Collections

Value

Description (optional)

Charge over cash

Value

Description (optional)

Guarantee

Value

Description (optional)

Gifts

Value

Description (optional)

Financial position

Assets

Please complete the fields below if you own the following asset/s:

Applicant 1: _____

Time share

Value

Description (optional)

Life insurance

Value

Description (optional)

Other

Value

Description (optional)

Applicant 2: _____

Time share

Value

Description (optional)

Life insurance

Value

Description (optional)

Other

Value

Description (optional)

Financial position

Liabilities

Please complete the fields below if you have the following liabilities:

Applicant 1: _____

Credit Card

Creditor

Current balance

Total card limit

Total monthly repayments

Description (optional)

Charge card

Creditor

Current balance

Total card limit

Total monthly repayments

Description (optional)

Applicant 2: _____

Credit Card

Creditor

Current balance

Total card limit

Total monthly repayments

Description (optional)

Charge card

Creditor

Current balance

Total card limit

Total monthly repayments

Description (optional)

Financial position

Liabilities

Please complete the fields below if you have the following liabilities:

Applicant 1: _____

Store card

Creditor Current balance

Total card limit Total monthly repayments

Description (optional)

Applicant 2: _____

Store card

Creditor Current balance

Total card limit Total monthly repayments

Description (optional)

Car loan

Current balance Total monthly repayments

Description (optional)

Car loan

Current balance Total monthly repayments

Description (optional)

Personal loan

Current balance Total monthly repayments

Description (optional)

Personal loan

Current balance Total monthly repayments

Description (optional)

Sudent loan

Current balance Total monthly repayments

Description (optional)

Sudent loan

Current balance Total monthly repayments

Description (optional)

ATO Centrelink Debt

Current balance Total monthly repayments

Description (optional)

ATO Centrelink Debt

Current balance Total monthly repayments

Description (optional)

Outstanding tax

Current balance Total monthly repayments

Description (optional)

Outstanding tax

Current balance Total monthly repayments

Description (optional)

Financial position

Liabilities

Please complete the fields below if you have the following liabilities:

Applicant 1: _____

Contingent liability

Creditor Current balance

Total card limit Total monthly repayments

Description (optional)

Applicant 2: _____

Contingent liability

Creditor Current balance

Total card limit Total monthly repayments

Description (optional)

Court ruled child maintenance

Current balance Total monthly repayments

Description (optional)

Court ruled child maintenance

Current balance Total monthly repayments

Description (optional)

Court ruled other debt

Current balance Total monthly repayments

Description (optional)

Court ruled other debt

Current balance Total monthly repayments

Description (optional)

Line of credit

Current balance Total monthly repayments

Description (optional)

Line of credit

Current balance Total monthly repayments

Description (optional)

Lease

Current balance Total monthly repayments

Description (optional)

Lease

Current balance Total monthly repayments

Description (optional)

Loan as guarantor

Current balance Total monthly repayments

Description (optional)

Loan as guarantor

Current balance Total monthly repayments

Description (optional)

Financial position

Liabilities

Please complete the fields below if you have the following liabilities:

Applicant 1: _____

Loan

Creditor Current balance

Total card limit Total monthly repayments

Description (optional)

Applicant 2: _____

Loan

Creditor Current balance

Total card limit Total monthly repayments

Description (optional)

Overdraft

Current balance Total monthly repayments

Description (optional)

Overdraft

Current balance Total monthly repayments

Description (optional)

Term loan

Current balance Total monthly repayments

Description (optional)

Term loan

Current balance Total monthly repayments

Description (optional)

Other

Current balance Total monthly repayments

Description (optional)

Other

Current balance Total monthly repayments

Description (optional)

Financial position

Income

Please complete the fields below if you have the following income:

Salary/Wage

Pre-tax monthly income

Employer name

Employer address

Job status

Current primary job Current secondary job

Previous job

Job type

PAYG Self-employed

Retired Home duties

Job basis

Full time Part time

Contract Temporary

Salary/Wage

Pre-tax monthly income

Employer name

Employer address

Job status

Current primary job Current secondary job

Previous job

Job type

PAYG Self-employed

Retired Home duties

Job basis

Full time Part time

Contract Temporary

Regular overtime

Pre-tax monthly income

Details (optional)

Regular overtime

Pre-tax monthly income

Details (optional)

Bonus/commission

Type

Bonus Commission

Pre-Tax monthly income

Employer name

Employer address

Job status

Current primary job Current secondary job

Previous job

Job type

PAYG Self-employed

Retired Home duties

Job basis

Full time Part time

Contract Temporary

Bonus/commission

Type

Bonus Commission

Pre-Tax monthly income

Employer name

Employer address

Job status

Current primary job Current secondary job

Previous job

Job type

PAYG Self-employed

Retired Home duties

Job basis

Full time Part time

Contract Temporary

Financial position

Income

Please complete the fields below if you have the following income:

Allowance

- Type
- Car allowance Company car allowance
- Work allowance Disability allowance

Pre-tax monthly income

Details (optional)

Allowance

- Type
- Car allowance Company car allowance
- Work allowance Disability allowance

Pre-tax monthly income

Details (optional)

Superannuation

- Type
- Private Superannuation

Pre-tax monthly income

Financial Institution (optional)

Superannuation

- Type
- Private Superannuation

Pre-tax monthly income

Financial Institution (optional)

Investment income

- Type
- Annuities Dividends
- Interest

Pre-tax monthly income

Description (optional)

Investment income

- Type
- Annuities Dividends
- Interest

Pre-tax monthly income

Description (optional)

Government payments

- Type
- Family allowance Unemployed allowance
- Widow allowance Child support
- Other: _____

Pre-tax monthly income

Details (optional)

Government payments

- Type
- Family allowance Unemployed allowance
- Widow allowance Child support
- Other: _____

Pre-tax monthly income

Details (optional)

Financial position

Income

Please complete the fields below if you have the following income:

Company profit

Pre-tax monthly income

Details (optional)

Company profit

Pre-tax monthly income

Details (optional)

Other

Type

Worker's compensation Other: _____

Pre-tax monthly income

Details (optional)

Other

Type

Worker's compensation Other: _____

Pre-tax monthly income

Details (optional)

Financial position

Expenses

Groceries

Amount

Groceries

Frequency

W F M Y

Ownership

Other _____

W F M Y

Total

 p.m

The main house you live in

Amount

Electricity & Gas

Frequency

W F M Y

Ownership

Council Rates

W F M Y

Water & Sewer

W F M Y

Body Corporate

W F M Y

Home Operation

W F M Y

Home Repairs

W F M Y

Furnishings & Electrical

W F M Y

Other _____

W F M Y

Total

 p.m

Financial position

Expenses

Education

	Amount	Frequency	Ownership
Public School Costs	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Private School Costs	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Higher Education & Vocational Training (excluding HECS/HELP)	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Other _____	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	

Medical

	Amount	Frequency	Ownership
Medical & Health	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Natural Therapies	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Other _____	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	\$ <input type="text"/> p.m		

Insurance

	Amount	Frequency	Ownership
Building Insurance	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Contents Insurance	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Health Insurance	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Income Protection	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Life Insurance	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Vehicle Insurance	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Other _____	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	\$ <input type="text"/> p.m		

Child Care & Support

	Amount	Frequency	Ownership
Child care	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Child maintenance	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	\$ <input type="text"/> p.m		

Financial position

Expenses

The house you rent out	Amount	Frequency	Ownership
Electricity & Gas	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Council Rates	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Water & Sewer	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Body Corporate	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Repairs & Maintenance	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Running Costs	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Building Insurance	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Other _____	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	<input type="text" value="\$"/> p.m		

Ongoing Rent	Amount	Frequency	Ownership
Rent	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Board	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Other _____	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	<input type="text" value="\$"/> p.m		

Telephone & Internet	Amount	Frequency	Ownership
Home/Mobile Phone	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Internet, Pay TV & Media Streaming Subscriptions	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Other _____	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	<input type="text" value="\$"/> p.m		

Personal Care	Amount	Frequency	Ownership
Clothing & Footwear	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Cosmetics	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Dry Cleaning	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Personal Care	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Other _____	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	<input type="text" value="\$"/> p.m		

Financial position

Expenses

The other house you live in

	Amount	Frequency	Ownership
Electricity & Gas	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Council Rates	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Water & Sewer	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Body Corporate	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Repairs & Maintenance	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Running Costs	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Building Insurance	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Contents Insurance	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Other _____	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	\$ <input type="text"/> p.m		

Recreational & Entertainment

	Amount	Frequency	Ownership
Pets	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Alcohol / Tobacco	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Cinema/Concerts/ Memberships	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Dining Out	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Gym / Sports	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Travel & Holidays	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Gifts & Miscellaneous	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Gambling	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Other _____	\$ <input type="text"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	\$ <input type="text"/> p.m		

Financial position

Expenses

Transport	Amount	Frequency	Ownership
Petrol	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Registration	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Vehicle Maintenance	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Public Transport	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Taxi/Ride Sharing	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Tolls/Parking etc	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	<input type="text" value="\$"/> p.m		

Loans and Liabilities	Amount	Frequency	Ownership
_____	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
_____	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
_____	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
_____	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
_____	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	<input type="text" value="\$"/> p.m		

Other	Amount	Frequency	Ownership
Regular Donations	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Other _____	<input type="text" value="\$"/>	<input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> Y	<input type="text"/>
Total	<input type="text" value="\$"/> p.m		

History

Address history

Applicant 1: _____

Current address

When did you move in?

Ownership

- | | |
|--|--|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Own home - mortgage | <input type="checkbox"/> Caravan |
| <input type="checkbox"/> Renting | <input type="checkbox"/> To be purchased |
| <input type="checkbox"/> With parents | <input type="checkbox"/> Other _____ |

Previous address

When did you move in?

Ownership

- | | |
|--|--|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Own home - mortgage | <input type="checkbox"/> Caravan |
| <input type="checkbox"/> Renting | <input type="checkbox"/> To be purchased |
| <input type="checkbox"/> With parents | <input type="checkbox"/> Other _____ |

Previous address

When did you move in?

Ownership

- | | |
|--|--|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Own home - mortgage | <input type="checkbox"/> Caravan |
| <input type="checkbox"/> Renting | <input type="checkbox"/> To be purchased |
| <input type="checkbox"/> With parents | <input type="checkbox"/> Other _____ |

Previous address

When did you move in?

Ownership

- | | |
|--|--|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Own home - mortgage | <input type="checkbox"/> Caravan |
| <input type="checkbox"/> Renting | <input type="checkbox"/> To be purchased |
| <input type="checkbox"/> With parents | <input type="checkbox"/> Other _____ |

Applicant 2: _____

Current address

When did you move in?

Ownership

- | | |
|--|--|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Own home - mortgage | <input type="checkbox"/> Caravan |
| <input type="checkbox"/> Renting | <input type="checkbox"/> To be purchased |
| <input type="checkbox"/> With parents | <input type="checkbox"/> Other _____ |

Previous address

When did you move in?

Ownership

- | | |
|--|--|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Own home - mortgage | <input type="checkbox"/> Caravan |
| <input type="checkbox"/> Renting | <input type="checkbox"/> To be purchased |
| <input type="checkbox"/> With parents | <input type="checkbox"/> Other _____ |

Previous address

When did you move in?

Ownership

- | | |
|--|--|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Own home - mortgage | <input type="checkbox"/> Caravan |
| <input type="checkbox"/> Renting | <input type="checkbox"/> To be purchased |
| <input type="checkbox"/> With parents | <input type="checkbox"/> Other _____ |

Previous address

When did you move in?

Ownership

- | | |
|--|--|
| <input type="checkbox"/> Own home | <input type="checkbox"/> Boarding |
| <input type="checkbox"/> Own home - mortgage | <input type="checkbox"/> Caravan |
| <input type="checkbox"/> Renting | <input type="checkbox"/> To be purchased |
| <input type="checkbox"/> With parents | <input type="checkbox"/> Other _____ |

History

Employment history

Applicant 1: _____

Current primary job

Nature of employment

- PAYG
- Self employed
- Unemployed
- Retired
- Home duties

Job basis

- Full time
- Part time
- Contract
- Temporary
- Casual

Job title

Employer name

Employer contact first name

Employer contact last name

Employer address

Employer phone number

Employer type

- Private
- Public

Are you on probation?

- Yes
- No

Date started

Current secondary job

Nature of employment

- PAYG
- Self employed
- Unemployed
- Retired
- Home duties

Job basis

- Full time
- Part time
- Contract
- Temporary
- Casual

Job title

Employer name

Employer contact first name

Employer contact last name

Applicant 2: _____

Current primary job

Nature of employment

- PAYG
- Self employed
- Unemployed
- Retired
- Home duties

Job basis

- Full time
- Part time
- Contract
- Temporary
- Casual

Job title

Employer name

Employer contact first name

Employer contact last name

Employer address

Employer phone number

Employer type

- Private
- Public

Are you on probation?

- Yes
- No

Date started

Current secondary job

Nature of employment

- PAYG
- Self employed
- Unemployed
- Retired
- Home duties

Job basis

- Full time
- Part time
- Contract
- Temporary
- Casual

Job title

Employer name

Employer contact first name

Employer contact last name

History

Employment history

Applicant 1: _____

Current secondary job cont'd

Employer address

Employer phone number

Employer type

Private Public

Are you on probation?

Yes No

Date started

Previous job 1

Nature of employment

- PAYG
- Self employed
- Unemployed
- Retired
- Home duties

Job basis

- Full time
- Part time
- Contract
- Temporary
- Casual

Job title

Employer name

Employer contact first name

Employer contact last name

Employer address

Employer phone number

Employer type

Private Public

Were you on probation when you left?

Yes No

Date ended

Applicant 2: _____

Current secondary job cont'd

Employer address

Employer phone number

Employer type

Private Public

Are you on probation?

Yes No

Date started

Previous job 1

Nature of employment

- PAYG
- Self employed
- Unemployed
- Retired
- Home duties

Job basis

- Full time
- Part time
- Contract
- Temporary
- Casual

Job title

Employer name

Employer contact first name

Employer contact last name

Employer address

Employer phone number

Employer type

Private Public

Were you on probation when you left?

Yes No

Date ended

History

Employment history

Previous job 2

Nature of employment

- PAYG
- Self employed
- Unemployed
- Retired
- Home duties

Job basis

- Full time
- Part time
- Contract
- Temporary
- Casual

Job title

Employer name

Employer contact first name

Employer contact last name

Employer address

Employer phone number

Employer type

- Private
- Public

Were you on probation when you left?

- Yes
- No

Date ended

Previous job 2

Nature of employment

- PAYG
- Self employed
- Unemployed
- Retired
- Home duties

Job basis

- Full time
- Part time
- Contract
- Temporary
- Casual

Job title

Employer name

Employer contact first name

Employer contact last name

Employer address

Employer phone number

Employer type

- Private
- Public

Were you on probation when you left?

- Yes
- No

Date ended

History

Credit history

Have you or any co-applicants had any previous credit issues or bankruptcy? Yes No

e.g. Trouble paying back a loan, credit car, monies owing to friends/family etc.

If yes, please provide more details:

Are you or any co-applicants behind in repaying any current debts or loans? Yes No

If yes, please provide more details:

Have you or any co-applicants been a director in the past 5 years? Yes No

If yes, please provide more details: