To assist your discussions, please complete this form and return it to your broker before your appointment. If you are unsure of how to complete any section in this editable document your broker will be able to help you.

Date Completed

Broker Name	Broker Contact Number
Loan Amount Sought \$	Purchase Price or Property Value \$

Customer Information						
Personal	Applicant 1			Applicant 2		
Title (please select)	Mr Mrs Mis	s Ms Dr	Other	Mr Mrs	Miss Ms Dr	Other
First and middle names:						
Surname:						
Date of birth:						
Contact phone numbers:	Home:	Work:		Home: Work:		
	Mobile:			Mobile:		
Email address:						
Current Residential Address						
Current address:						
	Suburb	State	Postcode	Suburb	State	Postcode
How long have you been at this current address:	Date moved in			Date moved in		
Current status:	Owner Renting Boarding Living with parents Owner with mortgage			Owner Renting Boarding Living with parents Owner with mortgage		
Previous address: (if at current address for less than 3 years)						
	Suburb	State	Postcode	Suburb	State	Postcode
How long were you at this address:	Date moved in	Date moved ou	t:	Date moved in	Date moved	out:
Residency status:	Australian citizen Permanent resident Termporary resident Visitor			Australian citizen Permanent resident Termporary resident Visitor		
Marital status:	Married De Facto	Single Seperated	Divorced Widowed	Married De Facto	Single Seperated	Divorced Widowed
Mother's maiden name:						
Drivers licence / State issued ID:	No:			No:		
	State/Government issuer:		State/Government issuer:			
	Expiry date:			Expiry date:		
Number of dependent children:						
Age / Date of birth of dependent children:						
Nearest Living Relative:	Name:	Relationship	):	Name:	Relationsh	nip:
	Contact number:			Contact number:		
Relative address:						
	Suburb	State	Postcode	Suburb	State	Postcode



Applicant 1 Applicant 2

Employment						
Current employment type:	Full-time Permanent Part-time	Contract Self-Employed	Casual	Full-time Permanent Part-tir	Contract me Self-Employe	Casual d
Current employer's name: (in full)						
Contact details: (for verifying employment)	Name: Phone Number:			Name: Phone Number:		
Current employer address:						
	Suburb	State	Postcode	Suburb	State	Postcode
Current Occupation / Job title:						
Time with current employer:	Start date:			Start date:		
Income – gross annual salary: (before tax)	\$:			\$:		
Gross annual overtime/ penalties: (before tax)	\$:			\$:		
Other annual income – pensions, FTB: (P.A. before tax)	\$:			\$:		
Income – gross weekly rentalincome: (before tax)	\$:			\$:		
Previous employer's full name: (if current employment is lessthan 3 years)						
Time with previous employer:	Start date:	End date:		Start date:	End date:	
Previous employer's phone number:						
Previous employment type:	Full-time Permanent Part-time	Contract Self-Employed	Casual	Full-time Permanent Part-tin	Contract ne Self-Employe	Casual d
Previous Occupation/Job title:						
ABN: (if self employed)						
Director of a company:	No: Yes: (if yes,	complete the belo	w section)	No: Yes: (if y	yes, complete the bel	ow section)
	Company / Trust 1			Company / Trust 2	2	
Company / Trust Name:						
Director(s) name:						
Trading address:						
	Suburb	State	Postcode	Suburb	State	Postcode
Number of years registered:						
ACN:						
ASSETS						
Properties Owned	Property 1		Property 2		Property 3	
Address:						
	Suburb S	tate Postcode	Suburb	State Postcode	Suburb	State Postcode
Owner occupied:	No Yes		No Yes		No Yes	
Value:	\$:		\$:		\$:	
In the name of:	Applicant 1 Appli	cant 2	Applicant 1	Applicant 2	Applicant 1	Applicant 2



Assets (Continued)			
Savings Account and Term Deposits	Account 1	Account 2	Account 3
Financial institution:			
In the name of:	Applicant 1 Applicant 2	Applicant 1 Applicant 2	Applicant 1 Applicant 2
Balance:	\$:	\$:	\$:
Motor Vehicles	Vehicle 1	Vehicle 2	Vehicle 3
Make and model:			
Year built:			
In the name of:	Applicant 1 Applicant 2	Applicant 1 Applicant 2	Applicant 1 Applicant 2
Value:	\$:	\$:	\$:
Superannuation	Applicant 1	Applicant 2	
Value:	\$:	\$:	
Household items			
Value Hint: what value is your home	e and contents insured for?	\$:	
	and contents model of	ψ.	
Other Assets			
Asset Type:			
Value: (caravan, boat, shares etc)	\$:	\$:	\$:
Liabilities	Mortgage 1	Mortgage 2	Mortgage 3
In the name of:	Applicant 1 Applicant 2	Applicant 1 Applicant 2	Applicant 1 Applicant 2
Name of financial institution:			
Original loan amount:	\$:	\$:	\$:
Outstanding balance:	\$:	\$:	\$:
Minimum monthly repayment:	\$:	\$:	\$:
Account number:			
Other Liabilities	Loan 1	Loan 2	Loan 3
Loan type: (Car/Personal/HECS/Other Loans)			
In the name of:	Applicant 1 Applicant 2	Applicant 1 Applicant 2	Applicant 1 Applicant 2
Name of financial institution:			
Original loan amount:	\$:	\$:	\$:
Amount currently owing:	\$:	\$:	\$:
Monthly repayment:	\$:	\$:	\$:
Account number:			
Is loan being paid out?	Yes No	Yes No	Yes No
<u> </u>	How	How	How
Credit Cards / Store Cards	Card 1	Card 2	Card 3
In the name of:	Applicant 1 Applicant 2	Applicant 1 Applicant 2	Applicant 1 Applicant 2
Name of financial institution:			
Credit limit:	\$:	\$:	\$:
Amount currently owing:	\$:	\$:	\$:



The following table is designed to assist in determining your average monthly living expenses, and it is important to complete it accurately.

Customer Declared Living Expenses					
Monthly Living Expenses – Basic	\$ Per Month	Notes			
Utilities: (Electricity, Water, Gas, Rates, Phone, Internet etc)	\$:				
Education: (Public School Fees, Uniforms, Textbooks etc)	\$:				
Child Care Costs:	\$:				
Groceries: (Food, Household Supplies / Consumables, Cosmetics etc)	\$:				
Healthcare: (Chemists and Medical Expenses etc)	\$:				
Transport: (Car Rego, Fuel, regular Public Transport costs)	\$:				
Insurance: (Building and Contents Insurance)	\$:				
Entertainment: (Pay TV, Eating Out, Cinema etc)	\$:				
Other: (House Maintenance, Board & Lodging)	\$:				
TOTAL – Basic	\$				
Monthly Living Expenses – Fixed or Recurring	\$ Per Month	Notes			
Private Health Insurance:	\$:				
Life Insurance:	\$:				
Comprehensive Car Insurance:	\$:				
Other Insurance: (Income Protection, Specified Items, Landlord)	\$:				
Private School Fees, Ongoing Private Tuition etc:	\$:				
Court-Ordered Child Maintenance:	\$:	Balance			
Ongoing Rental Payments:	\$:				
Other:	\$:				
TOTAL - Fixed or Recurring	\$				
TOTAL - Basic + Fixed or Recurring	\$				
Additional Commentary:					

