



Initial Interview:	Time:	Location
	Date: / /	Referred By:

## A. Personal Details

Applicant 1			
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
Full Legal Name		Other	
<input type="checkbox"/> Australian Resident <input type="checkbox"/> Australian Citizen <input type="checkbox"/> Non Resident			
Mother's Maiden Name			
Date Of Birth / /		Marital Status	
Mobile		Home Phone	
Work Phone		Email	
Current Address			
Suburb		Postcode	
Postal Address			
Suburb		Postcode	
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Board	<input type="checkbox"/> Living with Parents
Time at Current Address		Years	Months
Previous Address			
Suburb		Postcode	
Time at Previous Address		Years	Months
Drivers Licence No			
State		Expiry Date / /	
Dependants			
Full Name			
DOB / /		Financially Dependant <input type="checkbox"/> Y <input type="checkbox"/> N	
Full Name			
DOB / /		Financially Dependant <input type="checkbox"/> Y <input type="checkbox"/> N	
Employment			
Current Occupation			
Employer Details			
Address			
Suburb		Postcode	
Time Employed	Yrs	Mnths	Start Date / /
Employer Contact Name			
Employer Contact Phone			
Previous Occupation			
Employer Details			
Address			
Suburb		Postcode	
Time Employed	Yrs	Mnths	Start Date / /
Employer Contact Name			
Employer Contact Phone			
Relative			
Name of Nearest Relative			
Relationship		Phone	
Address			
Suburb		Postcode	

Applicant 2			
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms
Full Legal Name		Other	
<input type="checkbox"/> Australian Resident <input type="checkbox"/> Tax Resident of Another Country			
Mother's Maiden Name			
Date Of Birth / /			
Mobile		Home Phone	
Work Phone		Email	
Current Address			
Suburb		Postcode	
Postal Address			
Suburb		Postcode	
<input type="checkbox"/> Own	<input type="checkbox"/> Rent	<input type="checkbox"/> Board	<input type="checkbox"/> Living with Parents
Time at Current Address		Years	Months
Previous Address			
Suburb		Postcode	
Time at Previous Address		Years	Months
Drivers Licence No			
State		Expiry Date / /	
Dependants			
Full Name			
DOB / /		Financially Dependant <input type="checkbox"/> Y <input type="checkbox"/> N	
Full Name			
DOB / /		Financially Dependant <input type="checkbox"/> Y <input type="checkbox"/> N	
Employment			
Current Occupation			
Employer Details			
Address			
Suburb		Postcode	
Time Employed	Yrs	Mnths	Start Date / /
Employer Contact Name			
Employer Contact Phone			
Previous Occupation			
Employer Details			
Address			
Suburb		Postcode	
Time Employed	Yrs	Mnths	Start Date / /
Employer Contact Name			
Employer Contact Phone			
Relative			
Name of Nearest Relative			
Relationship		Phone	
Address			
Suburb		Postcode	

## B. Income Details

Applicant 1			
<b>Employment Status</b>			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Self Employed
<b>Income</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Regular Overtime</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Rental Income</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Dividends &amp; Interest</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Allowances &amp; Pensions</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Company Profit (Pre-Tax)</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Add-Backs</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Other</b>			
Specify			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$

Applicant 2			
<b>Employment Status</b>			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Self Employed
<b>Income</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Regular Overtime</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Rental Income</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Dividends &amp; Interest</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Allowances &amp; Pensions</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Company Profit (Pre-Tax)</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Add-Backs</b>			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$
<b>Other</b>			
Specify			
<input type="checkbox"/> Gross	<input type="checkbox"/> Net	Annual	\$

## C. Assets

Type	Description	Value	Joint	App 1	App 2
Land & Buildings		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land & Buildings		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Land & Buildings		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle	Make Model Year	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle	Make Model Year	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Accounts	Bank BSB A/C No.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bank Accounts	Bank BSB A/C No.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation	Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation	Fund	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Contents		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares (Total)		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other		\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D. Current Liabilities & Expenses

Type	Financier	Rate	Repayment (monthly)	Balance	Limit	Pay Out?	Joint	App 1	App 2
Mortgages			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mortgages			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HECS/HELP			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loans			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Loans			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdrafts/LOC			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card			\$	\$	\$	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Monthly Living Expenses (at the time the application settles)

## Property Costs (complete for each property you will occupy or own at settlement)

Type	Property 1	Property 2	Property 3
Rent / Board	\$	\$	\$
Rates (Council / Water)	\$	\$	\$
Utilities (Electricity / Gas / Water)	\$	\$	\$
Body Corp / Strata Fees	\$	\$	\$
Repairs / Maintenance	\$	\$	\$

Clothing & Personal Care	Amount
Clothing	\$
Footwear	\$
Cosmetics / Personal Care	\$

Groceries	Amount
Food / Supermarket	\$

Childcare	Amount
Childcare / Nannies	\$

Education	Amount
School / University Fees	\$
Books / Uniforms	\$

Medical and Health	Amount
Doctor / Dental / Optical etc	\$
Pharmaceuticals / Medication	\$

Transport	Amount
Registration	\$
Repairs / Servicing	\$
Petrol	\$
Public Transport / Taxis	\$
Parking	\$

Internet & Media	Amount
Home Phone	\$
Mobiles	\$
Internet	\$
Pay TV	\$
Streaming Subscriptions	\$

Insurance	Amount
Life / Income Protection / Trauma	\$
Health	\$
Home and Contents	\$
Car	\$
Boat / Caravan	\$
Other Insurance	\$

Recreation & Entertainment	Amount
Restaurants / Take Away	\$
Alcohol / Tobacco	\$
Sports / Hobbies	\$
Memberships	\$
Holidays	\$
Petcare	\$

Other	Amount
Furniture / Hardware / Garden	\$
Gifts	\$
Voluntary Super Contributions	\$
Maintenance Payments	\$

Other (Cont.)	Amount
Newspapers / Magazines	\$
Books / CDs / DVDs	\$
Other (Please provide details below)	\$
<input type="text"/>	

<b>Total Monthly Expenses</b>	<b>\$</b>
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## E. Security Details

Security Property 1		Land Type	Style	
Owner	Value \$	<input type="checkbox"/> Residential	<input type="checkbox"/> House	<input type="checkbox"/> Town House
Address		<input type="checkbox"/> Rural	<input type="checkbox"/> Unit	<input type="checkbox"/> Vacant Land
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Duplex	<input type="checkbox"/> Warehouse
Suburb	Postcode		<input type="checkbox"/> Serviced Apt	<input type="checkbox"/> Other
Name of contact for inspection		Inspection contact phone		

Security Property 2		Land Type	Style	
Owner	Value \$	<input type="checkbox"/> Residential	<input type="checkbox"/> House	<input type="checkbox"/> Town House
Address		<input type="checkbox"/> Rural	<input type="checkbox"/> Unit	<input type="checkbox"/> Vacant Land
		<input type="checkbox"/> Commercial	<input type="checkbox"/> Duplex	<input type="checkbox"/> Warehouse
Suburb	Postcode		<input type="checkbox"/> Serviced Apt	<input type="checkbox"/> Other
Name of contact for inspection		Inspection contact phone		

## F. Borrowing Requirements

What is the purpose of the loan? (select more than one if applicable).

Purchase
  Refinance
  Construction
  Top-Up
  Other (please advise) \_\_\_\_\_

Loan amount required? \$ \_\_\_\_\_

What amount is available to fund your deposit and other costs? (select more than one if applicable).

Genuine Savings \$ \_\_\_\_\_
 First Home Owners Grant \$ \_\_\_\_\_
 Gift \$ \_\_\_\_\_  
 Proceeds from Property Sales \$ \_\_\_\_\_
 Other (please specify) \_\_\_\_\_ \$ \_\_\_\_\_

Are there any previous credit issues we should be aware of? These may include payment defaults, arrears, judgements or bankruptcy.

Are there any lenders you would prefer to deal with or not deal with?

## Notes