

LOAN PURPOSE

I WOULD LIKE TO REPAY THE LOAN OVER THE FOLLOWING TERM, IF KNOWN:

YEAR	MONTHS	OR MAX. TERMS	I NEED TO HAVE THE MONEY BY		
PURCHASED PRICE	COST (LEGAL STAMP DUTY)	PAYMENT OF EXISTING LIABILITY	TOTAL COST	PERSONAL CONTRIBUTION	TOTAL LOAN AMOUNT
	+	+	=	-	=

PERSONAL INFORMATION

APPLICANT 1

GIVEN NAME(S)
SURNAME
BEST CONTACT NO
EMAIL
DOB
MARITAL STATUS
NO OF DEPENDANTS & AGE OF DEPENDANTS
ADDRESS
DATE MOVED IN
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)

APPLICANT 2

GIVEN NAME(S)
SURNAME
BEST CONTACT NO
EMAIL
DOB
MARITAL STATUS
NO OF DEPENDANTS & AGE OF DEPENDANTS
ADDRESS
DATE MOVED IN
PREVIOUS ADDRESS (IF LESS THAN 3 YEARS)

EMPLOYMENT DETAILS

APPLICANT 1

JOB TITLE		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
MY EMPLOYMENT IS	FULL-TIME TEMPORARY	PART-TIME OTHER
EMPLOYER'S CONTACT NAME AND PHONE NO.		
START DATE (MM/YY)		
PREVIOUS EMPLOYER (IF CURRENT IS LESS THAN 3 YEARS)		
EMPLOYER'S ADDRESS		
MY EMPLOYMENT WAS	FULL-TIME TEMPORARY	PART-TIME OTHER
START DATE (MM/YY)		
END DATE (MM/YY)		
GROSS ANNUAL SALARY (IF SELF-EMPLOYED, TAXABLE INCOME FOR THE LAST 2 YEARS)		
OTHER INCOME		

APPLICANT 2

JOB TITLE		
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS		
MY EMPLOYMENT IS	FULL-TIME TEMPORARY	PART-TIME OTHER
EMPLOYER'S CONTACT NAME AND PHONE NO.		
START DATE (MM/YY)		
PREVIOUS EMPLOYER (IF CURRENT IS LESS THAN 3 YEARS)		
EMPLOYER'S ADDRESS		
MY EMPLOYMENT WAS	FULL-TIME TEMPORARY	PART-TIME OTHER
START DATE (MM/YY)		
END DATE (MM/YY)		
GROSS ANNUAL SALARY (IF SELF-EMPLOYED, TAXABLE INCOME FOR THE LAST 2 YEARS)		
OTHER INCOME		



ASSETS

PROPERTY ADDRESS	DESCRIPTION E.G. HOUSE, UNIT, ETC	OWNER OCCUPIED/ INVESTMENT	RENTAL INCOME PW / PF / PM	PROPERTY OWNER	MARKET VALUE
				APPLICANT 1 APPLICANT 2	\$
				APPLICANT 1 APPLICANT 2	\$
				APPLICANT 1 APPLICANT 2	\$
				APPLICANT 1 APPLICANT 2	\$
				APPLICANT 1 APPLICANT 2	\$

MOTOR VEHICLES (MAKE AND MODEL)	YEAR BUILT	OWNER	MARKET VALUE
		APPLICANT 1 APPLICANT 2	\$
		APPLICANT 1 APPLICANT 2	\$

OTHER ASSETS	APPLICANT ONE	APPLICANT TWO	VALUE (TOTAL)
SUPERANNUATION			\$
SAVINGS			\$
SHARES/INVESTMENTS			\$
HOME & CONTENTS			\$



LIABILITIES

ITEM	NAME OF LENDER	INTEREST RATE	AMOUNT OWING OR LIMIT (WHICHEVER IS GREATER)	MONTHLY REPAYMENT
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MORTGAGES

CREDIT CARDS

OTHER LOANS

ARE YOU EXPECTING ANY CHANGES TO YOUR FINANCIAL CIRCUMSTANCES WHICH WOULD AFFECT YOUR ABILITY TO REPAY YOUR LOAN?

YES

NO

IF YES, PLEASE DESCRIBE:

CREDIT HISTORY

HAVE YOU HAD ANY DEFAULTS?

YES

NO

HAVE YOU PREVIOUSLY BEEN DECLARED BANKRUPT?

YES

NO

IF YES, PLEASE DESCRIBE:

PERSONAL INSURANCE

DO YOU HAVE	PROVIDER	SUM INSURED	UNSURE
LIFE INSURANCE		\$	
INCOME PROTECTION		\$	

HAVE YOU REVIEWED YOUR INSURANCES IN THE PAST 12 MONTHS?

YES

NO



EXPENSES

ITEM	DETAIL	\$ PER MONTH
RENT OR BOARD		
UTILITIES ELECTRICITY, RATES, GAS, WATER, BODY CORPORATE		
CONNECTIONS PHONE, MOBILE, INTERNET, CABLE TV		
EDUCATION CHILD CARE, SCHOOL FEES, UNIFORMS & ACTIVITIES		
FOOD GROCERIES, MEAT, FRUIT & VEGETABLES		
TRANSPORT PUBLIC, PETROL, REGISTRATION, INSURANCE & SERVICING		
MEDICAL PRIVATE HEALTH INSURANCE & ONGOING MEDICAL BILLS		
INSURANCES HOME & PERSONAL (LIFE/TPD/TRAUMA) & VOLUNTARY SUPER		
HOUSEHOLD PURCHASES AND MAINTENANCE		
ENTERTAINMENT DINING OUT, MOVIES, GIFTS & OTHER		
SPORTS, HOBBIES & MEMBERSHIPS		
OTHER REGULAR EXPENDITURE		