

Client Needs Analysis Form

To help us source the loan that suits you best please fill in the following details. If you're not sure about a question just leave it blank. We can fill this in together at a later date.

Number of Applicants:

Number of applicants sharing the loan? _____

Date _____

Personal Details

Applicant 1

Title _____ Marital Status _____

Given names _____

Surname _____

Mother's maiden name _____

Date of Birth _____ Contact Number _____

Email Address _____

Street Address _____

Renting Mortgage Boarding With parents

Time at this Address? _____

Previous Address
(If less than 3 years at current address)

Renting Mortgage Boarding With parents

Time at this Address? Same as Applicant 1

Applicant 2

Title _____ Marital Status _____

Given names _____

Surname _____

Mother's maiden name _____

Date of Birth _____ Contact Number _____

Email Address _____

Street Address Same as Applicant 1

Renting Mortgage Boarding With parents

Time at this Address? Same as Applicant 1

Previous Address
(If less than 3 years at current address)

Renting Mortgage Boarding With parents

Time at this Address? Same as Applicant 1

Personal Details (continued)

Applicant 1

Identification Documents

Drivers Licence Number

Employment Details

PAYG Self Employed Unemployed

Employment Status

Fulltime Part time Casual

Occupation

Employer

No. of years at current job _____

Employer Address

Employer Contact Number _____

Previous employer
(If less than 3 years in current job)

Previous Employer Address

Previous Occupation

Previous Employer Contact Number _____

No. of years at previous job _____

No. of Children _____ Ages _____

Applicant 2

Identification Documents

Drivers Licence Number

Employment Details

PAYG Self Employed Unemployed

Employment Status

Fulltime Part time Casual

Occupation

Employer

No. of years at current job _____

Employer Address

Employer Contact Number _____

Previous employer
(If less than 3 years in current job)

Previous Employer Address

Previous Occupation

Previous Employer Contact Number _____

No. of years at previous job _____

No. of Children _____ Ages _____

Financial Position

Combined for Applicant 1 and 2.

Assets	Detail	Value	Ownership
Home	Address		
Investment Property	Address		
Home Contents		Insured value	
Motor vehicles	Make Model Year		
Savings	Bank		
Shares/Managed Funds			
Superannuation			
Other			
Total Assets			

Financial Position

Combined for Applicant 1 and 2.

Liabilities	Lender	Outstanding Balance	Limit	Interest Rate (p.a.)	Monthly Repayment
Home loan				%	
Investment property mortgage				%	
Motor vehicle loan				%	
Personal Loan				%	
Overdrafts				%	
Credit Card/s				%	
Store Card/s				%	
Education loan (HECS or HELP)				N/A	N/A
Other				%	
Afterpay/Zippay				%	
Total Liabilities					

Current monthly living expenses

APPLICANT 1

APPLICANT 2

Expense	Monthly amount	Monthly amount
Food / Groceries		
Insurances (eg motor/home)		
Clothing / Personal care		
Medical and Health		
Telephone, Internet, Pay TV		
Recreation and Entertainment		
Rent		
Transport (eg petrol)		
Education (eg books, school fees, sports fees)		
Childcare / Child Support		
Owner-occupied property utilities, rates and related costs		
Investment property utilities, rates and related costs		
Gym or other Memberships		
Other		
Total Monthly Living Expenses		

Annual Income

Applicant 1

Applicant 2

Income type	Gross (total before tax)	Gross (total before tax)
Base Salary		
Bonuses		
Overtime		
Current rental income		
Proposed rental income		
Investment income		
Government allowances		
Pension income		
Other		
Total Annual Income		

Borrowing Needs

What is important to you in your new loan?

- | | |
|---|---|
| <input type="checkbox"/> Pay extra at anytime no penalty | <input type="checkbox"/> Access to redraw of extra payments |
| <input type="checkbox"/> Fixed repayments & interest rate | <input type="checkbox"/> Option to fix at a later date |
| <input type="checkbox"/> Simple banking package | <input type="checkbox"/> Mortgage Offset / Line of Credit |

Other _____

Max monthly repayment amount \$ _____

Other professional services you may require

- | | |
|--|---|
| <input type="checkbox"/> Financial Advice | <input type="checkbox"/> Taxation Advice |
| <input type="checkbox"/> Legal Advice | <input type="checkbox"/> Personal Insurances (including Income/Life/Trauma) |
| <input type="checkbox"/> Home & Contents Ins | |
| <input type="checkbox"/> Settlement Agent | |

Other: _____

Changes to your current circumstances

Do you anticipate any material changes to your financial situation? For example, change in employment, income or expenditure?

Applicant 1 Yes No

Applicant 2 Yes No

If yes, what are the reasons for the changes and what is the expected impact?

Applicant 1

Applicant 2

