

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 _____

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)

Time at this Address? _____

Applicant 2

Title _____ Marital Status _____

Given names _____

Surname _____

Date of Birth _____ Contact Number _____

Email Address _____

Street Address _____

Renting Mortgage Boarding With parents

Time at this Address? Same as Applicant 1

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

Time at this Address? Same as Applicant 1

Personal Details (continued)

Applicant 1

Identification Documents

Drivers Licence Number

Employment Details

PAYG Self Employed Unemployed

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 Employer Contact Number _____

No. of years at previous job _____

No. of Children

Number

Ages

Applicant 2

Identification Documents

Drivers Licence Number

Employment Details

PAYG Self Employed Unemployed

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 Employer Contact Number _____

No. of years at previous job _____

No. of Children & Ages as per Applicant 1

Number

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 | Estimated value | |
| 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 | | | | % | |
| Education loan (HECS or HELP) | | | | N/A | N/A |
| Other | | | | % | |
| Total Liabilities | | | | | |

Current monthly living expenses

APPLICANT 1

APPLICANT 2

| Expense | Monthly amount | Monthly amount |
|--------------------------------------|----------------|----------------|
| Food / Housekeeping | | |
| Insurances (eg motor/home) | | |
| Utilities (eg rates/gas...) | | |
| Rent | | |
| Transport (eg petrol) | | |
| Education (eg books, school fees) | | |
| Dependants support | | |
| Entertainment | | |
| 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

