

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
 Own Outright With Parents

Time at this Address?

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

Renting Mortgage Boarding
 Own Outright With Parents

Time at this Address?

PERSONAL DETAILS

Applicant 2

Title Marital status

Given names

Surname

Mother's maiden name

Date of birth Contact number

Email address

Street address

Renting Mortgage Boarding
 Own Outright With Parents

Time at this Address? Same as Applicant 1

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

Renting Mortgage Boarding
 Own Outright 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

Home Duties Unemployed

Employment status

Full time 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

Home Duties Unemployed

Employment status

Full time 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 POSITIONS

Combined for Applicant 1 and 2

Assets	Detail	Value	Ownership			
Home	Address					
Investment Property	Address					
Home Contents		Insured Value				
Motor Vehicles	<table border="1"> <tr> <td>Make</td> <td>Model</td> <td>Year</td> </tr> </table>	Make	Model	Year		
Make	Model	Year				
Savings	Bank					
Shares/Managed Funds						
Superannuation						
Other						
Total Assets						

FINANCIAL POSITIONS

Combined for Applicant 1 and 2

Assets	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)					
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 (eg doctor, dentist)		
Telephone, Internet, Pay TV		
Recreation and Entertainment		
Rent		
Transport (eg petrol)		
Education <input type="checkbox"/> Private <input type="checkbox"/> Public (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		
Private Health Insurance		
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 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

What is important to you in your new loan?

- | | |
|----------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Financial Advice | <input type="checkbox"/> Settlement Agent |
| <input type="checkbox"/> Legal Advice | <input type="checkbox"/> Taxation Advice |
| <input type="checkbox"/> Home & Contents Insurance | <input type="checkbox"/> Personal Insurances
(including income/life/trauma) |

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