

A. YOUR PERSONAL DETAILS - APPLICANT 1

Borrower Guarantor Mr Mrs Ms
 First Name Middle Name
 Surname
 Date of Birth (DOB)
 Marital Status No. of Dependents & Their Ages
 Drivers Licence Number Expiry Date

B. YOUR ADDRESS DETAILS - APPLICANT 1

Current Residential Address

 Current Residential Address Status
 own mortgaged renting boarding other
 Date moved in: Rent Paid \$ pw
 Home Phone Mobile
 Work Phone
 Work Email Address
 Personal Email Address
Previous Residential Address (if less than 3 years at current)

 Date moved in: Date moved out:

C. YOUR EMPLOYMENT DETAILS - APPLICANT 1

Current Employment
 PAYG Self-employed Contract FT PT Casual
 Occupation Employer Business Name
 Employer Address If Self employed, ABN

 Employer Contact Person Employer Phone Number
 Gross Salary/Wage/Income (pm) Start Date Current Employment
Previous Employment (if in current for less than 3 years)
 Occupation Employer Business Name
 Start Date Previous Employment End Date Previous Employment
Other Income (pension/DSS/child maintenance/scholarship)
 Gross Other Income (pm)

A. YOUR PERSONAL DETAILS - APPLICANT 2

Borrower Guarantor Mr Mrs Ms
 First Name Middle Name
 Surname
 Date of Birth (DOB)
 Marital Status No. of Dependents & Their Ages
 Drivers Licence Number Expiry Date

B. YOUR ADDRESS DETAILS - APPLICANT 2

Current Residential Address

 Current Residential Address Status
 own mortgaged renting boarding other
 Date moved in: Rent Paid \$ pw
 Home Phone Mobile
 Work Phone
 Work Email Address
 Personal Email Address
Previous Residential Address (if less than 3 years at current)

 Date moved in: Date moved out:

C. YOUR EMPLOYMENT DETAILS - APPLICANT 2

Current Employment
 PAYG Self-employed Contract FT PT Casual
 Occupation Employer Business Name
 Employer Address If Self employed, ABN

 Employer Contact Person Employer Phone Number
 Gross Salary/Wage/Income (pm) Start Date Current Employment
Previous Employment (if in current for less than 3 years)
 Occupation Employer Business Name
 Start Date Previous Employment End Date Previous Employment
Other Income (pension/DSS/child maintenance/scholarship)
 Gross Other Income (pm)

D. YOUR ASSETS –WHAT YOU OWN (ALL APPLICANTS)

Real Estate	Address	Rental Income	Ownership	Estimated Value
Home			<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Investm't 1		\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		\$
Investm't 2		\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		\$
Investm't 3		\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		\$
Investm't 4		\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2		\$

Other	Make	Model	Year	Ownership	Estimated Value
Vehicle 1				<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Vehicle 2				<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Vehicle 3				<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Home Contents				<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Shares/ Investment			Investment Income \$ <input type="text"/>	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$

Savings	Account Number	Ownership	Estimated Value
Other 1		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Other 2		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Other 3		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Super		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$
Super		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$

E. YOUR LIABILITIES – WHAT YOU OWE (ALL APPLICANTS)

Home Loans	Lender/Bank	Limit	Int. Rate	Current Balance	Repayment	Ownership	Refinance
Home		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
Investm't 1		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
Investm't 2		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
Investm't 3		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
Investm't 4		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	

Other Loans	Lender/Bank	Limit	Int. Rate	Current Balance	Repayment	Ownership	Refinance
		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	

Credit/Store Cards	Bank Name	Limit	Int. Rate	Current Balance	Repayment	Ownership	Refinance
Bank 1		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
Bank 2		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
Bank 3		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
Bank 4		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	
Bank 5		\$ <input type="text"/>	<input type="text"/> %	\$ <input type="text"/>	\$ <input type="text"/> pm <input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	<input type="checkbox"/>	

F. CREDIT REPRESENTATIVE DETAILS

Accountant	<input type="text"/>	Ph:	<input type="text"/>
Solicitor / Conveyancer	<input type="text"/>	Ph:	<input type="text"/>

Living Expenses Worksheet

Applicant Names: _____

Date: _____

Please use this form to provide details of your living expenses. Under Responsible Lending guidelines, financiers are required to obtain detailed information in relation to your basic and discretionary living expenses. Could you please complete below your actual expenses for each of the below categories, where relevant, on a monthly basis. We will use this information as part of our assessment of your loan application or enquiry.

Basic Monthly Living Expenses

	Per Month	
Clothing and Personal Expenses		Clothing, grooming, cigarettes, alcohol, etc.
Food and Groceries		Include all food and grocery bills.
Transport		Fuel, registration, licence, maintenance and public transport.
Owner Occupied property Utilities and Rates		Monthly Electricity, Monthly Rates, Monthly Water, etc.
Other		Such as Ongoing rent or board and all other expenses that are not listed above.
Total Basic Living Expenses (Monthly)		

Total Living Expenses (Monthly)	
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Discretionary Monthly Living Expenses

	Per Month
Childcare / Nannies	
Education - Private school fees, books, outside hours care	
Insurances	
Medical and Health	
Investment Property Utilities and rates	
Recreation and Entertainment (eg dining out, takeaway)	
Telephone, Internet, Pay TV and Media subscriptions.	
Other	

Total Discretionary Living Expenses (Monthly)	
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Financial Security

	Yes / No
Have you received advice from an accountant, solicitor or financial planner regarding your requirements or financial objectives?	
Do you have any insurance to protect your lifestyle? For example: life, total permanent disablement insurance, income protection, etc?	
How would your lifestyle needs be maintained if you and/or your partner were: Temporarily unable to earn an income, for example through sickness/illness? Permanently unable to earn income, for example through death/permanent disability?	
Would you like someone to contact you regarding life insurance?	
Do you have home and contents insurance?	
Would you like someone to contact you regarding home and contents insurance?	