

Completing this form will give us a clear picture of your financial situation and help us to give you home loan advice specific to your needs. It also helps ensure that, if you proceed to a loan application with us, it will be prepared as quickly as possible.

Applicant 1

Title

First name

Middle name/s

Surname

Marital status

Date of Birth / /

Dependents 1. 2.
Please list ages of all dependents 3. 4.

Current address

Date moved in / /

Current residential status Renting Own Home Live with parents Other

If renting: Current amount paid \$ / Week

Phone number (W)
(M)

Email (W)
(H)

Previous address
3 years residential history required

Previous residential status Renting Own Home Live with parents Other

From / /

To / /

Are you a tax resident of a country other than Australia? Yes No
If yes, which country?

Applicant 2

Title

First name

Middle name/s

Surname

Marital status

Date of Birth / /

Dependents 1. 2.
Please list ages of all dependents 3. 4.

Current address

Date moved in / /

Current residential status Renting Own Home Live with parents Other

If renting: Current amount paid \$ / Week

Phone number (W)
(M)

Email (W)
(H)

Previous address
3 years residential history required

Previous residential status Renting Own Home Live with parents Other

From / /

To / /

Are you a tax resident of a country other than Australia? Yes No
If yes, which country?

Employment Details

3 Years employment history required

Employer

Phone number

Address

Start date / /

Occupation

Employment type Full Time Part Time
 Casual Contract

Income / Year
Gross income (before tax)

Employment Details

3 Years employment history required

Employer

Phone number

Address

Start date / /

Occupation

Employment type Full Time Part Time
 Casual Contract

Income / Year
Gross income (before tax)

Previous employer
If less than 3 years at current job

Phone number

Address

From / /

To / /

Employment type Full Time Part Time
 Casual Contract

Occupation

Previous employer
If less than 3 years at current job

Phone number

Address

From / /

To / /

Employment type Full Time Part Time
 Casual Contract

Occupation

Other income
(e.g. pensions, dividends, family allowance)

/ Year

Other income
(e.g. pensions, dividends, family allowance)

/ Year

Assets Complete for all people applying for the loan

My property assets

Address 1		Rental income	Owner	Market value
<input type="text"/>	<input type="radio"/> O/O	<input type="text" value="\$"/>	<input type="checkbox"/> 1	<input type="text" value="\$"/>
	<input type="radio"/> INV	/ Week	<input type="checkbox"/> 2	
Address 2				
<input type="text"/>	<input type="radio"/> O/O	<input type="text" value="\$"/>	<input type="checkbox"/> 1	<input type="text" value="\$"/>
	<input type="radio"/> INV	/ Week	<input type="checkbox"/> 2	
Address 3				
<input type="text"/>	<input type="radio"/> O/O	<input type="text" value="\$"/>	<input type="checkbox"/> 1	<input type="text" value="\$"/>
	<input type="radio"/> INV	/ Week	<input type="checkbox"/> 2	

My cheque, savings, term deposit & other accounts

Name of Institution	Account type	Owner	Current balance
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>

My investments, including superannuation, shares, managed funds etc.

Name of Institution	Investment type	Owner	Current cash balance
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>

My other assets including home contents insured value, boats, tools of trade, business goodwill etc.

Asset description	Owner	Current cash balance
<input type="text" value="Home contents"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>
<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>
<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>

My motor vehicles

Make and model	Model year	Owner	Market Value
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	<input type="text" value="\$"/>

Liabilities Complete for all people applying for the loan

My housing loans, overdrafts, business/company debts, or guarantees secured by mortgages.

Lender	Interest rate	Amount owing or limit
<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>
<input type="text"/>	<input type="text"/> %	\$ <input type="text"/>

My credit cards, store cards, unsecured overdrafts, etc.

Lender	Credit limit	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

My other loans and liabilities including personal loans, HECS/HELP, leases, child support, zip/afterpay, etc.

Lender	Credit type	Minimum monthly repayment	Borrower	Amount owing
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2	\$ <input type="text"/>

My monthly living expenses

Utilities & rates (home)	\$ <input type="text"/>	Recreation & entertainment	\$ <input type="text"/>	Education (excluding HECS)	\$ <input type="text"/>
Utilities & rates (Investment)	\$ <input type="text"/>	Clothing & personal care	\$ <input type="text"/>	Childcare	\$ <input type="text"/>
Phone, internet & pay TV	\$ <input type="text"/>	Medical & healthcare	\$ <input type="text"/>	Insurance (home, personal & car)	\$ <input type="text"/>
Food & groceries	\$ <input type="text"/>	Health insurance	\$ <input type="text"/>	Transport (rego, service, petrol)	\$ <input type="text"/>
Other Please describe:	\$ <input type="text"/>	Other Please describe:	\$ <input type="text"/>	Other Please describe:	\$ <input type="text"/>
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Total				\$	<input type="text"/>

Other Comments Include additional address/employment history if required