

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<br><input type="checkbox"/> 2 | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> 1<br><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<br><input type="checkbox"/> 2 | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> 1<br><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<br><input type="checkbox"/> 2 | <input type="text" value="\$"/> |
| <input type="text"/>                       | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 | <input type="text" value="\$"/> |
| <input type="text"/>                       | <input type="checkbox"/> 1<br><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<br><input type="checkbox"/> 2 | <input type="text" value="\$"/> |
| <input type="text"/> | <input type="text"/> | <input type="checkbox"/> 1<br><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<br><input type="checkbox"/> 2 | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/>   | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/>   | <input type="checkbox"/> 1<br><input type="checkbox"/> 2 | \$ <input type="text"/> |
| <input type="text"/> | <input type="text"/> | \$ <input type="text"/>   | <input type="checkbox"/> 1<br><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<br>Please describe:      | \$ <input type="text"/> | Other<br>Please describe:  | \$ <input type="text"/> | Other<br>Please describe:         | \$ <input type="text"/> |
| <input type="text"/>           |                         | <input type="text"/>       |                         | <input type="text"/>              |                         |
| <b>Total</b>                   |                         |                            |                         | \$                                | <input type="text"/>    |

**Other Comments** Include additional address/employment history if required