

Are you aware of any previous credit history problems? (defaults, judgments, bankruptcy ETC) No / Yes (please explain)

YOUR ASSETS –WHAT YOU OWN (ALL APPLICANTS)

Realestate	Address	Ownership	Rental Income	Value
Property 1		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____ pm	\$ _____
Property 2		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____ pm	\$ _____
Property 3		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____ pm	\$ _____
Property 4		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____ pm	\$ _____
Property 5		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____ pm	\$ _____
Property 6		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____ pm	\$ _____

Other	Make	Model	Year	Ownership	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	Caravan / Boat etc			<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____
Home Contents	ns ance stimate al e			<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____
Shares/ Other				<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____

Savings	Account Number	Bank	Ownership	Value
Savings 1	Transactional / Pay credited to		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____
Savings 2	Bills, Specific Purpose		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____
Savings 3	Savings Investment		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____
Super	Held with		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____
Super	Held with		<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____

Are you a guarantor for any other loans? Please provide details.

	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2	\$ _____
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YOUR LIABILITIES – WHAT YOU OWE (ALL APPLICANTS)

Home Loans	Lender	Limit	Int. Rate	Balance	Repayment	Clearing?
Property 1		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
Property 2		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
Property 3		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
Property 4		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
Property 5		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
Property 6		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>

Personal Loans	Lender	Limit	Int. Rate	Balance	Repayment	Clearing?
		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
	t loans ec s elp etc	\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>

Credit/Store Cards	Bank Name	Limit	Int. Rate	Balance	Repayment	Clearing?
Bank 1		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
Bank 2		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
Bank 3		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
Bank 4		\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>
Bank 5	nte est ee te pa etc	\$ _____	_____ %	\$ _____	\$ _____ pm	<input type="checkbox"/>

YOUR MONTHLY EXPENSES - Anything excluding loan repayments as shown above (ALL APPLICANTS)

Please complete expenses in the table on page 3



Estimated LIVING EXPENSES

Name: _____

Household consists of: Adults: ___ Children: ___

*Complete form assuming you have purchased the new property
for example: will have property expenses (no rent if now renting)*

Weekly
Fortnightly
Monthly

UTILITIES & RATES - Owner Occupied Property Utilities, Body Corporate & Strata Fees, Rates, taxes & levies, Repairs & Maintenance, Other household items	\$
UTILITIES & RATES - Investment Properties Utilities, Body Corporate & Strata Fees, Rates, taxes & levies, Repairs & Maintenance, Other household items	\$
TELEPHONE & INTERNET Mobile Phone, Home Phone, Internet PAY TV Music Streaming Service, Video Streaming Services	\$
GROCERIES Typical supermarket shop including food & toiletries	\$
RECREATION & ENTERTAINMENT For example: Alcohol, Tobacco, Gambling, Restaurant, Membership fees & subscriptions, Holidays, Pet care	\$
CLOTHING & Personal Care For example: Clothing, Footwear, Cosmetics, Personal care etc.	\$
MEDICAL & HEALTH (Excluding Health Insurance) For example: Doctor, Dental, Optical & Pharmaceutical	\$
TRANSPORT Public Transport, Parking & tolls, Vehicle running costs (fuel, servicing)	\$
EDUCATION School fees, books, uniforms etc.	\$
CHILDCARE Childcare including Nannies	\$
INSURANCE For example: Health, Life, Income Protection, Home & Contents, Motor Vehicle	\$
OTHER (Unique items not included in above - Must be explained)	\$
TOTAL MONTHLY EXPENSES	\$

I hereby declare that the above stated living expenses are a true and correct reflection of my/our actual living expenses.

Signature _____

Date:

PRINT

CLEAR