

Fact Find

So we can recommend a loan that we think is most suitable for you we ask that you do your best to complete all parts of this form. Completing this form does not constitute an application and no credit checks or applications to a lender will be made until you have signed both the lenders forms and our Preliminary Assessment and Proposal.

PERSONAL DETAILS

APPLICANT 1 – PERSONAL DETAILS

First Home Buyer?		Permanent Resident?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surname		Title	
<input type="text"/>		<input type="text"/>	
First Name		Date of Birth	
<input type="text"/>		<input type="text"/>	
Middle Name/s			
<input type="text"/>			
Maiden Name		Gender	
<input type="text"/>		<input type="text"/>	
Drivers Licence No.	State Issued	Expiry Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Marital Status			
<input type="text"/>			
No. of Dependants		Ages	
<input type="text"/>		<input type="text"/>	
Home Telephone		Mobile	
<input type="text"/>		<input type="text"/>	
Email Address			
<input type="text"/>			

NEAREST RELATIVE / FRIEND NOT LIVING WITH YOU

Full Name	
<input type="text"/>	
Address	
<input type="text"/>	
Relationship	Phone Number
<input type="text"/>	<input type="text"/>

ADDRESS DETAILS

APPLICANT 1 - ADDRESSS DETAILS

<input type="checkbox"/> Own home	<input type="checkbox"/> Boarding	
<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Other	
<input type="checkbox"/> Renting		
If renting, rent paid per week: \$		
Address		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Date moved in	
<input type="text"/>	<input type="text"/>	

PREVIOUS ADDRESS 1

Lenders require details of your address for at least 3 years

Date moved in	Date moved out
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	

PREVIOUS ADDRESS 2

Lenders require details of your address for at least 3 years

Date moved in	Date moved out
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	

APPLICANT 2 – PERSONAL DETAILS

First Home Buyer?		Permanent Resident?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Surname		Title	
<input type="text"/>		<input type="text"/>	
First Name		Date of Birth	
<input type="text"/>		<input type="text"/>	
Middle Name/s			
<input type="text"/>			
Maiden Name		Gender	
<input type="text"/>		<input type="text"/>	
Drivers Licence No.	State Issued	Expiry Date	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Marital Status			
<input type="text"/>			
No. of Dependants		Ages	
<input type="text"/>		<input type="text"/>	
Home Telephone		Mobile	
<input type="text"/>		<input type="text"/>	
Email Address			
<input type="text"/>			

NEAREST RELATIVE / FRIEND NOT LIVING WITH YOU

Full Name	
<input type="text"/>	
Address	
<input type="text"/>	
Relationship	Phone Number
<input type="text"/>	<input type="text"/>

APPLICANT 2 - ADDRESSS DETAILS

<input type="checkbox"/> Own home	<input type="checkbox"/> Boarding	
<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Other	
<input type="checkbox"/> Renting		
If renting, rent paid per week: \$		
Address		
<input type="checkbox"/> Same as applicant 1		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country	Date moved in	
<input type="text"/>	<input type="text"/>	

PREVIOUS ADDRESS 1

Lenders require details of your address for at least 3 years

Date moved in	Date moved out
<input type="text"/>	<input type="text"/>
Address	
<input type="checkbox"/> Same as applicant 1	
<input type="text"/>	

PREVIOUS ADDRESS 2

Lenders require details of your address for at least 3 years

Date moved in	Date moved out
<input type="text"/>	<input type="text"/>
Address	
<input type="checkbox"/> Same as applicant 1	
<input type="text"/>	

EMPLOYMENT DETAILS

APPLICANT 1 - EMPLOYMENT DETAILS

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Contract |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Home duties |

Employer Company Name

Address

Suburb State Postcode

Country Start date

Contact Person Contact No.

Employer Type

- | | |
|--|---|
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Private Sector |
|--|---|

Your Occupation

Are you under a probationary period?
If yes, length of probation remaining

PREVIOUS EMPLOYMENT 1

Only required if less than 3 years with current employer

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Contract |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Home duties |

Employer Company Name

Address

Start date End date

Contact Person Contact Number (landline)

Employer Type

- | | |
|--|---|
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Private Sector |
|--|---|

Your Occupation

PREVIOUS EMPLOYMENT 2

Only required if less than 3 years with current employer

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Contract |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Home duties |

*Note full time and part time receive holiday pay and sick pay, the rest do not.

Employer Company Name

Address

Start date End date

Contact Person Contact Number (landline)

Employer Type

- | | |
|--|---|
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Private Sector |
|--|---|

Your Occupation

APPLICANT 2 - EMPLOYMENT DETAILS

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Contract |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Home duties |

Employer Company Name

Address

Suburb State Postcode

Country Start date

Contact Person Contact No.

Employer Type

- | | |
|--|---|
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Private Sector |
|--|---|

Your Occupation

Are you under a probationary period?
If yes, length of probation remaining

PREVIOUS EMPLOYMENT 1

Only required if less than 3 years with current employer

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Contract |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Home duties |

Employer Company Name

Address

Start date End date

Contact Person Contact Number (landline)

Employer Type

- | | |
|--|---|
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Private Sector |
|--|---|

Your Occupation

PREVIOUS EMPLOYMENT 2

Only required if less than 3 years with current employer

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Full time | <input type="checkbox"/> Contract |
| <input type="checkbox"/> Self Employed | <input type="checkbox"/> Casual |
| <input type="checkbox"/> Part time | <input type="checkbox"/> Home duties |

*Note full time and part time receive holiday pay and sick pay, the rest do not.

Employer Company Name

Address

Start date End date

Contact Person Contact Number (landline)

Employer Type

- | | |
|--|---|
| <input type="checkbox"/> Public Sector | <input type="checkbox"/> Private Sector |
|--|---|

Your Occupation

Fact Find

ASSETS AND LIABILITIES

PROPERTY 1 (IF OWNER OCCUPIED LEAVE RENTAL PER WEEK BLANK)

Address			Current Value	
			Rental per week	
			Who owns the property	<input type="checkbox"/> Joint <input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Trust/Other
Suburb	State	Postcode	Date purchased	
			Loan balances / limits	
Country	House/Townhouse/Unit/Other		Repayments	
			Lender	

PROPERTY 2

Address			Current Value	
			Rental per week	
			Who owns the property	<input type="checkbox"/> Joint <input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Trust/Other
Suburb	State	Postcode	Date purchased	
			Loan balances / limits	
Country	House/Townhouse/Unit/Other		Repayments	
			Lender	

Savings Acct Type	Bank / Institution	No. of a/c's	Amount	Held by
			\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
			\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
			\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
			\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2

Shares Held With	No. held	Value	Held by
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2

Superannuation Company	Value	Held by
	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2

Motor Vehicle Make	Model	Year	Value	Held by
			\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
			\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
			\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2

Other assets of significant value ie boats, caravans, tools of trade etc	Value
	\$
	\$
	\$
	\$

Home Contents	Insured Value
	\$

CURRENT LOANS (EXCLUDING MORTGAGES)

Loan Type	Lender	Owing	Repayment	Week/Fort/ Month	Held by
		\$	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
		\$	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
		\$	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
		\$	\$		<input type="checkbox"/> App 1 <input type="checkbox"/> App 2

CREDIT CARDS / STORE CARDS ETC.

Card type	Lender	Limit	Owing	Held by
		\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
		\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
		\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
		\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2

Fact Find

INCOME

Income types	Yearly Amounts
Salary before tax applicant 1	\$
Salary before tax applicant 2	\$
Business profit (last financial year)	\$
Investment income	\$
Permanent pension's	\$

LIVING EXPENSES

		Monthly Expenses
1. Groceries	Groceries, meat, fruit and vegetables, pet food and household purchases.	\$
2. Personal	Clothing, shoes and grooming.	\$
3. Property (per property)	Heating, power, water, maintenance, rates and taxes, body corporate fees and utilities. (Owner Occupied and Investment).	\$
4. Education	Private/public school fees, books, uniforms, school activities, university expenses.	\$
5. Child Care	Child Care costs after rebates and nannies.	\$
6. Health (exclude health insurance)	Medicine, natural remedies, doctor, dentist, specialists, optical, physiotherapy, massage, acupuncture, chiropractor etc.	\$
7. Transport	Motor vehicle(s) running costs, petrol, registration, maintenance, tolls and public transport costs.	\$
8. Insurance	Property (building & contents), motor vehicle, private health and personal (Life and Income).	\$
9. Entertainment and Recreation	Eating out, takeaways, lunches and coffees, cinema, theatre, concerts, alcohol, tobacco, gambling, holidays and sports cost ie gym fees and memberships.	\$
10. Communication	Ongoing phone, internet plans, pay TV, etc.	\$
11. Child Support	Child Support/Maintenance.	\$
12. Other	Any other ongoing expenses not included above. Description:	\$
Total	Monthly Expenditure	\$

I/We declare that the above information is true and that there are no foreseeable changes to my/our living expenses.

Signature : _____

Signature: _____

Name:

Name:

Date:

Date: