



CLIENT FACT FIND

Applicants:

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Initial Appointment Date:

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Source / Referrer:

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Transaction Type:

First Home Buyer: Y / N

YOUR INCOME DETAILS:

	<u>Borrower 1</u>	<u>Borrower 2</u>
Occupation / Job Title		
Date Started		
Employer / Business Name if self employed		
Employer / Business Address		
ABN / ACN		
Employer / Business Phone		
Employment Type	Full Time / Part Time / Casual / Unemployed / Other:	Full Time / Part Time / Casual / Unemployed / Other:
PREVIOUS EMPLOYMENT (If less than 2 years in current position) OR SECONDARY EMPLOYMENT		
Occupation / Job Title		
Date Started / Date finished	From: To:	From: To:
Employer / Business Name if self employed		
Employer / Business Address		
ABN / ACN		
Employer / Business Phone		
Employment Type	Full Time / Part Time / Casual / Unemployed Other:	Full Time / Part Time / Casual / Unemployed Other:
PREVIOUS EMPLOYMENT		
Occupation / Job Title		
Date Started / Date Finished	From: To:	From: To:
Employer / Business Name		
Employer / Business Address		
ABN / ACN		
Employer / Business Phone		
Employment Type	Full Time / Part Time / Casual / Unemployed Other:	Full Time / Part Time / Casual / Unemployed Other:
Annual Gross Salary/Wage		
Annual Salary/Wage (2nd Job)		
Est. Nett Business Income:		
Rebates, refunds etc		
Annual Div /Investmt Income		
Annual Rental Income		
Family Pmts / Pensions		
Child Maintenance Rec'd		
Other Nett Income		
TOTAL NETT INCOME	\$	\$

Assets & Liabilities

Asset / Liability	Asset Value	Liability Amt	Owner		Current Balance	Mthly Repmt	Lender	Rate %	Term Left	Details: Property Address Vehicle make, model & year	REF ?
			JOINT	App 1							
Family Home											
Other Property											
Other Property											
Child Support											
Rent Payments											
Home Contents											
Savings Acc Balance											
Savings Acc Balance											
Savings Acc Balance											
Credit / Store Card											
Credit / Store Card											
Credit / Store Card											
Motor Vehicle											
Motor Vehicle											
Other (Ploan, Boat, Caravan etc)											
Other (Ploan, Boat, Caravan etc)											
Other Asset or Liability											
Other Asset or Liability											
Other Asset or Liability											
Other Asset or Liability											
Superannuation											
Superannuation											
Total Mthly Liabilities						\$					

General Living Expences

Utilities	Alcohol & Tobacco	School fees & Assoc costs
Repairs & Maintenance	Gambling	Childcare fees (Inc nanny)
Body Corporate & Strata Fees	Restaurant	Health Ins
Rates, Taxes, Levies	Membership fees & Subs	Life & Income Protection
Other household items	Pet care	Home & Contents
	Holidays	Car Insurance
Groceries	Public Transport	Telephone & Internet
Clothing & Footwear	Vehicle running costs	Pay TV, Netflix etc
Cosmetics	Parking & Tolls	
Personal Care		
Doctor / Dentist		
Optical & Pharmaceutical	Other (explain cost)	
Total Mthly Living Expences		\$

If total is lower than benchmark please explain:

LOAN PURPOSE:

				Residential		Commercial	
				OO	INV	OO	INV
Purchase:	<input type="checkbox"/> Established	<input type="checkbox"/> New	<input type="checkbox"/> Land	Purchase Price	\$		
Purchase:	<input type="checkbox"/> Established	<input type="checkbox"/> New	<input type="checkbox"/> Land	Purchase Price	\$		
Construction:	<input type="checkbox"/>			Build Price	\$		
Refinance:	<input type="checkbox"/> New Lender	<input type="checkbox"/> Variation	<input type="checkbox"/> Debt Consol	Refi Amount	\$		
Other:	<input type="checkbox"/> Specify:			Amount	\$		
				Total Purchase	\$		
				Less DEPOSIT	\$		
				Less FHOG	\$		
				TOTAL REQUIRED	\$		
				Est Legal Fees	\$		
				Est Stamp Duty	\$		
				Est LMI	\$		
				Est LOAN AMOUNT	\$		

Finance Date:	Settlement Date:	# of Security Properties	First Home Buyer
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Deposit Breakdown			
Equity (no Deposit)			
Gen Sav:			
Loan:			
Serv Gar:			
Other:			

LOAN FEATURES:

Preferred Term:	Repayment Type:	Interest:	Repayments:	Features:
5 years <input type="checkbox"/>	P&I <input type="checkbox"/>	Variable <input type="checkbox"/>	Weekly <input type="checkbox"/>	Offset <input type="checkbox"/>
10 years <input type="checkbox"/>	Interest Only <input type="checkbox"/>	Fixed <input type="checkbox"/>	F/nightly <input type="checkbox"/>	Redraw <input type="checkbox"/>
15 years <input type="checkbox"/>	Line of Credit <input type="checkbox"/>	Combo <input type="checkbox"/>	Monthly <input type="checkbox"/>	Intro Rate <input type="checkbox"/>
20 years <input type="checkbox"/>	Int in Advance <input type="checkbox"/>			Secure Rate Lock <input type="checkbox"/>
25 years <input type="checkbox"/>				Debit Card <input type="checkbox"/>
30 years <input type="checkbox"/>				Chq Book <input type="checkbox"/>

NOTES:

SECURITIES:

1: Address: _____ P/code _____
 Name on Title: _____
 Est Value: \$ _____ Purch Price: \$ _____ Build Price: \$ _____
 Contact for Access: _____ Phone: _____

2: Address: _____ P/code _____
 Name on Title: _____
 Est Value: \$ _____ Purch Price: \$ _____ Build Price: \$ _____
 Contact for Access: _____ Phone: _____

3: Address: _____ P/code _____
 Name on Title: _____
 Est Value: \$ _____ Purch Price: \$ _____ Build Price: \$ _____
 Contact for Access: _____ Phone: _____

CONVEYANCING

Conveyancer: _____ Company: _____
 Address: _____
 Email: _____ Phone: _____



CLIENT ACKNOWLEDGMENT:

Has there been any financial stress or applications for hardship from any existing loan debt?

No Yes If YES please describe:

Have there been any defaults on any loans or debts in the past 2 years?

No Yes If YES please describe:

Is there a record of genuine savings in the last 12 months?

No Yes

Are there any circumstances that you are aware of that could affect your ability to repay this loan?

No Yes ———> Temporary reduction in income
 Permanent / Long term change in income
 Anticipated large expenditure

If YES please describe:

How will changes be overcome in order to meet repayments?:

- Securing additional income
- Reducing expenditure
- Use of savings
- Sale of Assets

Would you like a comparison quote on your insurances?

No Yes

(Insurance available General, House & Contents, Landlords, Life, Income Protection)

Would you like a referral for

Do you have a financial advisor?

No Yes -

If NO, would you like to speak to a financial planner?

No Yes

I / We acknowledge that the information given in this Client Fact Find is true and correct.

Applicant 1: _____ Name (printed) _____ Date _____

Applicant 2: _____ Name (printed) _____ Date _____