

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 formal quote and disclosure document.

A. YOUR 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 License 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"/>			

ADDITIONAL INFORMATION

For tax purposes, are you a resident of any other country?

Yes If yes which country?

No

Mothers Maiden Name

APPLICANT 1 - ADDRESS 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**

Address

PREVIOUS ADDRESS 2

Lenders require details of your address for at least 3 years

Date moved in **Date moved out**

Address

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 License 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"/>			

ADDITIONAL INFORMATION

For tax purposes, are you a resident of any other country?

Yes If yes which country?

No

Mother Maiden Name

APPLICANT 2 - ADDRESS 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**

Address

Same as applicant 1

PREVIOUS ADDRESS 2

Lenders require details of your address for at least 3 years

Date moved in **Date moved out**

Address

Same as applicant 1

C. 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 |

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

Employer Company Name

Address

Suburb State Postcode

Country Start date

Contact Person Contact No. (landline only)

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 |

*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

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 |

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

Employer Company Name

Address

Suburb State Postcode

Country Start date

Contact Person Contact No. (landline only)

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 |

*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

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

D. 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 Insurance Company	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

E. INCOME (ONGOING IN NATURE)

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

F. DIRECT DEBIT INFORMATION

Do you have a preferred direct debit account for your new loan?

New account Existing Account Account name _____
 Bsb _____ Account # _____

G. YOUR REQUIREMENTS & OBJECTIVES

Please state your primary reason for seeking credit or the reason for a review of an existing credit contract:

Desired Loan features

- | | | |
|-------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Variable interest rate | <input type="checkbox"/> Principal & Interest | <input type="checkbox"/> Offset account |
| <input type="checkbox"/> Fixed interest rate | <input type="checkbox"/> Extra repayments allowed | <input type="checkbox"/> Packaged with credit card |
| <input type="checkbox"/> Line of credit | <input type="checkbox"/> Redraw | <input type="checkbox"/> Not sure |

Are you seeking interest only repayments?

- Yes No

If you selected Yes, please state the reasons why

How long do you expect to remain in the contract?

- | | |
|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Short term | <input type="checkbox"/> Long term |
| <input type="checkbox"/> Medium term | <input type="checkbox"/> Not sure |

Have you ever had any judgements, paid or unpaid defaults or had any legal proceedings against you in respect of a credit contract in the last 7 years?

- Yes No

Are all credit commitment up to date and below their limits?

- Yes No

How concerned are you about rising interest rates?

- | | |
|---------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> Not concerned | <input type="checkbox"/> Very concerned |
| <input type="checkbox"/> A little concerned | <input type="checkbox"/> Not sure |

Do you expect any significant changes to your financial situation in the foreseeable future that would **adversely** affect your ability to meet your ongoing commitments?

- Yes No

H. PROTECTING YOUR BIGGEST ASSET – YOU AND YOUR INCOME

Please take a minute to really consider if you will (applies to all applicants) have adequate personal risk insurances in place after this proposal settles? Most people are underinsured. Basic cover provided inside your Super is also likely to be inadequate if you have any debts to service ongoing. To make sure you have considered cover and to discharge our duty of care obligations please choose your preference:

- Full advice referral: We will refer you to a trusted financial planning professional who can provide you with a tailored insurance package.
- We can get you a quote for an "off the shelf" type insurance product using a 'no advice' model. This will not take your full situation into account but will generally be able to be done as part of the loan process.

LIVING EXPENSES

Instructions:

Please complete all boxes with an estimate of your average monthly expenditure per item. If not applicable, please write \$0.
Please be mindful that while we do not want to place you into hardship by underestimating your living expenses to your chosen lender we also do not want to include discretionary expenses that can easily be removed from your budget without hardship. Overstating living costs will decrease your borrowings capacity.

		Monthly Expenses
Food and Groceries	Groceries, meat, fruit and vegetables, pet food	\$
Clothing	Clothing and footwear	\$
Utilities	Heating, power and water	\$
Housing	Maintenance, rates and taxes, body corporate fees, home insurance	\$
School Fees	Private school fees, books, uniforms, incidentals, university expenses	\$
Childcare	Childcare costs after rebates	\$
Healthcare	Medicine, natural remedies, doctor, dentist, specialists, optical, physiotherapy, massage, acupuncture, chiropractor etc.	\$
Motor vehicle	Petrol, rego, maintenance and Tolls	\$
Transport	Train, busses etc.	\$
Risk Insurances	Life, tpd, income protection	\$
Private Health Insurance	Private health insurance	\$
Entertainment/ leisure	Eating out, takeaways, lunches and coffees, cinema, theatre, concerts, holidays	\$
Sports/ gym	Sports cost and related expenses	\$
Subscriptions	Netflix, Spotify, Foxtel etc.	\$
Phone/internet	Ongoing phone and internet plans	\$
Other	Any other ongoing expenses not included	\$
Total		\$