

Fact Find

Interview date: ___/___/_____ Interview location: _____

Present at interview: _____

Special notes: _____

Personal Information			
Applicant 1		Applicant 2	
Title:		Title:	
First Name:		First Name:	
Middle Names:		Middle Names:	
Surname:		Surname:	
DOB:		DOB:	
Drivers Licence Num:		Drivers Licence Num:	
Expiry:		Expiry:	
Marital Status:		Marital Status:	
Num of Dependents:	Ages:	Num of Dependents:	Ages:
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Mobile:		Mobile:	
Email:		Email:	

Residency			
Current Address:		Current Address:	
	Post Code:		Post Code:
Since:		Since:	
Current Residential Status:		Current Residential Status:	
<input type="checkbox"/> Renting	<input type="checkbox"/> Own Home – Mortgage	<input type="checkbox"/> Renting	<input type="checkbox"/> Own Home – Mortgage
<input type="checkbox"/> With Parents	<input type="checkbox"/> Own Home – No Mortgage	<input type="checkbox"/> With Parents	<input type="checkbox"/> Own Home – No Mortgage
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	
Previous Address (if Less than 3 years at current address)		Previous Address (if Less than 3 years at current address)	
	Post Code:		Post Code:
From:	To:	From:	To:
Previous Residential Status:		Previous Residential Status:	
<input type="checkbox"/> Renting	<input type="checkbox"/> Own Home – Mortgage	<input type="checkbox"/> Renting	<input type="checkbox"/> Own Home – Mortgage
<input type="checkbox"/> With Parents	<input type="checkbox"/> Own Home – No Mortgage	<input type="checkbox"/> With Parents	<input type="checkbox"/> Own Home – No Mortgage
<input type="checkbox"/> Other:		<input type="checkbox"/> Other:	

Employment				
<input type="checkbox"/> PAYG	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self Employed
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
Occupation:			Occupation:	
Start Date:			Start Date:	
Employer:			Employer:	
Address:			Address:	
		Post Code:		
Gross annual taxable income		\$	Gross annual taxable income	
Other gross annual income		\$	Other gross annual income	
Fortnightly Social Security pmts		\$	Fortnightly Social Security pmts	
Current weekly rental		\$	Current weekly rental	
* Please complete previous employment if not with current employer for 2 years.				
Previous or Secondary Employment			Previous or Secondary Employment	
<input type="checkbox"/> PAYG	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> PAYG	<input type="checkbox"/> Self Employed
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:	
<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time
<input type="checkbox"/> Other:			<input type="checkbox"/> Other:	
Occupation:			Occupation:	
Start Date:			Start Date:	
Employer:			Employer:	
Address:			Address:	
		Post Code:		

Loan Information		
<input type="checkbox"/> Purchase an Owner Occupied Property	Proposed Purchase price:	\$
<input type="checkbox"/> Purchase an Investment Property	Proposed Purchase price:	\$
<input type="checkbox"/> Purchase vacant Land / Build a Home	Proposed Contract price:	\$
<input type="checkbox"/> Refinance an existing loan	<input type="checkbox"/> Consolidate my/our debt	
<input type="checkbox"/> Unlock equity in my/our home	<input type="checkbox"/> To renovate/ improve home	
<input type="checkbox"/> Invest in purchase of a business	<input type="checkbox"/> Other	
Loan Amount (1) Required: \$	Loan Amount (2) Required: \$	
Do you qualify for the First Home Owners Grant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Full Name of a nearest relative not living with you:		
Relationship:		
Address:		Post code:
Phone:	Mobile Phone:	

Security Details	
Security 1	Security 2
Address:	Address:
Post code:	Post code:
Valuation access contact:	Valuation access contact:
Name: Phone:	Name: Phone:

Statement of Position					
Assets			Liabilities		
Description	Value		Balance	Repayment	
Property 1 – Address:	\$	Mortgage 1	\$	\$	
		Lender:			
Property 2 – Address:	\$	Mortgage 2	\$	\$	
		Lender:			
Property 3 – Address:	\$	Mortgage 3	\$	\$	
		Lender:			
Vacant Land 1 – Address:	\$	Mortgage 4	\$	\$	
		Lender:			
Shares:	\$	Shares Loan:	\$	\$	
Savings or Deposit A/C:			Other Commitments		
Bank:	\$	Personal Loan 1 :	\$	\$	
Bank:	\$	Personal Loan 2:	\$	\$	
Other:	\$	Other Loan:	\$	\$	
Motor vehicles etc			Motor Vehicle Loan/ CHP/Lease		
Car 1 – Make:	\$	Loan 1:	\$	\$	
Car 2- Make:	\$	Loan 2:	\$	\$	
Boar/ Caravan:	\$	Loan 3:	\$	\$	
Motorbike:	\$	Loan 4:	\$	\$	
Other:	\$	Loan 5:	\$	\$	
Home Contents:	\$	Overdraft:	\$	\$	
	\$	Business Debt:	\$	\$	
Wealth Accumulation			Credit & Store Cards		
Superannuation C1: (Provider)	\$	Bank	Limit	Balance	Repayment
Superannuation C1: (Provider)	\$		\$	\$	\$
Superannuation C2: (Provider)	\$		\$	\$	\$
Superannuation C2: (Provider)	\$		\$	\$	\$
Insurance C1: Life / TPD (Provider)	\$	Current Rent (Per Month)		\$	
Insurance C1: Trauma (Provider)	\$	Special Notes: _____ _____ _____ _____			
Insurance C1: Income Protection (Provider)	\$				
Insurance C2: Life / TPD (Provider)	\$				
Insurance C2: Trauma (Provider)	\$				
Insurance C2: Income Protection (Provider)	\$				

Monthly Living Expenses			
Applicant 1		Applicant 2	
Utilities - e.g. Electricity. Water Rates, Gas, Council Rates, Phone, Internet:	\$	Utilities - e.g. Electricity. Water Rates, Gas, Council Rates, Phone, Internet:	\$
Food - e.g. Groceries	\$	Food - e.g. Groceries	\$
Clothing:	\$	Clothing:	\$
Education - e.g. School Fees, Childcare:	\$	Education - e.g. School Fees, Childcare:	\$
Health Care- e.g. Private Health Insurance, Costs associated with ongoing medical bills:	\$	Health Care- e.g. Private Health Insurance, Costs associated with ongoing medical bills:	\$
Transportation - e.g. Petrol, Train, Bus fares and vehicle running costs:	\$	Transportation - e.g. Petrol, Train, Bus fares and vehicle running costs:	\$
Other Expenses:	\$	Other Expenses:	\$
Other Expenses:	\$	Other Expenses:	\$
I _____ declare that the above information is true and that there are no foreseeable changes to my financial circumstances. These expenses were discussed at: _____ _____ _____		I _____ declare that the above information is true and that there are no foreseeable changes to my financial circumstances. These expenses were discussed at: _____ _____ _____	
If your monthly living expenses are minimal, please provide a reason why – e.g. Self Employed, frugal, seldom go out etc.: _____ _____ _____ _____		If your monthly living expenses are minimal, please provide a reason why – e.g. Self Employed, frugal, seldom go out etc.: _____ _____ _____ _____	
Product Requirements: <input type="checkbox"/> Variable <input type="checkbox"/> Fixed <input type="checkbox"/> Offset <input type="checkbox"/> Redraw <input type="checkbox"/> Extra Repayments <input type="checkbox"/> Interest Only <input type="checkbox"/> Professional Package <input type="checkbox"/> Bridging _____ _____ _____			
Signature:		Signature:	
Name:		Name:	
Date:		Date:	