



FACT FIND

A. PERSONAL DETAILS - APPLICANT 1

Mr Ms Mrs Miss Dr Other

Surname

First Name Middle Name

Date of Birth (DOB) Citizenship

Drivers Licence Number Drivers Licence Expiry Date

Marital Status Mother's Maiden Name

Number of Dependants Ages of Dependants

Nearest Relative not Living with you (Name, Number & Address)

A. PERSONAL DETAILS - APPLICANT 2

Mr Ms Mrs Miss Dr Other

Surname

First Name Middle Name

Date of Birth (DOB) Citizenship

Drivers Licence Number Drivers Licence Expiry Date

Marital Status Mother's Maiden Name

Number of Dependants Ages of Dependants

Nearest Relative not Living with you (Name, Number & Address)

B. ADDRESS DETAILS - APPLICANT 1

Current Residential Address

Current Residential Address Status
 Own Mortgaged Renting Boarding Other

Start Date at Current Address Mobile

Email Address

Previous Residential Address (if less than 3 years at current)

Start Date at Previous Address

B. ADDRESS DETAILS - APPLICANT 2

Current Residential Address (write 'COPY' if details are the same as Applicant 1)

Current Residential Address Status
 Own Mortgaged Renting Boarding Other

Start Date at Current Address Mobile

Email Address

Previous Residential Address (if less than 3 years at current)

Start Date at Previous Address

C. EMPLOYMENT DETAILS - APPLICANT 1

Current Employment
 Employee Self-employed Full Time Part Time Casual

Start Date of Current Employment Occupation

Employer Business Name or ABN Employer Phone Number

Previous Employment (if in current for less than 3 years)
 Employee Self-employed Full Time Part Time Casual

Start Date of Previous Employment Occupation

Employer Business Name or ABN

C. EMPLOYMENT DETAILS - APPLICANT 2

Current Employment
 Employee Self-employed Full Time Part Time Casual

Start Date of Current Employment Occupation

Employer Business Name or ABN Employer Phone Number

Previous Employment (if in current for less than 3 years)
 Employee Self-employed Full Time Part Time Casual

Start Date of Previous Employment Occupation

Employer Business Name or ABN



D. GROSS MONTHLY INCOME - APPLICANT 1

Employment (pre-tax)	\$	<input type="text"/>	Investment/Shares	\$	<input type="text"/>
Total Rent Received	\$	<input type="text"/>	DSS/Other	\$	<input type="text"/>

D. GROSS MONTHLY INCOME - APPLICANT 2

Employment (pre-tax)	\$	<input type="text"/>	Investment/Shares	\$	<input type="text"/>
Total Rent Received	\$	<input type="text"/>	DSS/Other	\$	<input type="text"/>

E. MONTHLY EXPENSES - APPLICANT 1&2

Utilities & Rates Owner Occupied	\$	<input type="text"/>	Utilities & Rates Investment	\$	<input type="text"/>
Recreation & Entertainment	\$	<input type="text"/>	Clothing & Personal Care	\$	<input type="text"/>
Education	\$	<input type="text"/>	Childcare	\$	<input type="text"/>

Telephone, Internet & Pay TV	\$	<input type="text"/>	Food & Groceries	\$	<input type="text"/>
Medical & Health	\$	<input type="text"/>	Transport	\$	<input type="text"/>
Insurance	\$	<input type="text"/>	Other	\$	<input type="text"/>

F1. REAL ESTATE ASSETS - APPLICANT 1&2

Home	Address	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 1	Address	Est. Value \$	Monthly Rent \$ Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 2	Address	Est. Value \$	Monthly Rent \$ Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 3	Address	Est. Value \$	Monthly Rent \$ Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Investment 4	Address	Est. Value \$	Monthly Rent \$ Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G1. REAL ESTATE LIABILITIES - APPLICANT 1&2

Home Loan Lender	Balance \$	Rate %	Repayment \$	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home Loan Lender	Balance \$	Rate %	Repayment \$	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home Loan Lender	Balance \$	Rate %	Repayment \$	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home Loan Lender	Balance \$	Rate %	Repayment \$	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Home Loan Lender	Balance \$	Rate %	Repayment \$	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

F2. OTHER ASSETS - APPLICANT 1&2

Vehicle 1	Make/Model/Year	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Vehicle 2	Make/Model/Year	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	Account/Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	Account/Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	Account/Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Savings	Account/Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Contents	Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Superfund/SMSF	Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Superfund/SMSF	Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Shares	Details	Est. Value \$	Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

G2. OTHER LIABILITIES - APPLICANT 1&2

Vehicle Loan Lender	Repayment \$	Balance \$	Rate %	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Vehicle Loan Lender	Repayment \$	Balance \$	Rate %	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Credit Card Lender	Limit \$	Balance \$	Ownership	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Credit Card Lender	Limit \$	Balance \$	Ownership	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Credit Card Lender	Limit \$	Balance \$	Ownership	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Credit Card Lender	Limit \$	Balance \$	Ownership	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Personal Loan Lender	Repayment \$	Balance \$	Ownership	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SMSF Loan Lender	Repayment \$	Balance \$	Rate %	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SMSF Loan Lender	Repayment \$	Balance \$	Rate %	Refinance
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
HECS/HELP Debt	Repayment \$	Balance \$	Ownership	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	



H. REQUIREMENTS & OBJECTIVES - APPLICANT 1 & APPLICANT 2

Please state primary reasons for seeking loan?

If purchasing: funds required to complete loan

Security Property Value	\$	<input type="text"/>	Savings	\$	<input type="text"/>
Stamp Duty	\$	<input type="text"/>	Deposit Paid	\$	<input type="text"/>
Conveyancer Fees	\$	<input type="text"/>	Gifts and Other	\$	<input type="text"/>
Any Other Fees	\$	<input type="text"/>	TOTAL CONTRIBUTIONS (B)	\$	<input type="text"/>
TOTAL COSTS (A)	\$	<input type="text"/>	TOTAL LOAN REQUIRED (A-B)	\$	<input type="text"/>

I. DESIRED LOAN FEATURES - APPLICANT 1 & APPLICANT 2

<input type="checkbox"/> Variable Rate	<input type="checkbox"/> Interest Only	<input type="checkbox"/> Redraw	<input type="checkbox"/> Line of Credit
<input type="checkbox"/> Fixed Rate	<input type="checkbox"/> Offset Account	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Additional Repayments
<input type="checkbox"/> Combined, Variable & Fixed	<input type="checkbox"/> Internet Banking	<input type="checkbox"/> Portability	<input type="checkbox"/> Loan Variations

Any preferred lenders? Any lenders you do not wish to deal with? Preferred loan splits?

J. YOUR FINANCIAL SECURITY - APPLICANT 1 & APPLICANT 2

Have you ever had any financial judgments or legal proceedings against you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Did you have any difficulty meeting your financial commitments in the past 2 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are any of your existing debts currently in arrears?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are you concerned about rising interest rates? How concerned are you?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you expect any significant changes to your financial situation in the foreseeable future that would adversely impact your ability to meet your commitments? How do you expect to meet your commitments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

If any applicants answered 'YES' to any of the questions above, please provide details below:

K. PROTECTING YOUR LIFESTYLE - APPLICANT 1 & APPLICANT 2

Do you have any insurance to protect your lifestyle eg.life, total permanent disablement insurance, income protection, etc?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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If No, how would your lifestyle needs be maintained if you and/or your partner were:

- Temporarily unable to earn an income, for example through sickness/illness?
- Permanently unable to earn income, for example through death/permanent disability?

Would you like someone to contact you regarding life insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Do you have home and contents insurance?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Have you received advice from an accountant, solicitor or financial planner regarding your requirements or financial objectives? If Yes, please provide details:	<input type="checkbox"/> YES	<input type="checkbox"/> NO

L. OTHER ADVISORS - APPLICANT 1&2

Accountant Business Name	Accountant Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Solicitor/Conveyancer Business Name	Solicitor/Conveyancer Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Real Estate Agency	Agent Name	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

I/We agree that my/our broker may keep the above parties updated about progress of my/our loan application.

