

Interview:  Face to face  Phone  Voice call

Location:

Date & Time:



**your loan  
assist**

## CLIENT NEEDS ANALYSIS

Please complete the below fields to enable us to assist you with your credit enquiry.

**YOUR NEEDS & OBJECTIVES** – Why do you need a loan?

Loan Amount sought: \$		
Have you purchased a property / signed a Contract of Sale:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a First Home Buyer	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## PERSONAL DETAILS

	Applicant 1	Applicant 2
Title		
Surname		
Given Name/s		
Preferred Name		
Previous Name		
Date of Birth (DOB)/ Gender	/	/
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De facto
Dependents	# of	# of
Dependents DOB		

ADDRESS DETAILS

<i>CURRENT</i>	Applicant 1	Applicant 2
Street		
Suburb		
State / Postcode		
Date moved in		
	<input type="checkbox"/> Owns <input type="checkbox"/> Rents <input type="checkbox"/> Other	<input type="checkbox"/> Owns <input type="checkbox"/> Rents <input type="checkbox"/> Other
<i>PREVIOUS</i>		
Street		
Suburb		
State / Postcode		
Date moved in/out	In                  Out	In                  Out
<i>MAILING (if different)</i>		
Street		
Suburb		
State / Postcode		

CONTACT DETAILS

	Preferred		
Mobile Phone	<input type="checkbox"/>		
Home Phone	<input type="checkbox"/>		
Work Phone	<input type="checkbox"/>		
Email Address	<input type="checkbox"/>		

ADDITIONAL INFORMATION

Mother's Maiden Name		
ID document # <i>(DL/Passport)</i>		
Foreign Tax Status / TNN		
Town / Country of Birth		
Estimated Retirement Age		

RELATIVE NOT LIVING WITH YOU

Name	
Phone	
Email	
Address	

**EMPLOYMENT DETAILS (Current)**

	<b>Applicant 1</b>	<b>Applicant 2</b>
Employment type	<input type="checkbox"/> PAYG (wage) <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employ <input type="checkbox"/> Retired	<input type="checkbox"/> PAYG (wage) <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employ <input type="checkbox"/> Retired
Employment basis	<input type="checkbox"/> Casual <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Contractor	<input type="checkbox"/> Casual <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Contractor
Date Started		
Occupation		
Income Amount (Gross / Net)		
Pay frequency	<input type="checkbox"/> WK <input type="checkbox"/> F/N <input type="checkbox"/> M <input type="checkbox"/> P/A	<input type="checkbox"/> WK <input type="checkbox"/> F/N <input type="checkbox"/> M <input type="checkbox"/> P/A
<i>EMPLOYER</i>		
Street Address		
Suburb		
State / Postcode		
Contact Name		
Contact Phone number (to verify income)		
On Probation	<input type="checkbox"/> Yes – time left <input type="text"/> <input type="checkbox"/> No	<input type="checkbox"/> Yes – time left <input type="text"/> <input type="checkbox"/> No

**EMPLOYMENT DETAILS (Previous – if less than 3 years in current position)**

	<b>Applicant 1</b>	<b>Applicant 2</b>
Employment type	<input type="checkbox"/> PAYG (wage) <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employ <input type="checkbox"/> Retired	<input type="checkbox"/> PAYG (wage) <input type="checkbox"/> Unemployed <input type="checkbox"/> Self Employ <input type="checkbox"/> Retired
Employment basis	<input type="checkbox"/> Casual <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Contractor	<input type="checkbox"/> Casual <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Contractor
Date Started / Finished	/	/
Occupation		
Income Amount (Gross / Net)		
Pay frequency	<input type="checkbox"/> WK <input type="checkbox"/> F/N <input type="checkbox"/> M <input type="checkbox"/> P/A	<input type="checkbox"/> WK <input type="checkbox"/> F/N <input type="checkbox"/> M <input type="checkbox"/> P/A
<i>EMPLOYER</i>		
Street Address		
Suburb		
State / Postcode		
Contact Name		
Contact Phone number (to verify income)		

Do you receive any other income (Bonus, Commission, Centrelink, Family Assistance)?

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**ASSETS**

Type	Description	Estimated Value	Owner		
			App1	App2	Both
Principal Home			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Property			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Rental Income \$</i>				
Investment Property			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<i>Rental Income \$</i>				
Motor Vehicle			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Savings Account			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Contents			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Superannuation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## LIABILITIES

Type	Loan Provider	Loan Balance	Loan Limit	Repayments	Loan Term	Loan Start/End date	Fixed/IO expiry	Owner		
								Ap1	Ap2	Both
Home Loan								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Loan								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Loan								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loan								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Loan								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Loan								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Loan								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card				N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card				N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card				N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card				N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Card				N/A	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
After Pay/ Zip Pay								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

**LIVING EXPENSES** (if \$0.00 against any Type please enter explanation as to why)

<b>Expense Type</b>	<b>Expense Amount</b>	<b>Frequency (WK F/N M P/A)</b>	<b>Total Calc Monthly</b>	<b>Description / Explanation</b>
Utilities				
Rates				
Body Corporate				
Ongoing Rent				
Transport				
Car expenses				
Food / Groceries				
Communication & Media				
Medical & Health				
Education & Childcare				
Child Support/ Maintenance				
Insurance - General				
Insurance - Health				
Insurance - Risk				
Entertainment & Recreation				
Clothing & Personal Care				
Gift/Donations				
Other				
Other				
Other				
<b>TOTAL</b>				