

NEEDS ANALYSIS

Please complete **all** sections of the Needs Analysis.

Applicant Details			
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms	Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Given Names		Given Names	
Surname		Surname	
Date of Birth		Date of Birth	
Marital Status		Marital Status	
Drivers Licence No		Drivers Licence No	
Children's Age(s)		Children's Age(s)	
Address		Address	
Time residing		Time residing	
Housing status	<input type="checkbox"/> Renting <input type="checkbox"/> Mortgage <input type="checkbox"/> With parents <input type="checkbox"/> Other -	Housing status	<input type="checkbox"/> Renting <input type="checkbox"/> Mortgage <input type="checkbox"/> With parents <input type="checkbox"/> Other -
Previous Address <i>If less than 3 years</i>		Previous Address <i>If less than 3 years</i>	
Time Residing		Time Residing	
Home Phone		Home Phone	
Mobile		Mobile	
E-mail		E-mail	
Skype Address		Skype Address	

Employment Details			
Occupation		Occupation	
Employer		Employer	
Address		Address	
Work Phone		Work Phone	
Type	<input type="checkbox"/> PAYG <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed	Type	<input type="checkbox"/> PAYG <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed
Basis	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	Basis	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Date Started		Date Started	
Gross Income * \$ _____ Per year		Gross Income * \$ _____ Per year	
Previous Employment (if current is less than 3 years)			
Occupation		Occupation	
Employer		Employer	
Address		Address	
Work Phone		Work Phone	
Basis	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual	Basis	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Date Started		Date Started	
Dated Finished		Dated Finished	

* If self-employed, please provide your Personal Taxable Income

Assets	Estimated Value	Ownership	Security
Real Estate – Property 1 Address: Rent Received: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month OR <input type="checkbox"/> N/A	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate – Property 2 Address: Rent Received: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month OR <input type="checkbox"/> N/A	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate – Property 3 Address: Rent Received: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month OR <input type="checkbox"/> N/A	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings – Institution:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Savings – Institution:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Superannuation – Institution:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Superannuation – Institution:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Motor vehicle 1 - Make: Year:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Motor vehicle 1 - Make: Year:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Investments – (Shares, Business, etc) Type:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Furniture & effects	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Other	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
TOTAL	\$0.00		

Liabilities	Balance	Monthly Payment	Name on Liability	Paying Out?
Rent that you pay		\$0		
Mortgage – Property 1 Lender: Interest Rate: % Fixed / Variable LIMIT:\$	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage – Property 2 Lender: Interest Rate: % Fixed / Variable LIMIT:\$	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage – Property 3 Lender: Interest Rate: % Fixed / Variable LIMIT:\$	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Loan / Lease Lender:	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Lender: Limit: \$	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Lender: Limit: \$	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salary Sacrifice – HELP / HECS debt Purpose:	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Liabilities:	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL	\$0.00	\$0.00		

Taxation Information			
Accountant's name:		Phone number:	
Are you a Tax Resident of any other Country?	<input type="checkbox"/> Yes	Where:	<input type="checkbox"/> No

Reason for Application	
Reason for Application:	<input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Debt Consolidation
Why do you want a loan?	
What are your financial goals for the next 2 – 5 years?	
Are you interested in investing in property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What would you be prepared to commit to, on a weekly basis, to secure an investment property?	<input type="checkbox"/> \$0 - \$25 <input type="checkbox"/> \$25 - \$50 <input type="checkbox"/> \$50+ per week

Name of Nearest Relative – that does not live with you			
Full Name:			
Relationship to you:		Which Applicant?	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2
Contact Number:			
Australian Residential Address:			
Mother's Maiden Name	App 1		App 2

Risk Profile	
Do you have a clear credit file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you had issues with making repayments on any of your liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know of any foreseeable significant changes to your circumstances? <i>For Example, are you planning on changing jobs? Retiring? Starting a Family?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Insurance			
Do you currently have Income Protection Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you currently have General Insurance? E.g. House, contents	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you currently have Mortgage Protection Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
Do you have life, disablement and trauma insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure
As part of our licence we have a duty of care toward all our clients, to ensure that they are properly protected. With this onus in mind, we will be providing you with a quote to take out a Loan Protection Plan.			

Other income	
Do you receive any other income (ie Family Tax Benefit pensions, child support, maintenance, etc)	\$0 Per month

Living Expenses			
ITEM	DESCRIPTION	MONTHLY COST *	COMMENTS
Child maintenance payments	Court Ordered or Centrelink required maintenance for all children not living with you.	\$0	
Clothing and personal care	Clothing, footwear, cosmetics, hairdresser, personal care	\$0	
Groceries	Typical supermarket shop for groceries including food and toiletries	\$0	
Medical and health	Medical and health costs including doctor, dental, optical and pharmaceutical (excluding health insurance)	\$0	
<u>Owner occupied property utilities, rates and related costs</u>	Housing and property expenses on owner occupied property including rates, taxes, levies, body corporate and strata fees, repairs and maintenance, other household items and utilities.	\$0	
<u>Rented property utilities and related costs</u>	Housing and property expenses on the property you are renting including maintenance other household items and utilities.	\$0	
Transport	Public transport, motor vehicle running costs including fuel, servicing, parking and tolls (excluding motor vehicle insurance)	\$0	
Childcare	Childcare including nannies	\$0	
Education	Public and private education fees and associated costs (preschool, primary, secondary and tertiary) including books and uniforms etc.	\$0	
Insurance	All insurance including health, home and contents, motor vehicle, life, income protection	\$0	
<u>Investment property utilities, rates and related costs</u>	Housing and property expenses on investment property including rates, taxes, levies, body corporate and strata fees, repairs and maintenance, other household items and utilities	\$0	
Telephone, internet, pay TV and subscriptions	Telephone accounts (home and mobile), internet, pay TV and media streaming subscriptions	\$0	
Recreation and entertainment	Recreation and entertainment including alcohol, tobacco, gambling, restaurants, membership fees, pet care, holidays	\$0	
Other	Unique items not covered in above categories (must be explained further)	\$0	
TOTAL		\$0.00	

*** For any item that has a \$0 value left next to it, a comment needs to be added to explain why.**