Date:

Client Needs Analysis

# YOUR DETAILS:

Full name (Client 1):

Full name (Client 2):

***If company and/or Trust:***

|  |
| --- |
|  |
|  |
|  |
| State P/code |
|  |
| State P/code |

Company/Trust name: ABN/ACN

Registered address:

Business address

(If different from above)

Full name/s of trustee/s:

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |

Full name/s of beneficiaries:

|  |
| --- |
| 1. |
| 2. |
| 3. |
| 4. |
|  |
|  |

**CREDIT ASSISTANCE PROVIDER:**

|  |  |
| --- | --- |
| Name: | Company Name: |
|  |  |
| Australian Credit License Number /Credit Representative Number (if applicable): | Phone Number: |
|  | ( ) |
| Mobile Number: | Email Address: |
|  |  |

# YOUR REQUIREMENTS AND OBJECTIVES:

***For example: purchase home, buy land, building, investment property, refinance, renovate, relocation, debt consolidation, study, holiday, car, boat, extra cash etc***

What are the primary reasons for seeking credit (how will the funds be used) or the reasons for a review of an existing credit contract?

|  |  |  |
| --- | --- | --- |
| *1.* | | *$* |
| *2.* | | *$* |
| *3.* | | *$* |
| *4.* | | *$* |
| Additional Notes: | | |
| Amount of credit sought: $ | Term of credit sought (years): | |

If purchasing property, how long are you looking to retain the property for? *(Please provide reasons below)*

2 years 2- 5 years 5 – 10 years 10 years plus

If refinancing or consolidating debts, please provide details of the debts that are being refinanced or consolidated and the resulting benefit to you

# YOUR DETAILS:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT 1:** | | | | | | | | | | **CLIENT 2:** | | | | | | |
| Title: |  Mr |  |  Mrs | |  Ms  Miss  Other | | | | | Title:  Mr  Mrs | | | |  Ms  Miss  Other | | |
| Surname: | | | | | | | | | | Surname: | | | | | | |
| Given Names: | | | | | | | | | | Given Names: | | | | | | |
| Previous Name | | | | | | | | | | Previous Name | | | | | | |
| Date of Birth: | | / / | | | | Sex:  Male  Female | | | | Date of Birth: | / / | | | Sex:  Male  Female | | |
| Marital Status: |  |  | Single | |  Married  De Facto | | | | | Marital Status:  Single | | | |  Married  De Facto | | |
|  | | | Widowed | |  Separated  Divorced | | | | |  Widowed | | | |  Separated  Divorced | | |
| Number of Dependants: | | | |  | | Ages: | | |  | Number of Dependants |  | | | Ages: | |  |
| Current Address: | | | State | | P/Code | | | | | Current Address:  State | | | | P/Code | | |
| Time at Current Address: | | | | Years | | | | Months | | Time at Current Address: | | Years | | | Months | |
| Current Residential Status: | | | | | | | | | | Current Residential Status: | | | |  | | |
|  Own Home  Mortgaged  Renting  Boarding | | | | | | | | | |  Own Home  Mortgaged | | | |  Renting  Boarding | | |
|  Live with Family  Other | | | | | | | | | |  Living with Family | | | |  Other | | |
| **If under 2 years, please provide previous address details:** | | | | | | | | | | **If under 2 years, please provide previous address details:** | | | | | | |
|  | | | State | | P/Code | | | | | State | | | | P/Code | | |
| Postal address (if different from residential address): | | | | | | | | | | Postal address (if different from residential address): | | | | | | |
|  | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | |  | | | | | | |
| State: | | | | | | | P/Code: | | | State: | | | | P/Code: | | |
| Email Address: | | | | | | | | | | Email Address: | | | | | | |
| Home Phone Number: | | | | | | ( ) | | | | Home Phone Number: | | | | ( ) | | |
| Work Phone Number: | | | | | | ( ) | | | | Work Phone Number: | | | | ( ) | | |
| Mobile Number: | | | | | |  | | | | Mobile Number: | | | |  | | |
| Fax Number: | | | | | | ( ) | | | | Fax Number: | | | | ( ) | | |
| Preferred Daytime Contact Number: | | | |  Home |  Work  Mobile | | | | | Preferred Daytime Contact Number: | | |  Home |  Work  Mobile | | |
| Face to Face Identity Check | | | | | | | | |  | Face to Face Identity Check | | | | | |  |

**IDENTIFICATION DOCUMENTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CLIENT 1:** | | | **CLIENT 2:** | | |
| Document Type |  | | Document Type |  | |
| Photo ID |  Yes |  NO | Photo ID |  Yes |  NO |
| Document Number |  | | Document Number |  | |
| Place of Issue |  | | Place of Issue |  | |
| Date Of Issue |  | | Date Of Issue |  | |
| Expiry date |  | | Expiry date |  | |
| Name On Document |  | | Name On Document |  | |
| Document Issued By |  | | Document Issued By |  | |
| Original  | Certified  | | Original  | Certified  | |

# NEAREST LIVING RELATIVE DETAILS:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CLIENT 1:** | | | | | | | | **CLIENT 2:** | | | | | |
| Title: |  | |  | |  | |  | Title:   | Mr |  Mrs | |  Ms |  Miss  Other |
|  Mr |  Mrs | |  | | Ms | |  Miss  Other |
| Surname: | | | | | | | | Surname: | | | | | |
| Given Names: | | | | | | | | Given Names: | | | | | |
| Sex: | | | | | |  Male  Female | | Sex: | | | | |  Male  Female |
| Relationship | | | | | |  | | Relationship | | | | |  |
| Current Address: | State | |  | |  | | P/Code | Current Address: |  | State | |  | P/Code |
| Email Address: | | | | | | | | Email Address: | | | | | |
| Home Phone Number: | | | | ( ) | | | | Home Phone Number: | | | | ( ) | |
| Work Phone Number: | | | | ( ) | | | | Work Phone Number: | | | | ( ) | |
| Mobile Number: | | | |  | | | | Mobile Number: | | | |  | |
| Fax Number: | | | | ( ) | | | | Fax Number: | | | | ( ) | |
| Preferred Daytime Contact Number: | |  Home |  | |  Work | |  Mobile | Preferred Daytime Contact Number: | | |  Home |  Work |  Mobile |

**YOUR EMPLOYMENT DETAILS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **CLIENT 1:** | | | | **CLIENT 2:** | | |
| Employment Status: |  PAYG  Employee |  Self  Employed | |  Family  Business |  PAYG  Employee |  Self Employed |  Family Business |
|  |  Full Time |  Part Time | |  Casual |  Full Time |  Part Time |  Casual |
|  |  Contractor |  Temporary | |  Home Duties |  Contractor |  Temporary |  Home Duties |
|  |  Retired |  Student | |  Not  Employed |  Retired |  Student |  Not Employed |
|  |  Govt.  Benefit  Recipient |  Other | | |  Govt.  Benefit  Recipient |  Other | |
| Occupation: |  | | | |  | | |
| Employment sector or nature of business: |  | | | |  | | |
| Employer/Company name and address: |  | | | |  | | |
| Employer contact name and phone number (HR/Payroll contact): | Name:  Ph: | | | | Name:  Ph: | | |
| Employer email: |  | | | |  | | |
| Time at current employment: | Years | | Months | | Years | | Months |
| Average hours per  week *(if casual or part time)*: |  | | | |  | | |
| ***If employed or in business for less than 2 years, please provide previous employment details:*** | | | | | | | |
| Previous occupation and industry (if different from current): |  | | | |  | | |
| Previous employment Status: |  | | | |  | | |
|  |  PAYG  Employee |  Self  Employed | |  Family  Business |  PAYG  Employee |  Self Employed |  Family Business |
|  |  Full Time |  Part Time | |  Casual |  Full Time |  Part Time |  Casual |
|  |  Contractor |  Temporary | |  Home Duties |  Contractor |  Temporary |  Home Duties |
|  |  Retired |  Student | |  Not  Employed |  Retired |  Student |  Not Employed |
|  |  Govt.  Benefit  Recipient |  Other | | |  Govt.  Benefit  Recipient |  Other | |
| Previous employers name and address: |  | | | |  | | |
| Time at previous  employment: | Years | | Months | | Years | | Months |

# YOUR FINANCIAL POSITION

**The following information provides a snapshot of your net worth position**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ASSET TYPE** | | | **VALUE LIABILITY TYPE** | | | **LIMIT** | **MONTHLY REPAYMENT:** | **AMOUNT OWING:** |
| Principle Home Address:  Client 1 Client | 2 | Both | $ Principle Home Int. Rate % Lender:  Client 1 Client 2 | | Both | $ $ | | $ |
| Investment Property  Address:  Client 1 Client 2 | | Both | $ Investment Property  Int. Rate % Lender:  Client 1 Client 2 | | Both | $ $ | | $ |
| Investment Property Address:  Client 1 Client 2 Both | | | $ Investment Property Int. Rate % Lender:  Client 1 Client 2 Both | | | $ $ | | $ |
| Holiday Home Address:  Client 1 Client | 2 | Both | $ Holiday Home Int. Rate % Lender:  Client 1 Client 2 | | Both | $ $ | | $ |
| Motor Vehicle  Type:  Client 1 Client | 2 | Both | $ Motor Vehicle Finance  Int. Rate % Lender:  Client 1 Client 2 Both | | | $ $ | | $ |
| Motor Vehicle Type:  Client 1 Client | 2 | Both | Motor Vehicle Finance Int. Rate % Lender:  Client 1 Client 2 Both | | |  | |  |
| Investments (e.g. shares,  managed funds, term deposits)  Client 1 Client 2 Both | | | $ Line of Credit  Int. Rate % Lender:  Client 1 Client 2 | | Both | $ $ | | $ |
| Cash (including savings)  Client 1 Client 2 Both | | | $ Credit Cards and Retail Store Cards (Total combined limits etc.)  Client 1 Client 2 Both | | | $ $ | | $ |
| Superannuation  Client 1 Client 2 | | Both | $ Margin lending or other invest. loans Int. Rate: %  Lender: | | | $ $ | | $ |
| Contents (insured value)  Client 1 Client 2 Both | | | $ Interest free debt  Client 1 Client 2 | | Both | $ $ | | $ |
| Other Assets (e.g. boats, caravans, collections)  Client 1 Client 2 Both | | | $ Overdrafts and other bank facilities  Client 1 Client 2 Both | | | $ $ | | $ |
| Other – provide details  Client 1 Client 2 Both | | | $ Loans as guarantor  Client 1 Client 2 Both | | | $ $ | | $ |
| Client 1 Client 2 Both | | | $ Hire Purchase (Total of all HP agreements)  Client 1 Client 2 Both | | | $ $ | | $ |
| Client 1 Client 2 Both | | | $ Personal Debt  Client 1 Client 2 Both | | | $ $ | | $ |
| Client 1 Client 2 | | Both | $ Lease (Total of all lease agreements)  Client 1 Client 2 Both | | | $ $ | | $ |
| Client 1 Client | 2 | Both | $ HECS liability/Taxation Debt  Client 1 Client 2 Both | | | $ $ | | $ |
| Client 1 Client | 2 | Both | $ Other liabilities – provide details  Client 1 Client 2 Both | | | $ $ | | $ |
| Client 1 Client | 2 | Both | $ $  Client 1 Client 2 Both | | | | $ $ | |
| **TOTAL ASSETS (A)** | | | $ | **TOTAL LIABILITIES (B)** | | $ $ | | $ |

# YOUR INCOME AND EXPENDITURE

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YOUR INCOME IF PAYG APPLICANTS:** | | | | | |
| **CLIENT 1** | | | **CLIENT 2** | | |
| **ANNUAL INCOME:** |  | | **ANNUAL INCOME:** |  | |
| Base incomes/salary Bonuses:  Period of receipt: | Gross:  $  $ | Net:  $  $ | Base incomes/salary Bonuses:  Period of receipt: | Gross:  $  $ | Net:  $  $ |
| Regular Overtime  Period of  Receipt: | Gross:  $ | Net:  $ | Regular Overtime  Period of  Receipt: | Gross:  $ | Net:  $ |
| Existing Rental Income | $ | | Existing Rental Income | $ | |
| Expected Rental Income | $ | | Expected Rental Income | $ | |
| Investment income | $ | | Investment income | $ | |
| Government allowances | $ | | Government allowances | $ | |
| Other | $ | | Other | $ | |
| **SUBTOTAL (1)** | **$** | | **SUBTOTAL (2)** | $ | |
|  | **TOTAL CURRENT NET ANNUAL INCOME (1 + 2)** | | | **$** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YOUR INCOME IF SELF EMPLOYED (LAST TWO FINANCIAL YEARS):** | | | | | |
| **The following information is for:** |  | **Client 1** |  **Client 2** |  | **Both** |
| **Financial year ending:** |  | **/ /** | **Financial year ending:** |  | **/ /** |
| Sales | $ | | Sales | $ | |
| **Less** cost of goods sold | $ | | **Less** costs of goods sold | $ | |
| Gross profit | $ | | Gross Profit | $ | |
| Operating Expenses | $ | | Operating Expenses | $ | |
| **NET PROFIT BEFORE**  **TAX:** | **$** | | **NET PROFIT BEFORE**  **TAX:** | **$** | |
| **ADD BACKS:** |  | | **ADD BACKS:** |  | |
| One Off Expenses | $ | | One Off Expenses | $ | |
| Interest | $ | | Interest | $ | |
| Superannuation | $ | | Superannuation | $ | |
| Depreciation | $ | | Depreciation | $ | |
| Directors salaries and fees | $ | | Directors salaries and fees | $ | |
| Other | $ | | Other | $ | |
| **SUBTOTAL** | **$** | | **SUBTOTAL** | **$** | |
| Less Tax | $ | | Less Tax | $ | |
| **TOTAL** | **$** | | **TOTAL** | **$** | |

|  |  |
| --- | --- |
| (Last financial year) **TOTAL NET ANNUAL INCOME** | $ |
| **Total Expected Rental Income** | $ |
| **TOTAL CURRENT NET ANNUAL INCOME**  Total net annual income (PAYG) + total net income (Self Employed) | $ |
| Total net annual income divided by 12 **TOTAL CURRENT NET MONTHLYINCOME** | $ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ACCOUNTANT’S DETAILS** | | **Accounting firm:** | | |
| Contact Name: |  | | Contact Number: | ( ) |
| Email Address : | | | | |

**YOUR CASH FLOW POSITION:**

The following information provides a snapshot of your current cash flow position.

**$**

**TOTAL CURRENT NET MONTHLY**

**INCOME (A) *(From page 5)***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CURRENT MONTHLY LOAN REPAYMENTS / RENT:** | | | | | | |
| Rent: | $ | Will this expenditure continue after settlement? |  | Yes |  | No |
| Existing Home Loan: | $ | Will this expenditure  continue after settlement? |  | Yes |  | No |
| Existing Investment Loan: | $ | Will this expenditure continue after settlement? |  | Yes |  | No |
| Credit Cards / Store Cards (*combined monthly*  *payment):* | $ | Will this expenditure continue after settlement? |  | Yes |  | No |
| Personal Loan / Car Loan | $ | Will this expenditure continue after settlement? |  | Yes |  | No |
| Other loans: |  | Will this expenditure continue after settlement |  | Yes |  | No |
| **CURRENT MONTHLY**  **REPAYMENTS (B):** | **$** | **FUTURE MONTHLY**  **REPAYMENTS\*(C)** | **$** | | | |

*\*Subtotal of all current expenditure marked as continuing after settlement.*

**$**

**REPAYMENT FOR THE PROPOSED LOAN (D)**

|  |  |
| --- | --- |
| **CURRENT MONTHLY LIVING EXPENSES** | |
| Food / Housekeeping: | $ |
| Insurance  *(e.g. motor vehicles, home contents/ building, medical, life*  */ income protection)* | $ |
| Utilities (e.g. rates, gas, electricity, transport) | $ |
| Transport  *(e.g. public transport, petrol, registration, repairs)* | $ |
| Education  *(e.g. school, college, university)* | $ |
| Dependants support:  (e.g. childcare, child maintenance) | $ |
| Entertainment: | $ |
| Other (detail below:) | $ |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | **TOTAL FUTURE NET ANNUAL**  **INCOME** | **$** |
| **TOTAL FUTURE NET MONTHLY**  **INCOME # (I)** | **$** |
| **CURRENT MONTHLY LIVING EXPENSES (E)** | **$** | **FUTURE MONTHLY LIVING**  **EXPENSES # (F)** | **$** |
| **TOTAL CURRENT**  **MONTHLY EXPENDITURE (B+E=G)** | **$** | **TOTAL FUTURE MONTHLY EXPENDITURE (C+D+F=H)** | **$** |
| **TOTAL CURRENT MONTHLY NET SURPLUS (A-G)** | **$** | **TOTAL FUTURE MONTHLY NET**  **SURPLUS (I-H)** | **$** |

#Please provide details of any expected changes between current and future living expenses.

|  |  |  |
| --- | --- | --- |
| **YOUR PROPOSED LOAN REQUIREMENTS:** | | |
|  | Address of security property 1: | |
| Borrowers name/s property 1: |  | |
|  | State: | P/code: |
|  |  | |
|  | Address of security property 2: | |
| Borrowers name/s property 2: |  | |
|  | State: | P/code: |
|  |  | |
|  | Address of security property 3: | |
| Borrowers name/s property 3: |  | |
|  | State: | P/code: |
|  |  | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **IF YOU’RE PURCHASING:** | | | | | | |
| **PURCHASE AND LOAN COSTS:** | | | | | **AVAILABLE FUNDS:** | |
| Purchase Price: | | | $ | | Deposit paid: | $ |
| Lender application / valuation fees: | | | $ | | Cash savings: | $ |
| Transfer stamp duty: | | | $ | | Sale proceeds: | $ |
| Legal and registration fees: | | | $ | | Gift: | $ |
|  | | | | | FHOG: | $ |
| Other: | $ |
| LMI:  Add to Loan? |  Yes |  No | |  |  | |
| **TOTAL COSTS (A):** | | | | $ | **TOTAL OWN FUNDS (D):** | $ |
| **LOAN AMOUNT REQUESTED (B):** | | | | $ | **OWN FUNDS REQUIRED(A-B)=C:** | $ |
| **OWN FUNDS REQUIRED**  **(A-B)=C** | | | | $ | **SURPLUS/SHORTFALL (D-C)** | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| **IF YOU’RE REFINANCING OR INCREASING A LOAN:** | | | |
| Purpose of refinancing / top up? | |  |  |
| Better rate: Consolidate debts: Need extra cash: Investing: Restructure: Renovating: Building: Other: | | Current loan balance: | $ |
| Property value  *(property being refinanced)* | $ | Lender application / valuation fees: | $ |
| Total amount owed | $ | Legal fees: | $ |
| Property status:  Owner occupied: Investment property: Vacant land: | | LMI Fees, add to loan?   Yes   No | $ |
|  | | Discharge costs: | $ |
| Other exit fees: | $ |
| **SUBTOTAL REFINANCE & LOAN COSTS (E)** | $ |
| **ADDITIONAL LOANS FUNDS SOUGHT (F)** | $ |
| **TOTAL LOAN AMOUNT**  **(E+F)** | $ |

**ADDITIONAL DETAILS – IF YOU’RE REFINANCING / CONSOLIDATING DEBTS:**

**EXISTING LOANS / CREDIT CARDS / OTHER LIABILITIES**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **DEBT 1** | | **DEBT 2** | | **DEBT 3** | | **DEBT 4** | | **DEBT 5** | | **DEBT 6** | | **DEBT 7** | | **DEBT 8** | |
| Lender name: |  | |  | |  | |  | |  | |  | |  | |  | |
| Loan / credit  card liability type: |  | |  | |  | |  | |  | |  | |  | |  | |
| Estimated  payout amount: | $ | | $ | | $ | | $ | | $ | | $ | | $ | | $ | |
| Current interest rate: | % | | % | | % | | % | | % | | % | | % | | % | |
| Remaining term of loan: | Y | M | Y | M | Y | M | Y | M | Y | M | Y | M | Y | M | Y | M |

**Other debt:** As part of the proposed consolidation of debt, are credit card limits going to be reduced or cancelled? Yes: Please provide details below:

No:

# YOUR PREFERRED LOAN FEATURES:

**YOUR PREFERRED INTEREST RATE TYPE: (Please select one)**

**Variable rate** – it is important to have an interest rate that fluctuates over the term of the loan in line with market interest rate changes.

**Fixed rate** – it is important to have certainty about the interest rate and/or repayment for a fixed term.

**Fixed and Variable** - it is important to have a combination of fixed and variable interest rates.

## No preferred Interest rate type.

**YOUR PREFERRED REPAYMENT TYPE: (Please select one)**

**Principle &Interest** – it is important to have repayments that include both the principal amount borrowed and the interest payable, so that the loan is repaid in full by the end of the loan’s term

**Interest Only** – it is important to make interest only repayments for a specified term.

**Interest Only in Advance** – it is important to have the ability to make an advanced or lump sum interest only repayment

**No preferred repayment type.**

|  |  |  |  |
| --- | --- | --- | --- |
| **FEATURES:** | **REQUIRED** | | |
| **Pay off quickly / additional payments**  It is important that the loan is paid off quickly and that additional payments are allowed without penalty | Yes | No | Not essential |
| **Split account**  It is important to have more than one sub account/s, or a separate  account for savings/investment funds, for tax, accounting, or personal expense purposes | Yes | No | Not essential |
| **Re-draw**  It is important to have access to additional repayment funds should it be required | Yes | No | Not essential |
| **100% Offset**  It is important to have a separate savings account linked to the loan  that offsets the savings balance | Yes | No | Not essential |
| **Line of credit**  It is important to have a revolving facility that allows you to draw to a limit via EFTPOS, ATM, Internet or Cheque | Yes | No | Not essential |
| **Top up**  It is important to have access to additional funds for future use subject to sufficient equity | Yes | No | Not essential |
| **Product flexibility**  It is important to have the ability to switch between a lender’s mortgage products | Yes | No | Not essential |
| **Portability**  It is important to have the option to transfer the loan to an alternative property to save money and time | Yes | No | Not essential |
| **Other features sought:** | Yes | No | Not essential |

|  |
| --- |
| **Additional information / comments:** |
| **FOR THE CREDIT ASSISTANCE PROVIDER:**  Disclose to the client and note any significant costs and / or risks associated with the features being sought. For example, costs of refinancing break costs, fees for credit assistance services etc. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **YOUR FINANCIAL SECURITY:** | | | | | | | | | | | | |
| Have you had any difficulties in meeting your financial commitments in the past 2 years? | | | | | | | | | | | | |
| **CLIENT 1:** | | |  Yes | |  No | **CLIENT 2:** | | | |  Yes | |  No |
| **If yes**, provide details below. | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |
| Have you received advice from an accountant, solicitor or financial planner regarding your financial objectives? | | | | | | | | | | | | |
| **CLIENT 1:** | | |  Yes | |  No | **CLIENT 2:** | | | |  Yes | |  No |
| **If yes**, provide details below. | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |
| **PROTECTING YOUR LIFESTYLE / ASSETS:** | | | | | | | | | | | | |
| Do you have insurance to protect your lifestyle e.g. life, total permanent disablement, income protection etc? | | | | | | | | | | | | |
| **CLIENT 1:** | | |  Yes | |  No | **CLIENT 2:** | | | |  Yes | |  No |
| **If No**, Please Provide details below on  How would your lifestyle needs be maintained if you and / or your partner were   1. Temporarily unable to earn an income through sickness / illness? 2. Permanently unable to earn income e.g. through death / permanent disability? | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |
| Would you like someone to contact you regarding life insurance? | | |  Yes | |  No | Would you like someone to contact you regarding life insurance? | | | |  Yes | |  No |
| Do you have Home and Contents insurance? | | |  Yes | |  No | Do you have Home and Contents insurance? | | | |  Yes | |  No |
| If no, would you like someone to contact you regarding Home and Contents insurance? | | |  Yes | |  No | If no, would you like someone to contact you regarding Home and Contents insurance? | | | |  Yes | |  No |
|  | | |  | | |  |  | | | | | |
| **CHANGES TO YOUR CURRENT CIRCUMSTANCES:** | | | | | | | | | | | | |
| Do you anticipate any material changes to your financial situation? For example, change in employment, income or expenditure? | | | | | | | | | | | | |
| **CLIENT 1:** | | |  Yes | |  No | **CLIENT 1:** | | | |  Yes | |  No |
| **If yes,** what are the reasons for the changes and what is the expected impact? | | | | | | | | | | | | |
|  | | | | | |  | | | | | | |
| Permanent Change | | |  Yes | |  No | Permanent Change | | | |  Yes | |  No |
| Mitigant | | | | | | Mitigant | | | | | | |
| Estimated Start Date |  | Estimated End date | |  | | Estimated Start Date | |  | Estimated End date | |  | |

# FOR THE CREDIT ASSISTANCE PROVIDER:

The list of verification requirements is not intended to be an exhaustive list of all of the types of evidence which can be used to confirm the client’s financial situation.

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| **VERIFICATION CHECKLIST:** |

|  |  |  |  |
| --- | --- | --- | --- |
| **PAYG CLIENTS** | | | |
|  | Recent Payroll Receipts / Payslips |  |  |
|  | Recent PAYG Summary |  |  |
|  | Recent Income Tax Return (ATO Notice of Assessment) |  |  |
|  | Bank Statements to Evidence:   * Debt payment history 3 MONTHS: * Salary payments 3 MONTHS: * Regular savings pattern 3 MONTHS: | 6 MONTHS:  6 MONTHS:  6 MONTHS: | 12 MONTHS:  12 MONTHS  12 MONTHS |
|  Confirmation of employment with the employer (subject to the requirements of Privacy Act 1988)  e.g. letter from employer on company letterhead detailing base gross and net income, length of service, status of employment (handwritten letters  are unacceptable) | | | |
|  | Other *(please list)*: |  |  |

|  |  |
| --- | --- |
| **SELF EMPLOYED CLIENTS:** | |
|  | Recent Income Tax Returns |
|  | A Statement from the client’s accountant |
|  | Business Activity Statements |
|  | Financial statements (profit & loss / balance sheet) |
|  | Other *(please list):* |

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| **REFINANCING CLIENTS:** |
| **REFINANCING / SWITCHING AND DEBT CONSOLIDATION:** |
|  Copy of existing contract/statement to verify:   * Product type * Fixed vs. variable rate * Cost saving features * Break costs |
|  6-12 months of statements to verify:   * Current interest rate and costs * Ongoing fees * Repayment conducts |
|  Payout statement in relation to exit fees of debt being refinanced |

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| **SECURITY:** |
|  Where a property is being used as security, the ownership of the property will need to be verified (for example, by a rates notice) |

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| **ADDITIONAL CLIENT NOTES:** |
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