

Client Needs Analysis - CONFIDENTIAL

Date: / / 2017

Please complete all sections of the Needs Analysis.

Applicant 1		Applicant 2	
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr	Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Given Names		Given Names	
Surname		Surname	
Previous Name		Previous Name	
Date of Birth		Date of Birth	
Marital Status		Marital Status	
Residence status		Residence status	
Drivers Licence No		Drivers Licence No	
Children's Age(s)		Children's Age(s)	
Current Residential Address		Current Residential Address	
Date moved in:		Date moved in:	
Date moved out:		Date moved out:	
Housing status	<input type="checkbox"/> Own outright <input type="checkbox"/> Renting <input type="checkbox"/> Mortgage <input type="checkbox"/> With parents <input type="checkbox"/> Other _____	Housing status	<input type="checkbox"/> own outright <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>	
Date moved in:		Date moved in:	
Date moved out:		Date moved out:	
Home Phone		Home Phone	
Mobile		Mobile	
E-mail		E-mail	

Employment Details		Employment Details	
Employer		Employer	
Occupation		Occupation	
Address		Address	
Employer phone		Employer 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 <i>(if current is less than 3 years)</i>		Previous Employment <i>(if current is less than 3 years)</i>	
Employer		Employer	
Occupation		Occupation	
Address		Address	
Employer phone		Employer 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
Date Started		Date Started	
Dated Finished		Dated Finished	

Assets	Estimated Value	Ownership	Security
Real Estate – Property 1 <input type="checkbox"/> Owner occupied <input type="checkbox"/> Investment Address: Rent Received: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month OR <input type="checkbox"/> N/A Contact for valuation:	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate – Property 2 <input type="checkbox"/> Owner occupied <input type="checkbox"/> Investment Address: Rent Received: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month OR <input type="checkbox"/> N/A Contact for valuation:	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate – Property 3 <input type="checkbox"/> Owner occupied <input type="checkbox"/> Investment Address: Rent Received: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month OR <input type="checkbox"/> N/A Contact for valuation:	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings – Institution:	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Superannuation – Institution:	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Superannuation – Institution:	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Motor vehicle 1 - Make: Year: Model:	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Motor vehicle 2 - Make: Year: Model:	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Investments – (Shares, Business, etc) Type:	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Furniture & effects (Home & Contents)	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Other (eg. boat, caravan etc):	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Other (eg. boat, caravan etc):	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
TOTAL	\$		

Liabilities	Balance	Monthly Payment	Name on Liability	Paying Out?
Mortgage – Property 1 <input type="checkbox"/> Fixed <input type="checkbox"/> Variable Lender:	\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage – Property 2 <input type="checkbox"/> Fixed <input type="checkbox"/> Variable Lender:	\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage – Property 3 <input type="checkbox"/> Fixed <input type="checkbox"/> Variable Lender:	\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Loan / Lease Lender:	\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Car Loan Lender:	\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Lender: Limit: \$	\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Lender: Limit: \$	\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Lender: Limit: \$	\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Liabilities:	\$	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No

TOTAL	\$	\$		
--------------	----	----	--	--

Self Employed (required by Lender)

Accounting company	
Accountant name	
Accountant contact details	Phone: _____ E-mail: _____

Reason for Application

Reason for Application:	<input type="checkbox"/> Purchase <input type="checkbox"/> Off-plan purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Internal refinance <input type="checkbox"/> Pre- Approval <input type="checkbox"/> Increase (equity release) <input type="checkbox"/> Variation (specify): _____
Why do you want a loan?	
Amount of credit sought	\$ _____ LVR: _____ %
Term of credit sought	_____ Years
How long will you keep the property?	_____ Years
How did you hear about us?	<input type="checkbox"/> Existing Client <input type="checkbox"/> Referred <input type="checkbox"/> Other: _____
First Home Owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but not eligible

Details about the property you are purchasing – if known (if not, please leave blank)

Address of property			
Property type	<input type="checkbox"/> Existing dwelling <input type="checkbox"/> Off-plan dwelling <input type="checkbox"/> Vacant land <input type="checkbox"/> Apartment <input type="checkbox"/> Townhouse <input type="checkbox"/> Villa <input type="checkbox"/> Other: _____		
Title holder(s)	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2 <input type="checkbox"/> Both		
Valuation contact name		Contact number	
Solicitor company		Contact number	
Solicitor contact name		Email	

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:			
Residential Address:			

Risk Profile

Do you have a clear credit file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you ever had any problems paying any of your bills on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____
Do you know of any foreseeable significant changes to your circumstances?	<input type="checkbox"/> Yes <input type="checkbox"/> No Comment: _____

Financial Goals

What would you like to achieve (financially) in the next year? (short term) e.g. reducing debt	
What would you like to achieve (financially) in the next 5 years? (long term) e.g. purchasing investment property	

Insurance

Do you currently have Income Protection Insurance?

Yes

No

Unsure

Do you currently have General Insurance? *E.g. House insurance*

Yes

No

Unsure

Protection

How would you or your family meet your loan repayments if you suffered an injury, illness or death?

Your current Monthly Income

INCOME TYPE	Monthly Payment
Monthly income	\$
Government Benefits	\$
Existing Rental	\$
TOTAL MONTHLY INCOME	\$0.00

Your Current Monthly Living Expenses

EXPENSE TYPE	Monthly Repayment
Food / Housekeeping	\$
Insurance	\$
Utilities (rates, gas, electricity, phone etc.)	\$
Dependant expenses (eg. childcare, child maintenance etc.)	\$
Entertainment	\$
Mortgage repayments / Rent	\$
Car Loan	\$
Personal Loan / Hire Purchase	\$
Credit Card / Store card	\$
Monthly living expense (inclusive of utilities, petrol, food, entertainment, etc)	\$
Other monthly expense:	\$
TOTAL LIVING EXPENSE	\$0.00

Additional notes:

Signature (Applicant 1)

Signature (Applicant 2)