

Finances for First Home Buyers

Personal Details

Applicant 1

Applicant 2

Title:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/>
First Name		
Middle Name(s)		
Surname		
Date of Birth	/ /	/ /
Mothers Maiden Name		
Marital Status		
Drivers Licence Details :	No: <input type="checkbox"/> Exp: / State: <input type="checkbox"/>	No: <input type="checkbox"/> Exp: / State: <input type="checkbox"/>
Number/Age of Dependants	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Contact Details

Work Ph		
Home Ph		
Mobile		
Email		

Current Residential Status

Own Unencumbered <input type="checkbox"/>	Own Mortgaged <input type="checkbox"/>	Own Unencumbered <input type="checkbox"/>	Own Mortgaged <input type="checkbox"/>
Rent <input type="checkbox"/>	Living With Relatives <input type="checkbox"/>	Boarding <input type="checkbox"/>	Rent <input type="checkbox"/> Living With Relatives <input type="checkbox"/> Boarding <input type="checkbox"/>

Current Residential Address	Street No.	Street Name	Suburb	P/Code	State
Current Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time at Current Address	Years <input type="checkbox"/>	Months <input type="checkbox"/>			
Postal (if different from above)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Previous Residential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time at Previous Address (if less than 3 years at current address)	Years <input type="checkbox"/>	Months <input type="checkbox"/>			
Business/Employer Address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Employment Details

		Applicant 1		Applicant 2	
Current Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Home Duties <input type="checkbox"/> Student <input type="checkbox"/> Other	<input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> Full Time <input type="checkbox"/> Casual <input type="checkbox"/> Home Duties <input type="checkbox"/> Student <input type="checkbox"/> Other	<input type="checkbox"/> Part Time <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	
Name of Current Employer or Business if Self Employed					
Date Started	/ /		/ /		
Occupation					
Previous Employer (If less than 3 years at current employer)					
Length of Service	Years	Months	Years	Months	

Income Details

		Applicant 1		Applicant 2	
		Gross Monthly	Net Monthly	Gross Monthly	Net Monthly
Gross Salary					
Rental - Existing					
- Proposed					
Family Allowance					
Investment Income					
Other Income					
Total					

Security Property Details

		Security Property 1		Security Property 2	
Property Address					
	P/Code		P/Code		
Who will be the registered owners? (of the property)					
Type of Ownership	<input type="checkbox"/> Sole <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common	<input type="checkbox"/> Sole <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common			
Type of Property	<input type="checkbox"/> Unit <input type="checkbox"/> Townhouse <input type="checkbox"/> Fully Detached House <input type="checkbox"/> Semi Detached House <input type="checkbox"/> Vacant Land	<input type="checkbox"/> Serviced Apartment <input type="checkbox"/> Duplex	<input type="checkbox"/> Unit <input type="checkbox"/> Townhouse <input type="checkbox"/> Fully Detached House <input type="checkbox"/> Semi Detached House <input type="checkbox"/> Vacant Land	<input type="checkbox"/> Serviced Apartment <input type="checkbox"/> Duplex	
Purchase Price/Estimated Value					
Title Particulars (Folio ID)					
Brief Property Description (No. Bedrooms, Bathrooms, Other Features)					

ASSETS & LIABILITIES STATEMENT

As At / /

Assets - What you own

Details	Value	Owner
Savings	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Property sale proceeds	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Asset sale proceeds	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Gift funds	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Deposit paid	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Owned property 1	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Owned property 2	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Owned property 3	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Motor vehicle 1	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Motor vehicle 2	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Home contents	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Super/Life policies	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Shares/Investments	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2 <input type="checkbox"/> Joint
Total Assets	\$	<input type="checkbox"/> Joint

Liabilities - What you owe

Details	Monthly Payments	Debt to be paid	Balance Owning	Borrower
Rent		<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Child Maintenance/Alimony		<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Home loan 1 mortgagee & acc ^d		<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Home loan 2 mortgagee & acc ^d		<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Home loan 3 mortgagee & acc ^d		<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Other loans [*]		<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Other debts [^]		<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Credit card 1	Card limit	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Credit card 2	Card limit	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Credit card 3	Card limit	<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Store cards		<input type="checkbox"/> Yes	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Total Liabilities			\$	

Expenses - Monthly Expenses (money you spend - do not include loan repayments)

	\$ per month
Absolute Basic Expenses (e.g. groceries, transport, petrol, utilities, rates, clothing etc)	\$
Education Expenses	\$
Child care Fees	\$
Insurance (including car, CIP, building, contents, health, income protection)	\$
Mobile Phone/Internet/Pay TV	\$
Other (e.g. holidays, entertainment, gym memberships, cleaning or gardening services)	\$

^{*}Include Personal loans, vehicle leases, overdrafts, Hire Purchase, Interest fee purchases etc. [^] Include Tax liability, HECS, HELP etc