



Client Information

About You

Note: None of following questions will necessarily impact your ability to obtain finance, but they will help us to take circumstances into account so the finance is not declined or delayed due to insufficient documentation.

	Yes	No
Are you a director on any companies or trusts?	<input type="checkbox"/>	<input type="checkbox"/>
Are you considering non-standard property such as remote location, large size, studio apartment etc?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have ANY cards, loans or accounts that may have late payments, over limit amounts?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a guarantor for any other loans/properties?	<input type="checkbox"/>	<input type="checkbox"/>
Are there any foreseeable changes in your circumstances in the immediate future?		
<input type="checkbox"/> Extended unpaid leave (eg: parental leave)		
<input type="checkbox"/> Reduced income		
<input type="checkbox"/> End of Contract / loss of employment		
<input type="checkbox"/> Leaving Employment		
<input type="checkbox"/> Increased debt repayment(s) for an existing loan (ie i/o expiring)		
<input type="checkbox"/> Large expenditure		
<input type="checkbox"/> Medical treatment / illness		
<input type="checkbox"/> Permanent decrease in disposable income		
<input type="checkbox"/> Increase to number of dependents		
Other: _____		

Your Credit History

Could your credit file have any defaults in the last 5 years, for or a substantial number of enquiries in the last six months?	<input type="checkbox"/>	<input type="checkbox"/>
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Important: the chosen lender will check your credit file as part of this application. It is important to let us know:

- If you have any defaults or judgments on your credit file for the last five years
 - If you have been behind or overdue on any loans or credit cards for the last six months
 - If you have/are applying for any loan in the last month
- If any of the above applies to you please provide details below

First Applicant Details

Title	Full Name		
Preferred Name (if different)		Mobile Phone	
Email Address			
Date of Birth		Ages of dependents (eg" 3,6,11,14)	
Marital Status	Maiden Name		Mother's Maiden Name
<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident Australia	<input type="checkbox"/> Australian Visa Holder Visa Class _____	

Address – 3 Year History Required

☐ Own Home ☐ Renting ☐ Living with Family

Current Address	Date Moved In
Postal address	

PREVIOUS ADDRESS (if <3 years at above)

☐ Own Home ☐ Renting ☐ Living with Family

Address	Date Moved In
Address	Date Moved In

Employment Details – 3 Year History (go to section 4 if self-employed)

Current Position ☐ Full Time ☐ Part Time ☐ Casual ☐ Contract

Start Date	Role	Contact Person
End Date	Company	
Phone	Address	

Previous Position ☐ Full Time ☐ Part Time ☐ Casual

Start Date	Role
End Date	Company
Phone	
Contact Person	
Address	

Previous Position ☐ Full Time ☐ Part Time ☐ Casual

Start Date	Role
End Date	Company
Phone	
Contact Person	
Address	

Do you receive any government payments/pension? (If yes, please provide names and amounts) _____

Do you receive family tax benefit/child support? (If yes, please provide names and amounts) _____

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Second Applicant Details

Title	Full Name		
Preferred Name (if different)		Mobile Phone	
Email Address (must be different to applicant 1)			
Date of Birth		Ages of dependents (eg" 3,6,11,14)	
Marital Status	Maiden Name		Mother's Maiden Name
<input type="checkbox"/> Australian Citizen	<input type="checkbox"/> Permanent Resident Australia	<input type="checkbox"/> Australian Visa Holder Visa Class _____	

Address – 3 Year History Required (if different to Applicant 1)

☐ Own Home ☐ Renting ☐ Living with Family

Current Address	Date Moved In
Postal address	

PREVIOUS ADDRESS (if <3 years at above)

☐ Own Home ☐ Renting ☐ Living with Family

Address	Date Moved In
Address	Date Moved In

Employment Details – 3 Year History (go to section 4 if self-employed)

Current Position ☐ Full Time ☐ Part Time ☐ Casual ☐ Contract

Start Date	Role	Contact Person
End Date	Company	
Phone	Address	

Previous Position ☐ Full Time ☐ Part Time ☐ Casual

Start Date	Role
End Date	Company
Phone	
Contact Person	
Address	

Previous Position ☐ Full Time ☐ Part Time ☐ Casual

Start Date	Role
End Date	Company
Phone	
Contact Person	
Address	

Do you receive any government payments/pension? (If yes, please provide names and amounts) _____

Do you receive family tax benefit/child support? (If yes, please provide names and amounts) _____

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Self Employed Applicants

Company Name	<input type="checkbox"/> Company <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Trust	ABN Number
Trading Address		Industry
Start Date		Date ABN Created

If < 3 years please list previous employment history in section 2

Accountant (Firm)	Name	Phone	Email

Permission for Accountant to Disclose Financial Information

Optional: I give permission for my accountant to provide the documents listed below to show income for me (and my business) to Mortgage Choice.

Please advise your accountant they may receive a call.

Applicant 1 ✕
Sign Here

Applicant 2 ✕
Sign Here

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Purchasing/Miscellaneous

New Purchase

To simplify things for you, we liaise with your solicitor and agent to keep them updated.

Your solicitor will be sent loan details to help them calculate figures with you.

Your agent will receive general updates without specific amounts or details.

Do you consent to this? ☐ Yes ☐ No

Company or Trust

Are you buying in the name of a company or trust? **If yes:**

Entity Name:

☐ We will need a copy of the trust deed or company registration

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Assets, Liabilities and Expenses

Assets

Please provide ALL bank account details

Bank	BSB #	Account #	Balance	Home Contents \$

Car/s (Make)	Year Model	Value	Other major assets	Value

Liabilities/Debts

Credit Cards

Bank	Owing	Limit

Interest free/Buy now pay later

Creditor	Owing	Limit	Repayments

Car/Personal Loans/Lease

Bank/Institution	Limit	Date of expiry	Amount Owing	Monthly Pmt	
					<input type="checkbox"/> Closing
					<input type="checkbox"/> Closing

Business loans

Bank/Institution	Limit	Date of expiry	Amount Owing	Monthly Pmt	
					<input type="checkbox"/> Closing
					<input type="checkbox"/> Closing

HECS or HELP or Other Debt	Amount Owing	Repayment

How much rent do you currently pay per week? \$ _____

Will this cease after your purchase? (Yes/No) _____

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Living Expenses

Please Note: Living Expenses are an important piece of your finance application. If lenders feel your living expenses are too low, they will cross reference them with your bank statements leading to assessment delays. **Your Living expenses need to be accurate to the best of your ability.**

In expenses marked with an * please leave a brief explanation if it may be low.

Expenses Category	Monthly \$	Explanation if expense is low/high
Groceries <i>(including alcohol)</i>		*
Clothing & Personal Care <i>(including hair care, foot ware, beautician etc)</i>		*
Transport <i>(including rego, maintenance, fuel, public transport, parking, tolls, taxi's & ubers)</i>		*
Telephone, Internet, Pay TV, Streaming <i>(including Netflix, Stan, Foxtel etc)</i>		
Recreation & Entertainment <i>(including eating & drinking out, take out, sports, boating, caravanning, movies & tickets, kids extra-curricular activities & expenses)</i>		*
Childcare		
Pet care <i>(including food, medicines & vet)</i>		
Medical & Health <i>(including pharmacy, physio, fitness classes, gym, personal trainers, dentists, chiro & doctors)</i>		*
Health Insurance		
General Basic Insurance <i>(including home & contents insurance, car insurance, landlord insurance, boat insurance)</i>		*
Sickness, Accident & Life Insurance		
Public School Education <i>(including stationary, uniforms, fees and activities)</i>		
Private School Education & Tutoring <i>(including stationary, uniforms, fees and activities)</i>		
Higher Education <i>(including stationary, fees and books)</i>		
Proposed Primary Residence Running Costs <i>(excludes mortgage/rent payments)</i> <i>(rates, utilities, house & garden maintenance)</i>		*
Primary Residence Strata Fees & Taxes <i>(Unit Strata fees & land tax)</i>		
Investment Property Running Costs <i>(rates, strata fees, utilities, maintenance costs)</i>		
Secondary Residence Running Costs <i>(including strata fees, management fees, cleaning fees, utilities, security)</i>		
Other – Please specify <i>(such as travel, gifts & Christmas expenses)</i>		

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Super, Insurance and Planning

Superannuation

Balance/s

What are your current superannuation balances?

Fund/s

Client 1

Client 2

Insurance and Loan Protection

Please indicate the level of insurance you currently have for the following

Income Protection

Illness and Disability

Life Insurance

Loan Protection

Loss of Income

Please estimate the duration that you could afford to keep making loan repayments if you have an interruption to your primary household income

Months

Note that general (home) insurance is compulsory, and evidence will be required before the lender will take a mortgage over a property.

All other insurances above are voluntary, but highly recommended. As a duty of care, our representative will contact you for a review of your circumstances.

☐ DO NOT contact me. I will make my own arrangements for protection insurance.

Financial Planning

Please indicate if you would like to review any of the following:

☐ Debt Reduction Strategies

☐ Planning for the future

☐ Wills or estate planning

☐ Transition to retirement

☐ Other (please specify below)

*****If no option is selected, you will automatically be provided with a quote from ALI*****

How do you plan to repay this loan?

☐ Repayment of loan prior to retirement

☐ Sale of assets

☐ Co-applicant's income

☐ Downsizing of home

☐ Recurring income from superannuation

☐ Reducing expenditure

☐ Superannuation lump sum

☐ Savings

☐ Other (please specify below)

Existing Property & Home Loans

Property Address	Approximate Purchase Date	Settlement date of last refinance	Value	Rental Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank/Institution	Account Number	Amount Owing	Monthly Pmt	Limit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loan Term Expiry Date _____		Interest Only Expiry Date _____		

Property Address	Approximate Purchase Date	Settlement date of last refinance	Value	Rental Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank/Institution	Account Number	Amount Owing	Monthly Pmt	Limit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loan Term Expiry Date _____		Interest Only Expiry Date _____		

Property Address	Approximate Purchase Date	Settlement date of last refinance	Value	Rental Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank/Institution	Account Number	Amount Owing	Monthly Pmt	Limit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loan Term Expiry Date _____		Interest Only Expiry Date _____		

Property Address	Approximate Purchase Date	Settlement date of last refinance	Value	Rental Income
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bank/Institution	Account Number	Amount Owing	Monthly Pmt	Limit
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Loan Term Expiry Date _____		Interest Only Expiry Date _____		

Are there any business loans, guarantees or other facilities being supported by your property?

☐ No ☐ Yes > Please discuss with your broker