

# Application Form



Referral Source					Date Received						
<b>Purpose for Loan:</b>											
To purchase a property					Costs to be financed						
Refinance loan/s					Other (Specify)						
Bridging					Less own funds						
Construction					Total Loan Required						
<b>Applicant 1:</b> <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor					<b>Applicant 2:</b> <input type="checkbox"/> Borrower <input type="checkbox"/> Guarantor						
<b>Applicant 1 - Personal Details:</b>					<b>Applicant 2 - Personal Details:</b>						
Surname					Surname						
Full Given Name					Full Given Name						
Drivers Licence					Drivers Licence						
Date of Birth					Date of Birth						
Mobile					Mobile						
Work					Work						
Home					Home						
Fax					Fax						
Email Address					Email Address						
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto		Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto			
No of Dependents & Ages					No of Dependents & Ages						
Preferred Contact Method	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Fax		Preferred Contact Method	<input type="checkbox"/> Phone	<input type="checkbox"/> Email	<input type="checkbox"/> Fax			
<b>Name and address of Nearest Relative not living with you:</b>											
Name					Name						
Address					Address						
Relationship					Relationship						
Telephone					Telephone						
<b>Applicant 1 - Address Details:</b>					<b>Applicant 2 - Address Details:</b>						
Current Address					Current Address						
	State:	Code:				State:	Code:				
Time at Address					Time at Address						
Postal Address (If different to above)					Postal Address (If different to above)						
	State:	Code:				State:	Code:				
Previous Address (If you have lived at your current address for less than 3 years)					Previous Address (If you have lived at your current address for less than 3 years)						
	State:	Code:				State:	Code:				
Time at Address					Time at Address						
Residential Status	<input type="checkbox"/> Renting	<input type="checkbox"/> Own	<input type="checkbox"/> own + mortgage	<input type="checkbox"/> with parents	<input type="checkbox"/> other	Residential Status	<input type="checkbox"/> Renting	<input type="checkbox"/> Own	<input type="checkbox"/> own + mortgage	<input type="checkbox"/> with parents	<input type="checkbox"/> other



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If applicant is a Trust:							
<b>TRUST NAME:</b>							
Full name of Trustee(s)							
Full name of Trustee(s)							
ABN Held Since							
Full name of Beneficiary (ies)							
Full name of Beneficiary (ies)							
Applicant 1 – Current Employment Details				Applicant 1 – Current Employment Details			
Occupation				Occupation			
Employer				Employer			
Employer Address				Employer Address			
Length of Service				Length of Service			
<input type="checkbox"/> F/time:	<input type="checkbox"/> P/time:	<input type="checkbox"/> Casual:	<input type="checkbox"/> Self Emp:	<input type="checkbox"/> F/time:	<input type="checkbox"/> P/time:	<input type="checkbox"/> Casual:	<input type="checkbox"/> Self Emp:
PAYG / Director Salary				PAYG / Director Salary			
Overtime / Bonus / Commission				Overtime / Bonus / Commission			
Rental Income (Security / Other)				Rental Income (Security / Other)			
DSS / Pension / Child Support				DSS / Pension / Child Support			
Other Income				Other Income			
Applicant 1 – Previous Employment Details				Applicant 1 – Previous Employment Details			
Occupation				Occupation			
Employer				Employer			
Employer Address				Employer Address			
Length of Service				Length of Service			



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<b>Assets &amp; Liabilities (What you own)</b> For joint applications combine assets					
<b>ASSETS</b>		<b>LIABILITIES</b>			
<i>Description</i>	<i>Current Value</i>		<i>Amount Borrowed or Limit</i>	<i>Payment Per month</i>	<i>Amount Owning</i>
Home:		Mortgage with:			
Investment Property:		Mortgage with:			
Rental Income:					
Investment Property:		Mortgage with:			
Rental Income:					
Transactional A/c:		Car Loan With:			
Savings A/c:		Car Loan With:			
Investments:		Personal Loan /Leases with:			
Superannuation:		Family Support Payments			
Superannuation:		Store Card With:			
Furniture & Personal Effects:		Credit Card With:			
Other:		Ongoing Rental Payments			
Other:		Other Liabilities:			
Other:		Other Liabilities:			
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES</b>			



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Personal Questions	With what institution do you Bank with?	
Smoking Status <i>Tick "no" only if no tobacco or any other substance has been smoked in the last 12months</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you ever had any problems meeting any of your fixed commitments including mobile phone payments?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes please provide details:	
Has either applicant ever been Shareholders or offices of any Company of which a manager, Receiver, and / or Liquidator has been appointed?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes please provide details:	
Is there any unsatisfied judgment entered in any court against either applicant or any company of which either applicant are or were a Shareholder or Officer?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes please provide details:	
Has any application in respect of this loan ever been submitted by either applicant or any other person to any other Lender?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes please provide details:	
Does either applicant have an ABN?	<input type="checkbox"/> YES <input type="checkbox"/> NO If yes please provide ABN details	Period of time ABN held since.
<b>If you were Unable to work because of sickness, injury or unemployment; or in the event of your premature death:</b>		
Would you like to have access to enough funds to meet your loan commitments?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you want your loved ones to be able to remain in the family home?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Would your savings run out if you had to be off work for an extended time?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does your employer place a limit on the amount of your sick leave?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>Notes:</b>		



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