

Personal Information
Applicant One:
Applicant Two:

Full Name: _____

Date of Birth: _____

Mobile Number: _____

Home Number: _____

Email Address: _____

Number of Dependents: _____ Age(s) of Dependents: _____

 Marital Status (please select one): Single Married or Defacto Separated or Divorced Widowed

 Current Housing Situation (please select one): Own Home Renting With parents Other: _____

Address: _____ Time at address: _____ Yrs Mths

Previous Address: (if current address less than 3 years): _____ Time at address: _____ Yrs Mths

Current Employment:
Applicant One:
Applicant Two:

Gross Annual Income: _____

Occupation: _____

 Employment Type: F/T P/T Cas S/E F/T P/T Cas S/E

Employer Name: _____

Address: _____

Contact Number: _____

Commencement Date: _____

Previous Employment (If less than 3 years, require previous employer details)

Employer Name: _____

Address: _____

Contact Number: _____

Length of Employment: _____

Contacts:

Accountant: Name: _____ Phone: _____ Financial Planner: Name: _____ Phone: _____

Solicitor: Name: _____ Phone: _____

How did you hear about us? _____

What are you interested in? (please select all that apply)

 Buying/Refinancing Property FHOG Investment Commercial SMSF Equipment

*** Please note GFG will also require a copy of your driver's licence ***

Assets

Item	Details	Value	Owner
Savings	Bank:	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Property Sale Proceeds		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Asset Sale Proceeds		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Gift Funds		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Deposit Paid		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2

Sub-total [A] \$

Residential Property		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Investment Property 1		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Investment Property 2		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Investment Property 3		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Motor Vehicle 1		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Motor Vehicle 2		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Home Contents		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Super/Life Policies		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Shares/Investment		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Business Assets		\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2

Sub-total [B] \$

Total assets (A+B) \$

Liabilities

Item	Details	Monthly Payment	Refi?	Balance Owing	Borrower
Home Loan			<input type="checkbox"/>	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Inv. Loan 1			<input type="checkbox"/>	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Inv. Loan 2			<input type="checkbox"/>	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Inv. Loan 3			<input type="checkbox"/>	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Personal Loan			<input type="checkbox"/>	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Car Loan			<input type="checkbox"/>	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Leases			<input type="checkbox"/>	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Other Debts			<input type="checkbox"/>	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Credit Card 1		card limit	<input type="checkbox"/>	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2
Credit Card 2		card limit	<input type="checkbox"/>	\$	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2

Total liabilities \$