

# SYDNEY HOME ADVISORY SERVICE

## Personal Details Applicant 1

Full Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status		Date of Birth / /	
Current Address		For _____ Years	
<input type="checkbox"/> Renting <input type="checkbox"/> Buying <input type="checkbox"/> Own Home			
Home Phone		Mobile Phone	
Previous Address		For _____ Years	
Drivers License Number	No Of Dependents	Dependents Ages	

## Personal Details Applicant 2

Full Name		<input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status		Date of Birth / /	
Current Address		For _____ Years	
<input type="checkbox"/> Renting <input type="checkbox"/> Buying <input type="checkbox"/> Own Home			
Home Phone		Mobile Phone	
Previous Address		For _____ Years	
Drivers License Number	No Of Dependents	Dependents Ages	

## Employment Details Applicant 1

Current Employer		For _____ Years	
Current Occupation		Annual Gross Income \$	
Current Work Phone		Current Work Fax	
Previous Employer		For _____ Years	
Previous Occupation			
Previous Work Phone			
Email Address			

## Employment Details Applicant 2

Current Employer		For _____ Years	
Current Occupation		Annual Gross Income \$	
Work Phone		Current Work Fax	
Previous Employer		For _____ Years	
Previous Occupation			
Previous Work Phone			
Email Address			

## Other Income Details Applicant 1

Family Allowance	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Yearly	\$
Parenting Allowance	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Yearly	\$
Rents	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Yearly	\$
Other Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Yearly	\$

## Other Income Details Applicant 2

Family Allowance	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Yearly	\$
Parenting Allowance	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Yearly	\$
Rents	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Yearly	\$
Other Income	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	<input type="checkbox"/> Fortnightly <input type="checkbox"/> Yearly	\$

## Corporate Borrowers/Guarantors

Company Name		ACN/ABN
Registered Address		Postcode
Names of Directors		
1.		2.
3.		4.
Principal Activity		Date of Incorporation
Name of Trust (if applicable)		Telephone

Personal Particulars of Directors/Shareholders/Beneficiaries Acting as Guarantors are to be completed above.

**ASSETS**

Land & Buildings	Value
1.	\$
2.	\$
3.	\$
Motor Vehicles	\$
1.	\$
2.	\$
Cash	\$
Total Deposit/s Paid	\$
Furniture	\$
Other Assets	
1.	\$
2.	\$
3.	\$
4.	\$
<b>TOTAL ASSETS</b>	<b>\$</b>

**LIABILITIES**

Mortgages	Lender	Monthly Repay	Amount Owing
1.		\$	\$
2.		\$	\$
3.		\$	\$
Hire Purchase			
1.		\$	\$
2.		\$	\$
Overdraft		\$	\$
Credit Card Limit		\$	\$
\$		\$	\$
\$		\$	\$
Other Loans			
1.		\$	\$
2.		\$	\$
3.		\$	\$
<b>TOTAL LIABILITIES</b>			<b>\$</b>

**SURPLUS [ TOTAL ASSETS minus TOTAL LIABILITIES ] \$**

**Solicitor & Accountant Details**

Solicitor Firm	Contact Name
Telephone	Fax
Address	
Accountant Firm	Contact Name
Telephone	Fax
Address	

1. Have you or your spouse ever been declared bankrupt or insolvent, has either estate been assigned for the benefits of creditors? Yes  No
2. Have you or your spouse, ever been shareholders or officers of a company of which a manager, receiver and/or liquidator has been appointed? Yes  No
3. Is there any unsatisfied judgement entered in any court against you, your spouse, or any Company of which you or your spouse are or were a shareholder or officer? Yes  No

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_