

We would appreciate if you could provide your personal details to assist with assessment:

APPLICANT ONE DETAILS:

Title: Mr Mrs Ms Miss Other Surname:

Given names: Previous name: Date of birth: Sex: Male Female

Resident of (if not Australia):

Marital status: Single Married De facto Widowed Separated Divorced Number of dependents: Ages:

Current Address: State: P/code:

Time at current address: Current residential status: Own Home To Be Purchased Renting Boarding With Parents Other

Previous Address: State: P/code:

Time at previous address: Current residential status: Own Home To Be Purchased Renting Boarding With Parents Other

Home phone number: Email address:

Work phone number: Mobile number: Fax Number:

Preferred contact: Home Work Mobile Email Would you like to receive our newsletter via Email Yes No

YOUR EMPLOYMENT DETAILS :

Employment Type: PAYG Unemployed Retired Self Employed Occupation:

Employment Basis: Full Time Part Time Contract Temporary Casual Employer/Company Name:

Employer/Company Address: State: P/code:

Employer contact name and phone number(HR/Payroll contact): Employer Email:

Approx Start date at current employment: Average hours per week(if casual or part time):

YOUR PREVIOUS EMPLOYMENT DETAILS : (Please complete this section if your current employment is less than 3 years)

Employment Type: PAYG Unemployed Retired Self Employed Occupation:

Employment Basis: Full Time Part Time Contract Temporary Casual Employer/Company Name:

Employer/Company Address: State: P/code:

Employer contact name and phone number(HR/Payroll contact): Employer Email:

Approx dates at previous employment : Average hours per week(if casual or part time):

How did you hear about Priority Home Loans: _____

APPLICANT TWO DETAILS:

Title: Mr Mrs Ms Miss Other Surname:

Given names: Previous name: Date of birth: Sex: Male Female

Resident of (if not Australia):

Marital status: Single Married Defacto Widowed Separated Divorced Number of dependents: Ages:

Current Address: State: P/code:

Time at current address: Current residential status: Own Home To Be Purchased Renting Boarding With Parents Other

Previous Address: State: P/code:

Time at previous address: Current residential status: Own Home To Be Purchased Renting Boarding With Parents Other

Home phone number: Email address:

Work phone number: Mobile number: Fax Number:

Preferred contact: Home Work Mobile Email Would you like to receive our newsletter via Email Yes No

YOUR EMPLOYMENT DETAILS :

Employment Type: PAYG Unemployed Retired Self Employed Occupation: Employment Basis: Full Time Part Time Contract Temporary Casual Employer/Company Name:

Employer/Company Address: State: P/code:

Employer contact name and phone number(HR/Payroll contact): Employer Email:

Approx Start date at current employment: Average hours per week(if casual or part time):

YOUR PREVIOUS EMPLOYMENT DETAILS : (Please complete this section if your current employment is less than 3 years)

Employment Type: PAYG Unemployed Retired Self Employed Occupation: Employment Basis: Full Time Part Time Contract Temporary Casual Employer/Company Name:

Employer/Company Address: State: P/code:

Employer contact name and phone number(HR/Payroll contact): Employer Email:

Approx dates at previous employment: Average hours per week(if casual or part time):

How did you hear about Priority Home Loans: _____



Assets - What you own

REAL ESTATE

Rental Income	PROPERTY ADDRESS	ESTIMATED VALUE \$

ACCOUNTS - SAVINGS/TERM DEPOSITS:

NAME OF FINANCIAL INSTITUTION	AMOUNT/BALANCE \$

SUPERANNUATION

FUND	AMOUNT \$

OTHER ASSETS:

(eg. Home contents, shares, motor vehicles)

DESCRIPTION	AMOUNT \$
TOTAL ASSETS	\$ -

Liabilities - What you owe

EXISTING MORTGAGES

LENDERS NAME	REPAYMENT	BALANCE	LIMIT

PERSONAL LOANS/ BANK FACILITIES/OVERDRAFTS

LENDER'S NAME	REPAYMENT	BALANCE	LIMIT

CREDIT CARDS/STORE CARDS

INSTITUTION	REPAYMENT	BALANCE	LIMIT

HIRE PURCHASES/ LEASES/ PERSONAL DEBTS

DETAILS	REPAYMENT	BALANCE	LIMIT

OTHER (eg. HECS, Contingent Liabilites or Guarantees)

DETAILS	REPAYMENT	BALANCE	LIMIT
TOTAL LIABILITIES	\$ -	\$ -	\$ -

Name: _____



CALCULATE YOUR MONTHLY HOUSEHOLD LIVING EXPENSES BASED ON YOUR CURRENT LIFESTYLE

House Monthly		Cars Monthly		Family Monthly		Children Monthly	
Electricity/ Gas	\$ -	No. of cars	\$ -	Food	\$ -	No of Children	\$ -
Insurances	\$ -	Registration/ Insurance	\$ -	Clothes	\$ -	School Fees	\$ -
Telephone	\$ -	Petrol	\$ -	Entertainment/ Sport	\$ -	Other	\$ -
Council Rates	\$ -		\$ -	other	\$ -		\$ -
	\$ -						
Total:	\$ -	Total:	\$ -	Total	\$ -	Total	\$ -

Health Monthly		Gifts Monthly		Holidays Monthly		TOTALS Monthly	
Medications	\$ -		\$ -	House	\$ -		\$ -
Medical Insurance	\$ -			Cars	\$ -		\$ -
				Family	\$ -		\$ -
				Children	\$ -		\$ -
				Health	\$ -		\$ -
				Gifts	\$ -		\$ -
				Holidays	\$ -		\$ -
Total:	\$ -	Total:	\$ -	Total:	\$ -	Monthly Total:	\$ -

* IF Budgeting weekly, manually multiply figure by 4.34 = monthly expense

* IF Budgeting fortnightly, manually multiply figure by 2.17 = monthly expense

IF Not applicable please leave blank