

Client Information Form

All fields should be completed – if any field is not applicable, this should be indicated by placing N/A in the field

CLIENT DETAILS	Applicant 1	Applicant 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
First Name		
Middle Name		
Surname		
Previous Name (if applicable)		
Date of Birth		
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/>
Number of Dependants and dates of birth		
Phone	M: <input type="text"/> H: <input type="text"/>	M: <input type="text"/> H: <input type="text"/>
	W: <input type="text"/>	W: <input type="text"/>
Email Address		
Citizenship (if not Australia)		
Foreign Tax Resident	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Current Address		
Length of Time at Current Address		
Current Residential Status	<input type="checkbox"/> Own Home <input type="checkbox"/> To be Purchased <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> With Parents <input type="checkbox"/> Other (please provide details):	<input type="checkbox"/> Own Home <input type="checkbox"/> To be Purchased <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> With Parents <input type="checkbox"/> Other (please provide details):
If you are currently renting:	Weekly rental amount = \$ Renting through a licensed real estate agent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Weekly rental amount = \$ Renting through a licensed real estate agent? <input type="checkbox"/> Yes <input type="checkbox"/> No
Postal Address (if different to above)		
Previous Address (if time at current address is less than 3 years)		
Length of Time at Previous Address		
Previous Residential Status	<input type="checkbox"/> Own Home <input type="checkbox"/> To be Purchased <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> With Parents <input type="checkbox"/> Other (please provide details):	<input type="checkbox"/> Own Home <input type="checkbox"/> To be Purchased <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> With Parents <input type="checkbox"/> Other (please provide details):

CURRENT EMPLOYMENT DETAILS	Applicant 1	Applicant 2
Type of Employment	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Employment Basis	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Contract/Temporary	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Contract/Temporary
If Contract, Specify Term		
Employer Name		
Employer Contact (HR/payroll)		
Employer Phone		
Employer Address		
Your Position/Job Title		
Approximate start date at Current Employment		
Average hours per week (if casual or part-time)		

PREVIOUS EMPLOYMENT DETAILS (if current employment less than 3 years)	Applicant 1	Applicant 2
Type of Employment	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired	<input type="checkbox"/> PAYG <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired
Employment Basis	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Contract/Temporary	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual <input type="checkbox"/> Contract/Temporary
If Contract, Specify Term		
Employer Name		
Employer Contact (HR/payroll)		
Employer Phone		
Employer Address		
Your Position/Job Title		
Approximate dates at previous Employment		
Average hours per week (if casual or part-time)		

Please provide further employment details if less than 3 years history has been provided above:

	Applicant 1	Applicant 2
Estimated Retirement Age		

OBJECTIVES			
What is the reason for your visit to Priority Home Loans?	<input type="checkbox"/> Purchase Owner Occupied Home	<input type="checkbox"/> Construction	<input type="checkbox"/> Renovations
	<input type="checkbox"/> Purchase Investment Property	<input type="checkbox"/> Purchase a vehicle, boat etc.	<input type="checkbox"/> Refinance
	<input type="checkbox"/> Purchase Land	<input type="checkbox"/> Debt consolidation	
	<input type="checkbox"/> Other Purpose(s) details:		
Are you a First Home Buyer?	Applicant 1 <input type="checkbox"/> Yes <input type="checkbox"/> No		Applicant 2 <input type="checkbox"/> Yes <input type="checkbox"/> No

YOUR CREDIT HISTORY		
	Applicant 1	Applicant 2
Have you had any financial defaults, judgments or legal action against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you having any difficulty meeting your current financial commitments?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of your existing debts currently in arrears?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes to any of the above, please provide details:		

CHANGES TO CURRENT CIRCUMSTANCES			
In the foreseeable future, do you anticipate there to be any changes, or plan for there to be any changes to your financial situation that could impact your ability to meet your commitments of this loan contract?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If you selected yes, please provide details of the nature of the changes:			
<input type="checkbox"/> Extended Unpaid Leave	<input type="checkbox"/> Parental Leave	<input type="checkbox"/> Reduced Income	<input type="checkbox"/> Medical Illness and Treatment
<input type="checkbox"/> Changes to other repayments	<input type="checkbox"/> Future Large Expenditures	<input type="checkbox"/> Leaving or Changing Employment	
If you selected yes, please provide details of how you will continue to meet the commitments of the loan contract:			
<input type="checkbox"/> Reduced Expenses	<input type="checkbox"/> Budget Forecast	<input type="checkbox"/> Savings	<input type="checkbox"/> Reduction in Assets
<input type="checkbox"/> Spousal Income	<input type="checkbox"/> Additional Income, details:		
<input type="checkbox"/> Other, details:			

Statement of Position

CURRENT LIABILITIES – What you owe						
<u>Liability</u>	<u>Lender</u>	<u>Current Balance</u>	<u>Limit</u>	<u>Monthly Repayment</u>	<u>Applicant Ownership (Applicant 1, 2 or both)</u>	<u>Security Property/s Address against this Loan</u>
Existing Mortgage/s						

<u>Liability</u>	<u>Lender</u>	<u>Current Balance</u>	<u>Limit</u>	<u>Monthly Repayment</u>	<u>Applicant Ownership (Applicant 1, 2 or both)</u>
Credit Cards, Store Cards, Zip Pay, After Pay, etc.					

Other Loans – Personal Loans, Car Loans, Overdrafts, Hire Purchases, Leases, Business Loans, Business Guarantees, HECS, etc.					

CURRENT ASSETS – What you own				
<u>Asset</u>	<u>Description / Address</u>	<u>Estimated Value</u>	<u>Weekly Rental Income (if applicable)</u>	<u>Applicant Ownership (Applicant 1, 2 or both)</u>
Real Estate				

	<u>Description (year, make, model)</u>	<u>Estimated Value</u>	<u>Applicant Ownership (Applicant 1, 2 or both)</u>
Vehicle/s			

	<u>Financial Institution</u>	<u>Amount/Balance \$</u>	<u>Applicant Ownership (Applicant 1, 2 or both)</u>
Bank Account/s – Savings, Term Deposits			

	<u>Description</u>	<u>Amount</u>	<u>Applicant Ownership</u> (Applicant 1, 2 or both)
Investment/s - Shares			

	<u>Fund</u>	<u>Amount/Balance</u>	<u>Applicant Ownership</u> (Applicant 1, 2 or both)
Superannuation/s (please include for both applicants if applicable)			

	<u>Description</u>	<u>Estimated Value</u>	<u>Applicant Ownership</u> (Applicant 1, 2 or both)
Contents and Valuables			
Other			

LIFESTYLE & ASSET PROTECTION	
Do you have personal insurance, and have you reviewed the requirements within 12	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
Do you have life insurance to cover your existing and proposed debts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
If your income reduced due to unforeseen circumstances, do you have insurance to cover your loan? Repayments and living costs?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
Do you have existing insurances to cover the below:	
✓ Home, building and contents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
✓ Motor vehicle, Boat &/Or Caravan specify type:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required
✓ Landlord Protection if required	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Required

Monthly Living Expenses (if required, please estimate future expenses such as council rates and property insurance)					
		Ownership (Tick One)			Monthly total
		Applicant 1 Expense	Applicant 2 Expense	Joint Expense	
Primary Residence (utilities, council rates, strata, maintenance, <u>NOT</u> insurance)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Investment Property (council rates, strata, maintenance, <u>AND</u> insurance)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Communication (phones, internet, Pay TV, streaming services)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Food and Drink	Groceries and Liquor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Dining out, Takeaway and Coffee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Personal Care (clothing, grooming, hair cut)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Medical, Health and Fitness (doctor, dentist, medication, sport, gym)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Transport (fuel, servicing, registration, public transport)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Education (school fees, uniforms, stationary)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Childcare		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Children and Pets		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Insurance	Primary Residence Home and Contents Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Car Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
	Life Insurance and Income Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Travel and Entertainment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other (specify):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$
Total Monthly Living Expenses:					\$

CLIENT DECLARATION – Please Sign

I/we confirm that the information contained within this Customer Information Form is true and correct.

I/we confirm that the listed assets and liabilities are a true and accurate representation of my/our financial position. I/we confirm that I/we have included any business facilities for which I/we have provided a business guarantee.

I/we acknowledge that any omissions or variations to this data may jeopardise my/our loan application as lenders conduct independent internal checks.

I/we confirm that the living expenses budget provided is a true and accurate representation of my/our household living expenses.

I/we acknowledge the information in the Credit Guide and Privacy Statement provided and I/we understand how my/our information is collected, used and shared by Priority Home Loans.

I/we understand that Priority Home Loans will not be charging me/us a fee for service unless specifically quoted.

I/we understand that Priority Home Loans may charge a fee for service for short-term finance/bridging applications, and will provide a quote prior to provision of service.

I/we understand that Priority Home Loans will seek access to my/our consumer credit information file held by a credit reporting agency if new to Priority Home Loans. I/we provide authority for Priority Home Loans to access my/our credit file.

Applicant 1 Declaration

Applicant 2 Declaration

Full Name

Full Name

Signature

Date

Signature

Date