Interview:	☐ Face to face	● Phone	☐ Video call
Location:	WA		
Date & Time:	15-01-2026		

CLIENT NEEDS ANALYSIS

Please complete the below fields to enable us to assist you with your credit enquiry.

YOUR NEEDS & OBJECTIVES – Why do you need a loan?

Client requesting to dissolve all debt.
If loan amount sought can not be reached, please calculate max BC.

Loan Amount sought: $ $650,000.00		
Have you purchased a property / signed a Contract of Sale:	☐ Yes	☑ No
Are you a First Home Buyer	☐ Yes	☑ No

PERSONAL DETAILS

	Applicant 1	**Applicant 2**
Title	Ms	Ms
Surname	Smith	Smith
Given Name/s	Debbra	Christina
Preferred Name		
Previous Name		
Date of Birth (DOB)/ Gender	16-01-1972 / Female	09-06-1970 / Female
Marital Status Single Married	Defacto	Defacto
Dependents	# of	# of
Dependents DOB		

ADDRESS DETAILS

CURRENT	**Applicant 1**	**Applicant 2**
Street		
Suburb	Albany	Albany
State / Postcode	WA 6330	WA 6330
Date moved in	13-06-2018	13-06-2018
PREVIOUS		
Street		
Suburb		
State / Postcode		
Date moved in/out	In Out	In Out
MAILING (if different)		
Street		
Suburb		
State / Postcode		

CONTACT DETAILS

	Preferred		
Mobile Phone	☑	0400276078	0422945423
Home Phone	☐		
Work Phone	☐		
Email Address	☑	debbra.smith1972@gmail.com	chrisgsmith1970@gmail.com

ADDITIONAL INFORMATION

Mother's Maiden Name		
ID document # (DL/Passport)		
Foreign Tax Status / TNN		
Town / Country of Birth		
Estimated Retirement Age		

RELATIVE NOT LIVING WITH YOU

Name	
Phone	
Email	
Address	

EMPLOYMENT DETAILS (Current)

	Applicant 1	**Applicant 2**
Employment type	Permanent	Permanent
Employment basis	FT	FT
Date Started	08-02-2016	08-10-2025
Occupation	Prison officer	Receptionist
Income Amount (Gross / Net)	$110,000.00	$60,000.00
Pay frequency		
EMPLOYER		
Street Address		
Suburb		
State / Postcode		
Contact Name		
Contact Phone number (to verify income)		
On Probation	No	No

EMPLOYMENT DETAILS (Previous – if less than 3 years in current position)

	Applicant 1	**Applicant 2**
Employment type		
Employment basis		
Date Started		
Occupation		
Income Amount (Gross / Net)		
Pay frequency		
EMPLOYER		
Street Address		
Suburb		
State / Postcode		
Contact Name		
Contact Phone number (to verify income)		

Do you receive any other income (Bonus, Commission, Centrelink, Family Assistance)?

ASSETS

Type	Description	Estimated Value	Owner App1	App2	Both
Principal Home			☐	☐	☐
Investment Property			☐	☐	☐
	Rental Income $				
Investment Property			☐	☐	☐
	Rental Income $				
Motor Vehicle	Car	$55,000.00	☑	☐	☐
Motor Vehicle	Car	$20,000.00	☐	☑	☐
Savings Account			☐	☐	☐
Savings Account			☐	☐	☐
Savings Account			☐	☐	☐
Savings Account			☐	☐	☐
Savings Account			☐	☐	☐
Home Contents	Contents	$50,000.00	☐	☐	☑
Superannuation	Super Balance	$300,000.00	☑	☐	☐
Superannuation	Super Balance	$120,000.00	☐	☑	☐
Other	Camper trailer	$8,000.00	☐	☐	☑
Other			☐	☐	☐

LIABILITIES

Type	Loan Provider	Loan Balance	Loan Limit	Repayments	Loan Term	Loan Start/End date	Fixed/IO expiry	Owner Ap1 Ap2 Both
Home Loan								☐ ☐ ☐
Home Loan								☐ ☐ ☐
Home Loan								☐ ☐ ☐
Personal Loan	Request to dissolve	$4,000.00		410 pm				☑ ☐ ☐
Personal Loan								☐ ☐ ☐
Car Loan	Request to dissolve	$55,000.00		475 fn				☑ ☐ ☐
Car Loan	Request to dissolve	$4,000.00		250 fn				☐ ☑ ☐
Credit Card	Will be closed prior to app	$0.00	$5,000.00	N/A	N/A	N/A	N/A	☐ ☐ ☐
Credit Card		$900.00	$3,000.00	N/A	N/A	N/A	N/A	☐ ☐ ☐
Credit Card				N/A	N/A	N/A	N/A	☐ ☐ ☐
Credit Card				N/A	N/A	N/A	N/A	☐ ☐ ☐
Credit Card				N/A	N/A	N/A	N/A	☐ ☐ ☐
After Pay/ Zip Pay								☐ ☐ ☐
Other								☐ ☐ ☐

Notes:

LIVING EXPENSES (if $0.00 against any Type please enter explanation as to why)

Expense Type	Expense Amount	Frequency (WK F/N M P/A)	Total Calc Monthly	Description / Explanation
Utilities	$150.00	Monthly	$150.00	
Rates				
Body Corporate				
Ongoing Rent	$450.00	Weekly	$1,955.36	
Transport	$70.00	Weekly	$304.17	
Car expenses	$1,500.00	Yearly	$125.00	
Food / Groceries	$150.00	Weekly	$651.79	
Communication & Media	$150.00	Monthly	$150.00	
Medical & Health				
Education & Childcare				
Child Support/ Maintenance				
Insurance - General				
Insurance - Health				
Insurance - Risk				
Entertainment & Recreation	$150.00	Monthly	$150.00	
Clothing & Personal Care				
Gift/Donations				
Other				
Other				
Other				
TOTAL				

Save the form

Email the form