Interview: ☐ Face to face ◉ Phone ☐ Video call

Location: VIC

Date & Time: 24-11-2025

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?

If loan amount sought can not be reached, please calculate max BC.

Loan Amount sought: $	$350,000.00			
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	Miss	Mr
Surname	Clapham	Mitchell
Given Name/s	Sharon	Colin
Preferred Name		
Previous Name		
Date of Birth (DOB)/ Gender	10-10-1964 / Female	04-03-1964 / Male
Marital Status Single Married	Defacto	Defacto
Dependents	# of	# of
Dependents DOB		

ADDRESS DETAILS

CURRENT	**Applicant 1**	**Applicant 2**
Street		
Suburb	Benalla	Benalla
State / Postcode	VIC 3672	VIC 3672
Date moved in	21-08-2024	21-08-2024
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	☑	0488012525	0481967101
Home Phone	☐		
Work Phone	☐		
Email Address	☑	sclapham1964@gmail.com	colinmarkmitchell@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	Sole trader	Permanent
Employment basis		FT
Date Started	09-09-2024	13-07-2022
Occupation	Disability support	Quarry worker
Income Amount (Gross / Net)	$40,000.00	$59,000.00
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	$15,000.00	☑	☐	☐
Motor Vehicle	Car	$20,000.00	☐	☑	☐
Savings Account	Savings - open to contribute half if needed	$50,000.00	☐	☐	☑
Savings Account			☐	☐	☐
Savings Account			☐	☐	☐
Savings Account			☐	☐	☐
Savings Account			☐	☐	☐
Home Contents	Contents	$40,000.00	☐	☐	☑
Superannuation	Super Balance	$120,000.00	☑	☐	☐
Superannuation	Super Balance	$120,000.00	☐	☑	☐
Other			☐	☐	☐
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								☐ ☐ ☐
Personal Loan								☐ ☐ ☐
Car Loan								☐ ☐ ☐
Car Loan								☐ ☐ ☐
Credit Card		$1,800.00	$2,000.00	N/A	N/A	N/A	N/A	☐ ☐ ☐
Credit Card		$1,800.00	$2,000.00	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	After Pay	$180.00	$1,000.00					☑ ☐ ☐
Other	Zipp	$0.00	$1,000.00					☐ ☐ ☐

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	$90.00	Monthly	$90.00	
Rates				
Body Corporate				
Ongoing Rent	$500.00	Weekly	$2,172.62	
Transport	$65.00	Weekly	$282.44	
Car expenses	$1,100.00	Yearly	$91.67	
Food / Groceries	$130.00	Weekly	$564.88	
Communication & Media	$110.00	Monthly	$110.00	
Medical & Health				
Education & Childcare				
Child Support/ Maintenance				
Insurance - General				
Insurance - Health				
Insurance - Risk				
Entertainment & Recreation	$100.00	Monthly	$100.00	
Clothing & Personal Care				
Gift/Donations				
Other				
Other				
Other				
TOTAL				

Save the form

Email the form