

Non-applicant statement of position

Personal details

Title		Other	No. of dependants	Ages	
<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Ms	<input type="text"/>	<input type="text"/>
Gender		MAC ID	Residential address (not PO box)		
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="text"/>	<input type="text"/>		
Surname		Suburb	State	Postcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
First name	Middle name/s		Mobile number	Other phone number	
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	
Date of birth	Marital status		Email		
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/>		<input type="text"/>		

Employment details (if applicable)

<input type="checkbox"/> Full time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Casual	<input type="checkbox"/> Contract work		
Name of current employer		Occupation	Name of previous employer		Occupation
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>
Gross annual income		Length of service	Length of service		
<input type="text"/> \$		<input type="text"/>	<input type="text"/>		

Self employment details (if applicable)

Registered business name		Business activity	Years trading
<input type="text"/>		<input type="text"/>	<input type="text"/>
ACN/ABN	Principal place of business		Accountant's firm
<input type="text"/>	<input type="text"/>		<input type="text"/>
Mobile	Phone	Accountant name	Accountant phone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email		Accountant email	
<input type="text"/>		<input type="text"/>	

Financial position

Every section of this statement must be completed. If a particular section is not applicable, write 'nil'. Use a separate sheet if necessary.

Assets							
	Value	Monthly Income	Monthly Property Expenses (utilities, rates etc.)				
Existing property (home)	\$						
Rental property 1	\$	\$	\$				
Rental property 2	\$	\$	\$				
Rental property 3	\$	\$	\$				
Savings and deposits	\$						
Motor vehicle/s and boats	\$						
Home contents	\$						
Investments (eg. funds, shares)	\$						
Super	\$						
Other assets	\$						
TOTAL	\$	\$	\$				
Liabilities							
	Maximum loan limit	Monthly payments	Current rate	Remaining loan term	IO Repayments	Remaining IO term	Financial institution
Existing mortgage (home)	\$	\$			<input type="checkbox"/>		
Rental property 1	\$	\$			<input type="checkbox"/>		
Rental property 2	\$	\$			<input type="checkbox"/>		
Rental property 3	\$	\$			<input type="checkbox"/>		
Personal loan	\$	\$			<input type="checkbox"/>		
Hire purchase	\$	\$			<input type="checkbox"/>		
Leases and car loans	\$	\$			<input type="checkbox"/>		
Other debts (eg. store account, taxes, HECS)	\$	\$			<input type="checkbox"/>		
Total credit card limits	\$	\$					
Margin/term/other loans	\$	\$			<input type="checkbox"/>		
Current rent paid		\$					
Child maintenance		\$					
TOTAL	\$	\$					

Living expenses

Basic Living Expenses (per month)

Clothing and personal care	\$ <input type="text"/>
Groceries	\$ <input type="text"/>
Transport	\$ <input type="text"/>
Owner occupied property utilities, rates etc.	\$ <input type="text"/>

Discretionary Living Expenses (per month)

Childcare	\$ <input type="text"/>
Education	\$ <input type="text"/>
Insurance	\$ <input type="text"/>
Medical and health	\$ <input type="text"/>
Recreation and entertainment	\$ <input type="text"/>
Telephone, internet, pay TV and media streaming subscriptions	\$ <input type="text"/>
Other	\$ <input type="text"/>

TOTAL BASIC LIVING EXPENSES: \$

TOTAL DISCRETIONARY LIVING EXPENSES: \$

Declaration

I acknowledge that my partner/spouse is applying for a loan separately in their own name and more of my income may be required to meet the commitments on our joint liabilities

Dated the day of

/ /

Non-applicant name

Non-applicant signature