

NEEDS ANALYSIS

Please complete **all** sections of the Needs Analysis

Applicant Details

Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Given Names	
Surname	
IBO Number	
Date of Birth	
Marital Status	
Drivers Licence No	
Children's Age(s)	
Address	
Time residing	
Housing status	<input type="checkbox"/> Renting <input type="checkbox"/> Mortgage <input type="checkbox"/> With parents <input type="checkbox"/> Other -
Previous Address <i>If less than 3 years</i>	
Time Residing	
Home Phone	
Mobile	
E-mail	
Skype Address	

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Previous Address <i>If less than 3 years</i>	
Time Residing	
Home Phone	
Mobile	
E-mail	
Skype Address	

Employment Details

Occupation	
Employer	
Address	
Work Phone	
Type	<input type="checkbox"/> PAYG <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed
Basis	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Date Started	
Gross Income *	\$ Per year
Previous Employment <i>(if current is less than 3 years)</i>	
Occupation	
Employer	
Address	
Work Phone	
Basis	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Date Started	
Dated Finished	

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Address	
Work Phone	
Type	<input type="checkbox"/> PAYG <input type="checkbox"/> Self Employed <input type="checkbox"/> Unemployed
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Gross Income *	\$ Per year
Previous Employment <i>(if current is less than 3 years)</i>	
Occupation	
Employer	
Address	
Work Phone	
Basis	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual
Date Started	
Dated Finished	

* If self-employed, please provide your Personal Taxable Income
Needs Analysis Amway

Assets	Estimated Value	Ownership	Security
Real Estate – Property 1 Address: Rent Received: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month OR <input type="checkbox"/> N/A	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate – Property 2 Address: Rent Received: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month OR <input type="checkbox"/> N/A	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Real Estate – Property 3 Address: Rent Received: \$ Per: <input type="checkbox"/> Week <input type="checkbox"/> Month OR <input type="checkbox"/> N/A	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Savings – Institution:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Savings – Institution:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Superannuation – Institution:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Superannuation – Institution:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Motor vehicle 1 - Make: Year:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Motor vehicle 1 - Make: Year:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Investments – (Shares, Business, etc) Type:	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Furniture & effects	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
Other	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	
TOTAL	\$0.00		

Liabilities	Balance	Monthly Payment	Name on Liability	Paying Out?
Rent that you pay		\$0		
Mortgage – Property 1 Lender: Interest Rate: % Fixed / Variable LIMIT:\$	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage – Property 2 Lender: Interest Rate: % Fixed / Variable LIMIT:\$	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mortgage – Property 3 Lender: Interest Rate: % Fixed / Variable LIMIT:\$	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Loan / Lease Lender:	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Lender: Limit: \$	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credit Card Lender: Limit: \$	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Salary Sacrifice – HELP / HECS debt Purpose:	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Liabilities:	\$0	\$0	<input type="checkbox"/> App 1 <input type="checkbox"/> App 2	<input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL	\$0.00	\$0.00		

Taxation Information			
Accountant's name:		Phone number:	
Are you a Tax Resident of any other Country?	<input type="checkbox"/> Yes	Where:	<input type="checkbox"/> No

Reason for Application	
Reason for Application:	<input type="checkbox"/> Purchase <input type="checkbox"/> Refinance <input type="checkbox"/> Debt Consolidation
Why do you want a loan?	
What are your financial goals for the next 2 – 5 years?	
Are you interested in investing in property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What would you be prepared to commit to, on a weekly basis, to secure an investment property?	<input type="checkbox"/> \$0 - \$25 <input type="checkbox"/> \$25 - \$50 <input type="checkbox"/> \$50+ per week

Name of Nearest Relative – that does not live with you			
Full Name:			
Relationship to you:		Which Applicant?	<input type="checkbox"/> Applicant 1 <input type="checkbox"/> Applicant 2
Contact Number:			
Australian Residential Address:			
Mother's Maiden Name	App 1		App 2

Risk Profile	
Do you have a clear credit file?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you had issues with making repayments on any of your liabilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know of any foreseeable significant changes to your circumstances? <i>For Example, are you planning on changing jobs? Retiring? Starting a Family?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:

Insurance	
Do you currently have Income Protection Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you currently have General Insurance? E.g. House, contents	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you currently have Mortgage Protection Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have life, disablement and trauma insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
As part of our licence we have a duty of care toward all our clients, to ensure that they are properly protected. With this onus in mind, we will be providing you with a quote to take out a Loan Protection Plan.	

Other income	
Do you receive any other income (ie Family Tax Benefit pensions, child support, maintenance, etc)	\$0 Per month

Living Expenses			
ITEM	DESCRIPTION	MONTHLY COST *	COMMENTS
Child maintenance payments	Court Ordered or Centrelink required maintenance for all children not living with you.	\$0	
Clothing and personal care	Clothing, footwear, cosmetics, hairdresser, personal care	\$0	
Groceries	Typical supermarket shop for groceries including food and toiletries	\$0	
Medical and health	Medical and health costs including doctor, dental, optical and pharmaceutical (excluding health insurance)	\$0	
<u>Owner occupied property utilities, rates and related costs</u>	Housing and property expenses on owner occupied property including rates, taxes, levies, body corporate and strata fees, repairs and maintenance, other household items and utilities.	\$0	
<u>Rented property utilities and related costs</u>	Housing and property expenses on the property you are renting including maintenance other household items and utilities.	\$0	
Transport	Public transport, motor vehicle running costs including fuel, servicing, parking and tolls (excluding motor vehicle insurance)	\$0	
Childcare	Childcare including nannies	\$0	
Education	Public and private education fees and associated costs (preschool, primary, secondary and tertiary) including books and uniforms etc.	\$0	
Insurance	All insurance including health, home and contents, motor vehicle, life, income protection	\$0	
<u>Investment property utilities, rates and related costs</u>	Housing and property expenses on investment property including rates, taxes, levies, body corporate and strata fees, repairs and maintenance, other household items and utilities	\$0	
Telephone, internet, pay TV and subscriptions	Telephone accounts (home and mobile), internet, pay TV and media streaming subscriptions	\$0	
Recreation and entertainment	Recreation and entertainment including alcohol, tobacco, gambling, restaurants, membership fees, pet care, holidays	\$0	
Other	Unique items not covered in above categories (must be explained further)	\$0	
TOTAL		\$0.00	

* For any item that has a \$0 value left next to it, a comment needs to be added to explain why.