



# PRELIMINARY ASSESSMENT & CAPACITY ANALYSIS



Number of Dependants    Age of Dependants

## Income (Average After Tax)

W                      F                      M

Applicant	\$
Rental Income	\$
Child Maintenance CSA	\$
Family Allowance	\$
Pensions	\$
Other	\$

Partner's Monthly Income \$

## Applicant Declared Monthly Expenditure

Motor Vehicle	\$
All Insurances	\$
Telecoms	\$
Rates/Utilities	\$
Living Expenses	\$
Education/Super Contributions	\$
Other	\$

### Assets

Description

Residence	\$
Investment Property	\$
Investment Property	\$
Vehicle	\$
Cash at Bank	\$
Home Contents	\$
Super Annuation	\$
<b>Explanation</b>	
Other	\$

### Liabilities

\$ Balance

Mortgage	\$
Mortgage	\$
Mortgage	\$
Car Loan	\$
Personal Loan	\$
Rent/Board	\$
CC Limit 1	\$
CC Limit	\$
Other	\$

### Monthly Finance Expenses

Creditor

Pmt Amount

	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

Agent's Name

Phone No

\$

I declare that the above information provided is true and correct.

Yes      No

Do you expect any significant change to your financial position over the term of the proposed loan which may impact your ability to make the proposed repayments under the loan contract.

Yes      No    If YES, please explain:

Signed

Date