

Client Needs Analysis

Date: /

YOUR DETAILS:

Full name (Client 1):

Full name (Client 2):

If company and/or Trust:

Company/Trust name:	<input type="text"/>	
ABN/ACN	<input type="text"/>	
Registered address:	<input type="text"/>	
	State	P/code
Business address (If different from above)	<input type="text"/>	
	State	P/code

Full name/s of trustee/s:

1.
2.
3.
4.

Full name/s of beneficiaries:

1.
2.
3.
4.

CREDIT ASSISTANCE PROVIDER:

Name:	Company Name:
Chris Polatsidis	Peppercorn Mortgage Services T/A Peppercorn Mortgages
Australian Credit License Number /Credit Representative Number (if applicable):	Phone Number:
399474	(03) 9889 9244
Mobile Number:	Email Address:
0400 514 426	chrisp@peppercornmortgages.com.au

YOUR REQUIREMENTS AND OBJECTIVES:

For example: purchase home, buy land, building, investment property, refinance, renovate, relocation, debt consolidation, study, holiday, car, boat, extra cash etc

What are the primary reasons for seeking credit (how will the funds be used) or the reasons for a review of an existing credit contract?

1.	\$
2.	\$
3.	\$
4.	\$
Additional Notes:	
Amount of credit sought: \$	Term of credit sought (years):

If purchasing property, how long are you looking to retain the property for? *(Please provide reasons below)*

2 years

2- 5 years

5 – 10 years

10 years plus

If refinancing or consolidating debts, please provide details of the debts that are being refinanced or consolidated and the resulting benefit to you

YOUR DETAILS:

CLIENT 1:				CLIENT 2:			
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr				Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr			
Surname:				Surname:			
Given Names: (inc middle names)				Given Names: (inc middle names)			
Previous or Maiden Name				Previous or Maiden Name			
Date of Birth:	/	/	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	/	/	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Aust Citizen	<input type="checkbox"/> Aust Resident	Country of Residency: (if not Aust)		<input type="checkbox"/> Aust Citizen	<input type="checkbox"/> Aust Resident	Country of Residency: (If not Aust)	
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto	Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> De Facto
	<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
				Relationship to Client 1:			
Number of Dependants:		Ages:		Number of Dependants		Ages:	
Current Address:				Current Address:			
		State	P/Code			State	P/Code
Date moved in to current & previous address:	Current:		Previous:	Date moved into current & previous address:	Current:		Previous:
Current Residential Status:				Current Residential Status:			
<input type="checkbox"/> Own Home		<input type="checkbox"/> Mortgaged		<input type="checkbox"/> Renting		<input type="checkbox"/> Boarding	
<input type="checkbox"/> Live with Family		<input type="checkbox"/> Other		<input type="checkbox"/> Living with Family		<input type="checkbox"/> Other	
Previous Address: (if under 3 years in current address)				Previous Address: (if under 3 years in current address)			
		State	P/Code			State	P/Code
Previous Residential Status:				Previous Residential Status:			
<input type="checkbox"/> Own Home		<input type="checkbox"/> Mortgaged		<input type="checkbox"/> Renting		<input type="checkbox"/> Boarding	
<input type="checkbox"/> Live with Family		<input type="checkbox"/> Other		<input type="checkbox"/> Living with Family		<input type="checkbox"/> Other	
Postal address (if different from residential address):				Postal address (if different from residential address):			
State:		P/Code:		State:		P/Code:	
Email Address:				Email Address:			
Home Phone Number:	()		Home Phone Number:	()	
Work Phone Number:	()		Work Phone Number:	()	
Mobile Number:				Mobile Number:			
Fax Number:	()		Fax Number:	()	
Preferred Daytime Contact Number:	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile	Preferred Daytime Contact Number:	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile

NEAREST LIVING RELATIVE DETAILS:

CLIENT 1:		CLIENT 2:	
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other		Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other	
Surname:		Surname:	
Given Names:		Given Names:	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Relationship to you
Current Address:		Current Address:	
State	P/Code	State	P/Code
Email Address:		Email Address:	
Phone Number: ()		Phone Number ()	
Mobile Number:		Mobile Number:	

MONTHLY LIVING EXPENSES

Enter your weekly OR monthly OR yearly total for each category	Weekly	Monthly	Yearly
Clothing & Personal Care Purchase, Dry Cleaning, Laundry, Hairdressing and Beauty services	\$		
Groceries Food and Beverage and General household items	\$		
Insurance Income, Life, Health, Home, Contents, Motor, Pet	\$		
Medical and Health Dental, Optical, Other Medical, Pharmacy expenses, Veterinary	\$		
Recreation Gym memberships, Classes, Entertainment, Dining out, Holidays	\$		
Communication and Media Mobile & Fixed, Internet, Pay TV, Streaming subscriptions	\$		
Transport Registration, Servicing, Petrol, Public transport, Taxi	\$		
Child Care Child Care, Baby sitting	\$		
Education Self or Child's education or professional development	\$		
Rates, Utilities and related for where you live Council, Water, Body Corporate, Electricity, Gas, Gardening, Housekeeping.	\$		
Rates, Utilities and related for Investment properties Council, Water, Body Corporate Fees, Gardening, Cleaning	\$		
Other Charities, Donations, Gifts, Accountant, Solicitor Fees	\$		
Total	\$		
Multiply total from row above for annualised Total	X 52	X 12	X 1
	\$	\$	\$
Annual Total (add three totals together from row above)	Monthly Total (Divide Total annual figure by 12)		
\$	\$		

YOUR EMPLOYMENT DETAILS:

	CLIENT 1:			CLIENT 2:		
Employment Status:	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties
	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed
	<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other		<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other	
Occupation:						
Employment sector or nature of business:						
Employer/Company name and address:						
Employer contact name and phone number (HR/Payroll contact):	Name: Ph:			Name: Ph:		
Employer email:						
Start Date at current employment:						
If on Probation, please supply probation end date						
Average hours per week (if casual or part time):						
<i>If current employment or business has been for less than 3 years, please provide previous employment details:</i>						
Previous occupation						
Previous employer						
Previous employment status:	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business	<input type="checkbox"/> PAYG Employee	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Family Business
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Casual
	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties	<input type="checkbox"/> Contractor	<input type="checkbox"/> Temporary	<input type="checkbox"/> Home Duties
	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student	<input type="checkbox"/> Not Employed
	<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other		<input type="checkbox"/> Govt. Benefit Recipient	<input type="checkbox"/> Other	
Previous employment address and phone:						
Start and End Date at previous employment:	Start:		End:	Start:		End:

YOUR FINANCIAL POSITION

The following information provides a snapshot of your net worth position. Please circle either client 1, 2 or both to indicate ownership. Please supply most recent bank statement for each savings account and all liabilities (ie: loans and credit cards).

ASSET TYPE	VALUE	LIABILITY TYPE	LIMIT	MONTHLY REPAYMENT:	AMOUNT OWING:
Principle Home Address: Client 1 ___ Client 2 ___ Both ___	\$	Principle Home Int. Rate % Lender: Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Investment Property Address: Client 1 ___ Client 2 ___ Both ___	\$	Investment Property Int. Rate % Lender: Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Investment Property Address: Client 1 ___ Client 2 ___ Both ___	\$	Investment Property Int. Rate % Lender: Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Holiday Home Address: Client 1 ___ Client 2 ___ Both ___	\$	Holiday Home Int. Rate % Lender: Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Motor Vehicle Make and Model: Year: Client 1 ___ Client 2 ___ Both ___	\$	Motor Vehicle Finance Int. Rate % Lender: Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Motor Vehicle Make and Model: Year: Client 1 ___ Client 2 ___ Both ___	\$	Motor Vehicle Finance Int. Rate % Lender: Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Investments (e.g. shares, managed funds, term deposits) Client 1 ___ Client 2 ___ Both ___	\$	Line of Credit Int. Rate % Lender: Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Cash (including savings) Client 1 ___ Client 2 ___ Both ___	\$	Credit Cards and Retail Store Cards (Total combined limits etc.) Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Superannuation Client 1 ___ Client 2 ___ Both ___	\$	Margin lending or other invest. loans Int. Rate: % Lender:	\$	\$	\$
Contents (insured value) Client 1 ___ Client 2 ___ Both ___	\$	Interest free debt Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Other Assets (e.g. boats, caravans, collections) Client 1 ___ Client 2 ___ Both ___	\$	Overdrafts and other bank facilities Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Other – provide details Type: Client 1 ___ Client 2 ___ Both ___	\$	Loans as guarantor Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Details: Client 1 ___ Client 2 ___ Both ___	\$	Hire Purchase (Total of all HP agreements) Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Details: Client 1 ___ Client 2 ___ Both ___	\$	Personal Debt Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Details: Client 1 ___ Client 2 ___ Both ___	\$	Lease (Total of all lease agreements) Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Client 1 ___ Client 2 ___ Both ___	\$	HECS liability/Taxation Debt Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Client 1 ___ Client 2 ___ Both ___	\$	Other liabilities – provide details Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
Client 1 ___ Client 2 ___ Both ___	\$	Client 1 ___ Client 2 ___ Both ___	\$	\$	\$
TOTAL ASSETS (A)	\$	TOTAL LIABILITIES (B)	\$	\$	\$

YOUR PREFERRED LOAN FEATURES:

YOUR PREFERRED INTEREST RATE TYPE: (Please select one)

- Variable rate** – it is important to have an interest rate that fluctuates over the term of the loan in line with market interest rate changes.
- Fixed rate** – it is important to have certainty about the interest rate and/or repayment for a fixed term.
- Fixed and Variable** - it is important to have a combination of fixed and variable interest rates.
- No preferred interest rate type.**

YOUR PREFERRED REPAYMENT TYPE: (Please select one)

- Principle & Interest** – it is important to have repayments that include both the principal amount borrowed and the interest payable, so that the loan is repaid in full by the end of the loan's term
- Interest Only** – it is important to make interest only repayments for a specified term.
- Interest Only in Advance** – it is important to have the ability to make an advanced or lump sum interest only repayment
- No preferred repayment type.**

FEATURES:	REQUIRED
Pay off quickly / additional payments It is important that the loan is paid off quickly and that additional payments are allowed without penalty	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Split account It is important to have more than one sub account/s, or a separate account for savings/investment funds, for tax, accounting, or personal expense purposes	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Re-draw It is important to have access to additional repayment funds should it be required	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
100% Offset It is important to have a separate savings account linked to the loan that offsets the savings balance	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Line of credit It is important to have a revolving facility that allows you to draw to a limit via EFTPOS, ATM, Internet or Cheque	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Top up It is important to have access to additional funds for future use subject to sufficient equity	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Product flexibility It is important to have the ability to switch between a lender's mortgage products	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Portability It is important to have the option to transfer the loan to an alternative property to save money and time	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>
Other features sought:	Yes <input type="checkbox"/> No <input type="checkbox"/> Not essential <input type="checkbox"/>

Additional information / comments:

YOUR FINANCIAL SECURITY:

Have you had any difficulties in meeting your financial commitments in the past 2 years?

CLIENT 1: Yes No CLIENT 2: Yes No

If yes, provide details below.

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Have you received advice from an accountant, solicitor or financial planner regarding your financial objectives?

CLIENT 1: Yes No CLIENT 2: Yes No

If yes, provide details below.

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PROTECTING YOUR LIFESTYLE / ASSETS:

Do you have insurance to protect your lifestyle e.g. life, total permanent disablement, income protection etc?

CLIENT 1: Yes No CLIENT 2: Yes No

If No, Please Provide details below on

How would your lifestyle needs be maintained if you and / or your partner were

- (a) Temporarily unable to earn an income through sickness / illness?
- (b) Permanently unable to earn income e.g. through death / permanent disability?

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Would you like someone to contact you regarding life insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Would you like someone to contact you regarding life insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Do you have Home and Contents insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Do you have Home and Contents insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If no, would you like someone to contact you regarding Home and Contents insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If no, would you like someone to contact you regarding Home and Contents insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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CHANGES TO YOUR CURRENT CIRCUMSTANCES:

Do you anticipate any material changes to your financial situation? For example, change in employment, income or expenditure?

CLIENT 1: Yes No CLIENT 1: Yes No

If yes, what are the reasons for the changes and what is the expected impact?

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Permanent Change	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Permanent Change	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Mitigant	Mitigant
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Estimated Start Date		Estimated End date		Estimated Start Date		Estimated End date	
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ADDITIONAL CLIENT NOTES:

Mothers Maiden Name Applicant 1:

Mothers Maiden Name Applicant 2: