

Document Checklist

Required Received

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| All Applications | Completed Client Needs Analysis |
| | 100 Point ID Primary ID - Birth Certificate, Passport, Citizenship Certificate (70 points) Secondary ID – Driver Licence or other Photo ID card (40 points) Other ID – Medicare Card, Rates Notice, Telephone/Utility Account, Credit Card (25 points) |
| | Last 3 months transaction account statements showing salary credits and living expenses |
| | Current Centrelink or Family Tax Benefit statement, showing at least last three months |
| | Child support agency letter if applicable |
| | Last 2 months rental statements for all investment properties owned |
| | Council rates notice (for all existing properties) |
| | Lease agreement if you are renting |
| | Last 6 months bank statements for all loan accounts including personal loans and leases |
| | Last 3 statements for all credit / store cards |
| Payg | If on probation – copy of employment contract |
| | Last 3 consecutive computer-generated pay slips (showing at least last three months YTD earnings), employer ABN and employee name |
| | Last PAYG Summary |
| | Last Tax Assessment Notice – Notice of Assessment |
| Self - Emp. | Last 2 years tax returns – Personal and Self Employed including full business financials and company Tax Returns |
| | Last 2 Tax Assessment Notices – Notice of Assessment |
| | 12 months BAS statements |
| Purchase | Copy of executed purchase contract and section 32 |
| | Purchase Deposit Receipt |
| Pur | 6 months savings statements or term deposit certificate |
| | Statutory Declaration of any funds received as a gift |
| Refi | Last 6 months bank statements for all loans / cards/ debts being refinanced |
| Construction | Copy of builder's Contract |
| | Builders Warranty Insurance |
| | Council approved Plans and Specifications |
| Post Approval | Certificate of Currency for house insurance – Lender noted as 1st mortgagee |
| | Transfer of Land |
| | Nomination forms if required |
| | Duties Forms |
| Pc | First Home Owners Grant if applicable |
| | Signed Discharge Form |
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