Home Loans 360 Pre Approval Form

Date: ____ / ____ How Did You Hear About Us? _____

Personal Details								
	Applic	ant 1	Male	Female	Applica	ant 2	Male	Female
Title	Mr	Miss	Mrs	Ms Other	Mr	Miss	Mrs	Ms Other
Full Name (Including middle name)								
Home Phone								
Mobile Phone								
Work Phone								
Email Address								
Date of Birth		/	/			/	/	
Drivers Licence No & Expiry				/				/
Marital Status	S	ngle	Married	Defacto	Si	ngle	Married	Defacto
Dependent Children & Age	Child 1	Child 2	Child 3	Child 4	Child 1	Child 2	Child 3	Child 4
Current Residential Address	St. No	Street			St. No	Street		
	Suburb		State	P/C	Suburb		State	P/C
Own Home / Renting / Other	Own	Weekl	y Rent \$	With Parents	Own	Weekl	y Rent \$	With Parents

Employment History							
Employment Type	Full Time Part Time			Full	Time	Part Tin	ne
	Casual	Self Emp	oloyed	Cas	sual	Self Emp	loyed
Occupation/Job Title		Start Date	e: / /			Start Date	: / /
Employer Name							
Employer Contact	Contact Person:			Contact Pe	erson:		
	Contact Phone:			Contact Pl	none:		
Employer Address	St. No Street			St. No	Street		
	Suburb	State	P/C	Suburb		State	P/C

PO Box 890 St Ives NSW 2075
 0474 744 447

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Annual Income

Applicant 1

Gross Base Income	\$
Commission	\$
Pension (type)	\$
Overtime/Shift Allowance	\$
Bonus	\$
Self employed/accessible income	\$
Rental Income	\$
Other income	\$
COMBINED TOTAL	\$

Applicant 2

Gross Base Income	\$
Commission	\$
Pension (type)	\$
Overtime/Shift Allowance	\$
Bonus	\$
Self employed/accessible income	\$
Rental Income	\$
Other income	\$
COMBINED TOTAL	\$

Monthly Living Expenses

Provide a breakdown of the household living expenses into the below categories. Every field requires completion, if not applicable answer N/A.

	Monthly Payment		Borrower	
Housing & Property Expenses (incl utiliies)	\$	App 1	App 2	Joint
Investment Property Expenses (incl utiliies)	\$	App 1	App 2	Joint
Communications & Media	\$	App 1	App 2	Joint
Food & Groceries	\$	App 1	App 2	Joint
Recreation & Entertainment	\$	App 1	App 2	Joint
Clothing & Personal Care	\$	App 1	App 2	Joint
Medical & Health	\$	App 1	App 2	Joint
Transport	\$	App 1	App 2	Joint
Education & Chilcare	\$	App 1	App 2	Joint
Insurance	\$	App 1	App 2	Joint
Other (Please Specify)	\$	App 1	App 2	Joint
TOTAL	\$			

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Assets

	Address		State	Postcode	Inv or O/Occ	Value	Share %
Property 1						\$	
Property 2						\$	
Property 3						\$	
	Make	Мо	del	Y	'ear	Value	Share %
Vehicle 1						\$	
Vehicle 2						\$	
House Contents						\$	
Shares / Others/ Detail						\$	
	Bank			Branch		Value	Share %
Savings 1						\$	
Savings 2						\$	
Other (gifts, termination						\$	
payments) Provide Details						\$	
Superannuation						\$	
Misc. (Trade Tools, Boat, etc						\$	
				TOTAL	ACCETC	¢	

TOTAL ASSETS \$

Liabilities

	Lender/Type	Secured by propery # as per assets above	Limit	Int. rate	Total owing	Monthly Payment	Interest Only Yes	To be paid o Yes
Mortgage 1			\$		\$	\$		
Mortgage 2			\$		\$	\$		
Mortgage 3			\$		\$	\$		
Personal Loans/			\$		\$	\$		
Leases/ Overdrafts/			\$		\$	\$		
Hire Purchases			\$		\$	\$		
			\$		\$	\$		
Credit Cards/ Retail Store Cards			\$		\$	\$		
			\$		\$	\$		
Other (rent/ board/child			\$		\$	\$		
maintenance / HECS etc			\$		\$	\$		
Are you a guarantor for any other loan?	Yes	No	\$		\$	\$	1	
					TOTAL LIABILI			

TOTAL LIABILITIES



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