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Date

APPLICANT ONE INFORMATION

APPLICANT TWO INFORMATION

Surname:

Surname:

First Name:

First Name:

Date of Birth:
M / F

Date of Birth: M / F

Country of Birth:

Country of Birth:

Present Address:

Present Address:

How long at this address?

How long at this address?

Previous address if less than 3 yrs:

Previous address if less than 3 yrs:

How Long?

How Long?

Contact Details:

Contact Details:

Home Ph:

Work Ph:

Home Ph:

Work Ph:

Mobile Ph:

Fax:

Mobile Ph:

Fax:

Email Address:

Email Address:

Married • Single • Divorced • DeFacto

Married • Single • Divorced • DeFacto

Age of Dependents:

Age of Dependents:

Employment Details:

Employment Details:

PAYE • Self Employed

PAYE • Self Employed

Your Employer:

Your Employer:

Occupation:

Occupation:

Period Employed:

Period Employed:

Previous Employer if less than 3 yrs:

Previous Employer if less than 3 yrs:

Period Employed:

Period Employed:

Professional Services:

Who do you Bank With?

Lawyer:

Entity Details:

Lawyer's Phone Number:

Trading Trust:

Accountant:

Company:

Accountant's Phone Number:

Family Trust:

APPLICANT INFORMATION				RENTAL INCOME (Weekly)	
APPLICANTS INCOME (Annual)		Gross	Net	Address 1:	\$
Salary / Wage:	1.	\$	\$	Address 2:	\$
Applicant	2.	\$	\$		
Applicant					
Business:	1.	\$	\$	Address 3:	\$
	2.	\$	\$		
Commission:	1.	\$	\$	Address 4:	\$
	2.	\$	\$		
Bonuses:	1.	\$	\$	Address 5:	\$
	2.	\$	\$		
Govt. Benefits:	1.	\$	\$	Address 6:	\$
	2.	\$	\$		
Other:	1.	\$	\$	Address 7:	\$
	2.	\$	\$		
Annual Total:	1.	\$	\$	Weekly Rental Income:	\$
	2.	\$	\$		

ASSETS:			LIABILITIES:		Total Owning:	Monthly Payment:
Address 1:		\$				
Entity :			GV • RV	Lender:	\$	\$
Address 2:		\$				
Entity :			GV • RV	Lender:	\$	\$
Address 3:		\$				
Entity :			GV • RV	Lender:	\$	\$
Address 4:		\$				
Entity :			GV • RV	Lender:	\$	\$
Address 5:		\$				
Entity :			GV • RV	Lender:	\$	\$
Address 6:		\$				
Entity :			GV • RV	Lender:	\$	\$
Address 7:		\$				
Entity :			GV • RV	Student Loan:	\$	\$
Vehicle 1:	Year:	\$		Car Lease per Month:	\$	\$
Vehicle 2:	Year:	\$		Hire Purchase:	\$	\$
Furniture/Personal Effects:		\$		Overdraft: Limit \$ Bank:	\$	\$
Cash at Hand:		\$		Revolving Credit Limit: \$	\$	\$
Term Investment:		\$		Other Debt:	\$	\$
KiwiSaver / Superannuation		\$		Visa: Limit: Bank:	\$	\$
Home Start Grant		\$		M/card: Limit \$ Bank:	\$	\$
Shares		\$		AMEX: Limit \$	\$	\$
Other, Please Specify:		\$		GE Creditline: Limit \$	\$	\$
		\$		Total Liabilities Owning:(D)	\$	\$
Total Assets: (C)		\$		Total Asset Surplus: (C-D)		\$

Insurance Details:	Amount of Cover App 1	Company:	Amount of Cover App 2	Company
Life:				
Trauma/Health:				
Income Protection:				

