



**YOUR FINANCIAL POSITION:** *The following asset and liability information provides a snapshot of your net worth.*

**Real Estate:**

Client Ownership	Address	Est. Value	Monthly Repayment	Loan Balance	Rent (Per Month)	Interest Rate	Current Lender
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both		\$	\$	\$	\$		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both		\$	\$	\$	\$		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both		\$	\$	\$	\$		

**Vehicle:**

Client Ownership	Make /Model/Year	Est. Value	Monthly Repayments	Loan Balance	Drivers Licence Number	Current Lender
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both		\$	\$	\$		
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both		\$	\$	\$		

**Other:**

Client Ownership	Asset	Liabilities
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Savings: \$ Banking Institute:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Credit Card Limit(s): \$ Banking Institute:
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Superannuation: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Personal Debt: \$
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Home Contents: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Taxation Debt: \$
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Other: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Other: \$
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Other: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Other: \$
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both	Other: \$	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Both Other: \$

\* any additional Assests & Liabilities please advise in the "notes" section

**Monthly Living Expenses**

**Applicant 1**

**Applicant 2**

Child Maintenance: \$	Child Maintenance: \$
Media: \$	Media: \$
Transport: \$	Transport: \$
Food/Housekeeping: \$	Food/Housekeeping: \$
Insurance: \$	Insurance: \$
Utilities: \$	Utilities: \$
Education: \$	Education: \$
Entertainment: \$	Entertainment: \$
Clothing: \$	Clothing: \$
Rent (Continuing): \$	Rent (Continuing): \$
Memberships: \$	Memberships: \$
Other: \$	Other: \$

**Notes:** *if have more information you wish to provide not illustrated above please populate below:*