

CLIENT NEEDS ANALYSIS 2020

Date: ____/____/____

This document is required under the National Consumer Credit Protection Code, to comply with Responsible Lending Guidelines, and Best Interest Duty, as part of our obligations under our Australian Credit Licence. The information you provide will assist us in understanding your goals, objectives and requirements and ensuring we provide the appropriate finance advice and loan recommendations, to suit your individual needs.

Your Credit Assistance Provider	
Name: Todd O'Brien	Company: Financial Destiny Pty Ltd t/as ELEV8 LOANS
Australian Credit Licence: 392748	Telephone: 1300 633 000
Mobile: 0419 825 416	Email: todd@elev8loans.com.au

Your Details
Full Name of Client 1:
Full Name of Client 2:
Company or Trust Name, if borrowing under that entity:

Your Requirements and Objectives
{1} What is the primary reason for seeking a new loan?
{1a} Are you First Home Buyers? <input type="checkbox"/> Yes <input type="checkbox"/> No
{2} What are your primary objectives?
{3} What is the main benefit to you, from the new loan?
{4} What are your main financial goals for the future?
{5a} What is the total loan amount you require? \$
{5b} What Loan Term do you prefer? <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years <input type="checkbox"/> 25 years <input type="checkbox"/> 30 years
{5c} If purchasing a property, how long do you intend to retain the property?
<input type="checkbox"/> Under 2 years <input type="checkbox"/> Between 2 – 5 years <input type="checkbox"/> Between 5 – 10 years <input type="checkbox"/> 10 years or more
{5d} What is the main reason you intend to retain the property?

Client 1				Client 2			
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other				<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Other			
Surname				Surname			
First Names				First Names			
Birth Date	/	/	<input type="checkbox"/> Male <input type="checkbox"/> Female	Birth Date	/	/	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Separated				Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Widow <input type="checkbox"/> Divorced <input type="checkbox"/> Separated			
Number of kids at home		Their ages		Number of kids at home		Their ages	
Home Address State Postcode				Home Address State Postcode			
Time at address	Years	Months		Time at address	Years	Months	
Current Status <input type="checkbox"/> Freehold <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> With family <input type="checkbox"/> Other				Current Status <input type="checkbox"/> Freehold <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> With family <input type="checkbox"/> Other			
Less than 2 years, previous address				Less than 2 years, previous address			
Time at Previous address	Years	Months		Time at Previous address	Years	Months	
Postal address if different from home address				Postal address if different from home address			
Mobile phone				Mobile phone			
Home phone { }				Home phone { }			
Email				Email			
Preferred contact method <input type="checkbox"/> Mobile <input type="checkbox"/> Home phone <input type="checkbox"/> Email <input type="checkbox"/> Text message				Preferred contact method <input type="checkbox"/> Mobile <input type="checkbox"/> Home phone <input type="checkbox"/> Email <input type="checkbox"/> Text message			
Driving Licence Number				Driving Licence Number			
Expiry date				Expiry date			

Employment Details					
Client 1			Client 2		
Type <input type="checkbox"/> PAYG employee <input type="checkbox"/> Self-employed			Type <input type="checkbox"/> PAYG employee <input type="checkbox"/> Self-employed		
Status <input type="checkbox"/> Full time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Centrelink <input type="checkbox"/> Home Duties <input type="checkbox"/> Student <input type="checkbox"/> Retiree <input type="checkbox"/> Superannuant			Status <input type="checkbox"/> Full time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Centrelink <input type="checkbox"/> Home Duties <input type="checkbox"/> Student <input type="checkbox"/> Retiree <input type="checkbox"/> Superannuant		
Occupation			Occupation		
Sector or Industry			Sector or Industry		
Employer			Employer		
Work address State Postcode			Work address State Postcode		
Work phone { }			Work phone { }		
Work email			Work email		
Time in job	Years	Months	Time in job	Years	Months
If less than 2 years in current job: Previous Job Type <input type="checkbox"/> PAYG employee <input type="checkbox"/> Self-employed			If less than 2 years in current job: Previous Job Type <input type="checkbox"/> PAYG employee <input type="checkbox"/> Self-employed		
Previous Status <input type="checkbox"/> Full time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Centrelink <input type="checkbox"/> Home Duties <input type="checkbox"/> Student <input type="checkbox"/> Retiree <input type="checkbox"/> Superannuant			Previous Status <input type="checkbox"/> Full time <input type="checkbox"/> Permanent Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Centrelink <input type="checkbox"/> Home Duties <input type="checkbox"/> Student <input type="checkbox"/> Retiree <input type="checkbox"/> Superannuant		
Previous Occupation			Previous Occupation		
Previous Employer					
Time at Previous job	Years	Months	Time at Previous job	Years	Months
Client 1 Income			Client 2 Income		
	Gross P.A.	Net in hand P.A.		Gross P.A.	Net in hand P.A.
Base Income	\$	\$	Base Income	\$	\$
Regular overtime	\$	\$	Regular overtime	\$	\$
Bonuses	\$	\$	Bonuses	\$	\$
Rental income	\$	\$	Rental income	\$	\$
Centrelink	\$	\$	Centrelink	\$	\$
Total Income	\$	\$	Total Income	\$	\$

Your Current Financial Position

Assets					
Asset	Value	Ownership			
Principal residence	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Investment property 1	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Investment property 2	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Investment property 3	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Holiday house	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Motor Vehicle 1	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Motor Vehicle 2	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Motor Vehicle 3	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Cash savings in the bank	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Share Portfolio	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Term Deposit	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Motorcycle/Boat/Caravan/Jet ski	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Home Contents and Valuables	\$	<input type="checkbox"/> Client 1	<input type="checkbox"/> Client 2	<input type="checkbox"/> Joint	
Superannuation for Client 1	\$	--			
Superannuation for Client 2	\$	--			
TOTAL ASSETS	\$	--			
Liabilities					
Type	Lender	Rate %	Limit	Repayment	Balance Owning
Home Loan			\$	\$ month	\$
Investment Loan			\$	\$ month	\$
Investment Loan			\$	\$ month	\$
Line of Credit			\$	\$ month	\$
Car Loan 1			\$	\$ month	\$
Car Loan 2			\$	\$ month	\$
Personal Loan 1			\$	\$ month	\$
Personal Loan 2			\$	\$ month	\$
Credit Card 1			\$	\$ month	\$
Credit Card 2			\$	\$ month	\$
Credit Card 3			\$	\$ month	\$
Interest Free Loan			\$	\$ month	\$
Personal Overdraft			\$	\$ month	\$
Family Loan			\$	\$ month	\$
Other Loan			\$	\$ month	\$
HECS Debt			\$	\$ month	\$
TOTAL LIABILITIES	N/A	N/A	\$	\$ month	\$

If you are Purchasing a Property

<i>COSTS {A}</i>		
The purchase price of the property		\$
Estimated bank application fees		\$
State Government fees {stamp duty, registration etc}		\$
Conveyancing or Solicitor fees		\$
Lenders Mortgage Insurance {if borrowing over 80%}		\$
Other fees or charges		\$
Total costs	{A}	\$
<i>OWN FUNDS {B}</i>		
Deposit you have paid to the agent		\$
Your cash savings contribution		\$
Family gift		\$
First Homeowner Grant {if applicable}		\$
Total of Own Funds	{B}	\$
New loan required	{C}	\$
Total funds available	{B} + {C}	\$
Total costs {A} minus Total Funds Available {B + C}		\$ <input type="checkbox"/> Surplus <input type="checkbox"/> Shortfall

If you are Refinancing or Consolidating Debts

What is the primary reason for refinancing or consolidating?

- Better Rate
 Need Cash Out
 Investment Purposes
 Restructuring/Consolidating Debts
 Home Renovation
 Construction
 Other _____

Loans or Debts to be Refinanced

	Debt 1	Debt 2	Debt 3	Debt 4	Debt 5
Bank or Lender					
Type e.g. Home Loan, Credit Card, Personal Loan					
Current payout amount	\$	\$	\$	\$	\$
Current interest rate %					
Current monthly Repayments	\$	\$	\$	\$	\$

Your Preferred Loan Details

Interest Rate Type - please indicate your preferred option

- Variable Rate – fluctuates with market conditions, allows unlimited extra repayments
- Fixed Rate – gives certainty about your repayments for a chosen fixed period, more restrictive than Variable Rate
- Fixed & Variable Combo – allows a combination of both by splitting the loan
- No Preferred Rate Type

Repayment Type - please indicate your preferred option

- Principal & Interest – allows you to repay the principal over time
- Interest Only – for Investment Loans only, whereby for tax reasons the principal amount does not reduce
- Interest Only in Advance – ability to make lump sum payments in advance, for tax purposes

Loan Type - please indicate your preferred option

- Full Doc – where you provide pay slips, tax returns etc for loan assessment and approval
- Low Doc – for self-employed ABN holders only, where you cannot provide the latest tax returns or financials

Loan Features

Pay extra additional payments –

The ability to make extra payments at any time, to reduce the loan term and interest charges, without fees

- Yes No Not Essential

Split or Combination Loan –

e.g. part loan on variable rate and part loan on a fixed rate for flexibility, or for tax or accounting purposes

- Yes No Not Essential

Redraw Facility –

Allows you access to redraw any additional payment funds, should you need cash anytime in the future

- Yes No Not Essential

100% Offset Account –

A separate savings account for your income to be paid into, that is linked to your loan to save interest

- Yes No Not Essential

Line of Credit –

This is a secured revolving facility with a set limit that allows you to redraw anytime via ATM, EFTPOS etc. Rates are generally higher for a Line of Credit account

- Yes No Not Essential

Top Up –

The ability to apply for further new funds in the future, if you have enough equity in your home

- Yes No Not Essential

Family Guarantor loan –

The ability to use your parent's home as security to allow you to qualify for a loan

- Yes No Not Essential

Portability –

The option to transfer the remaining loan balance over to a new property in the future, if required

- Yes No Not Essential

Online / Telephone Banking –

Having online or telephone access to your loan, or a Bank Mobile App

- Yes No Not Essential

Please list any other features you are seeking

Please list any Banks or Lenders you do not want us to consider when making our recommendations

Living Expenses Disclosure

Under the National Consumer Credit Protection code, and Responsible Lending guidelines, all consumers are required to accurately disclose their current household Living Expenses. This is to ensure that the new loan repayments will not cause you undue financial hardship, and that you are suitable for the new loan. Living Expenses **excludes** current loans, credit cards etc. Your declared Living Expenses will be verified by careful analysis of all withdrawals and deposits from your savings account bank statements. As a guide, when the bank assesses your loan application, they will generally use the Household Expenditure Measure as a minimum, this is an average statistical measure, and is currently approximately \$2,600 per month for a single person, \$4,100 per month for a married or defacto couple plus \$600 per dependent child at home (this is a guide only)

	Please use Monthly figures
Council & Water Rates	\$
Electricity, Gas and other Utilities	\$
Mobile phone, telephone, internet fees	\$
Foxtel, Netflix, Kayo, Stan, music streaming services	\$
Groceries, meat, vegetables, dairy, supermarket goods	\$
Take away meals/ Uber Eats/ Deliveroo/ Menu Log	\$
Takeaway coffee or tea	\$
Restaurants and pub dining	\$
Home and Contents insurance	\$
Car insurance, Boat Insurance, Caravan Insurance	\$
Health insurance	\$
Life Insurance, Trauma Cover, Income Protection	\$
Petrol & Oil	\$
Car registration	\$
Car servicing, tyres, maintenance	\$
School fees or childcare	\$
School uniforms, school sports or excursions	\$
Children's sports fees, music lessons, swimming etc	\$
Movies, Shows, Concerts, Sporting event tickets	\$
Entertainment and general cash spending	\$
Children's clothing and footwear	\$
Children's haircuts and grooming	\$
Children's Birthdays and Xmas	\$
Children's pocket money	\$
Adult haircuts, grooming, makeup, beauty, cosmetics	\$
Adult clothing and footwear	\$
Dentists and Doctors	\$
Optical, Physio, Acupuncture, Chiro, other health needs	\$
Uber, taxi, public transport, bus, train, tram etc	\$
Cigarettes and Alcohol	\$
Holidays	\$
Gym fees and fitness	\$
Donations and Charities	\$
Newspapers, magazines, books, DVD's	\$
Family gifts for Birthdays, Anniversary, Christmas etc	\$
Lottery tickets	\$
Animal and Vet costs	\$
Child maintenance payments	\$
Other	\$
Total Living Expenses	\$ per month

Your Financial Security & Credit History		
What is your expected retirement age?	Customer 1	Customer 2
Do you anticipate any increase to your living expenses or loan commitments in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please provide details:		
Do you anticipate any decrease to your income{s} in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please provide details:		
Have you had any difficulty meeting your current financial commitments in the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please provide details:		
Do you have any bankruptcy, court orders, judgements, defaults, or any credit issues on your current credit file? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please provide details:		
Do you currently have any Life Insurance, Income Protection, Trauma Cover or Total Permanent Disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No" please provide details of how you would meet your loan commitments and maintain your lifestyle if you are unable to earn income due to illness or injury {temporary or permanent}?		
Do you currently have your Building and Home Contents and Valuables insured? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Would you like us to assist you with any insurance cover quotes? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" please indicate below <input type="checkbox"/> Home & Contents <input type="checkbox"/> Vehicle <input type="checkbox"/> Life Cover <input type="checkbox"/> Income Protection <input type="checkbox"/> Total & Permanent Disability		

Customer Disclosure Statement	
I/We, the undersigned, hereby declare that we have disclosed our current financial situation, and personal details, to the best of our knowledge. The answers contained in this document are all Mine/Ours, and I/We have not been pressured or influenced by any third party.	
_____ {please sign above} Client 1	_____ {please sign above} Client 2
Date / /	Date / /