

RED DOOR FINANCIAL GROUP APPLICATION FORM

Personal Details	Applicant 1	Applicant 2
Full Legal Name (Including Middle Names)		
Mothers Maiden Name		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		
Country of Birth		
Residency Status - Australian Citizen, Permanent Resident, Temporary Resident please indicate visa type (e.g. 457)		
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> De Facto <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> De Facto <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced
Number of Dependents		
Age of Dependents		
Home phone number		
Mobile phone number		
Business phone number		
Email address		
Preferred contact method	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Other Details if Other:	<input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text <input type="checkbox"/> Other Details if Other:

Driver's License number		
Expiry date		
State of issue		
Current Address		
Date moved in (If unsure of the day, please use 1 st of month)		
Residential status	<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with family <input type="checkbox"/> Other (Details)	<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with family <input type="checkbox"/> Other (Details)
Previous address if current is less than 3 years old		
Date moved in (If unsure of the day, please use 1 st of month)		
Date moved out (If unsure of the day, please use 1 st of month)		
Residential status	<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with family <input type="checkbox"/> Other (Details)	<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with family <input type="checkbox"/> Other (Details)
Previous address if current is less than 3 years old		
Date moved in (If unsure of the day, please use 1 st of month)		
Date moved out (If unsure of the day, please use 1 st of month)		
Residential status	<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with family <input type="checkbox"/> Other (Details)	<input type="checkbox"/> Own Home <input type="checkbox"/> Mortgaged <input type="checkbox"/> Renting <input type="checkbox"/> Boarding <input type="checkbox"/> Living with family <input type="checkbox"/> Other (Details)

Employment Details

Employment details	Applicant 1	Applicant 2
Employment Type	<input type="checkbox"/> PAYG <input type="checkbox"/> Self Employed <input type="checkbox"/> Other Details if Other:	<input type="checkbox"/> PAYG <input type="checkbox"/> Self Employed <input type="checkbox"/> Other Details if Other:
Current Employer/ Business Name		
Current Employer / Business Address		
Current Employer Contact Name		
Current Employer Contact Number		
Current Occupation		
Employment Status	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Temporary <input type="checkbox"/> Home Duties <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other Details if Other:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Casual <input type="checkbox"/> Contractor <input type="checkbox"/> Temporary <input type="checkbox"/> Home Duties <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed <input type="checkbox"/> Other Details if Other:
Start date of employment		
Length of time in the industry		
PAYG Gross annual income (before tax <i>NOT</i> including Super)	Base	Base
If self-employed please list last 2 years net income.		
Previous employer name and address – If current employment is less than 3 years		
Previous employment start date		
Previous employment end date		
What was your occupation		
Contact name and number of previous employer		

Other Assets / Liabilities

Assets	Asset value	Details	Name of Owner Mark all joint assets with a "J"
Real Estate Property 1		Address:	
Real Estate Property 2		Address:	
Real Estate Property 3		Address:	
Motor Vehicle 1		Model Year: Make & Model:	
Motor Vehicle 2		Model Year: Make & Model:	
Savings			
Superannuation			
Home contents (insured value)			
Shares			
Others (Please provide details)			
Liabilities/Expenses	Liability value	Institution (if applicable)	Monthly repayment
Mortgage: (Please separate if multiple)			Balance: Mthly Payment:
Credit card – limit			Balance: Mthly Payment:
Car Loan – limit			Balance: Mthly Payment:
Personal loan/ Afterpay / Zip Pay			Balance: Mthly Payment:
Rent board/mthly		Do you share?	
Others e.g. HECS, family support payment, insurance etc.		Commitment:	Mthly Payment:

LIVING EXPENSES

Living Expenses	Monthly Expenditure
Groceries: Supermarket, Meat, Fruit, and vegetables	\$
Rent or Board	\$
Connections: (Phone, Mobile, Internet, Cable TV and any other similar subscriptions)	\$
Transport: (Petrol, Registration, Insurance, and Servicing)	\$
Insurances: (All insurance including health, home and contents, life and income protection, pet insurance, voluntary Super)	\$
Education expenses (i.e. school fees, child care etc.)	\$
Clothing and personal care: (Clothing, footwear, cosmetics, and personal care)	\$
Medical and health costs: doctor, dental, optical, and pharmaceutical, etc (excluding health insurance which is categorised under insurance)	\$
Recreation and Entertainment: (Dining Out, Movies, Gifts, membership fees, pet care, holidays, and other items)	\$
Childcare: (All childcare expenses including nannies)	\$
Owner occupied property, utilities, rates and related costs including rates, taxes, levies, body corporate and Strata fees, repairs and maintenance, other household items and utilities (excluding insurance, telephone, internet and pay TV as they are categorised separately above)	\$
Investment property utilities, rates and related costs including rates, taxes, levies, body corporate and Strata fees, repairs and maintenance, other household items and utilities (excluding insurance, telephone, internet and pay TV as they are categorised separately above)	\$
Other: Unique items not covered in above categories (must be explained further to your broker)	\$
Do you have any discretionary living expenses (included above) that will no longer apply after settlement of this facility? Please detail: _____ _____ _____	\$

Proposed Purchase Details (if known)

PLEASE ALSO COMPLETE IF REFINANCING

Address if known	
Purchase price or estimate	
Title Reference	
Names to Appear on the Title (in full) This is important	
Type	<input type="checkbox"/> Owner-Occupied <input type="checkbox"/> Investment <input type="checkbox"/> Other Details if Other:
If Investment what is the weekly rent:	
Date of finance clause expiry	
Date of expected settlement	
Access details for valuation, name and ph.	
Will this be bought in a Trust or Company? Give structure info, Name of Trust, Directors and beneficiaries.	

Conveyancer (if known)

Company name	
Contact name	
Contact number	
Address	
Email	

Client Acknowledgment:

I/we confirm that details collected in this fact find are true and correct to the best of my/our knowledge.

Signature Client 1. _____ Date:

Signature Client 2. _____ Date: