

Broker Name

Applicant's Details

Name

Address

Time at address Years Months

Non Applicant's Details

Name

Address

Time at address Years Months

The required items are needed to verify that you are not reliant on the applicants income

1. IDENTIFICATION

☐ IDyou, **OR** ☐ Certified Copy of in date Driver's License (back and front)

! Invalid ID will hold up your file. Please check expiry dates, names and addresses.

2. EMPLOYMENT DETAILS

Employment Status

☐ Full Time ☐ Part Time ☐ Contract ☐ Casual/Temp ☐ Self Employed/Subcontractor ☐ Retired ☐ Home Duties ☐ Government Benefits

Name of current employer (if Self Employed – Trading name)

Job Position/Title (If Self Employed – Nature of Business)

Time in role Years Months

Employer's Address (Must NOT be PO Box)

Unit / House No. and Street

Suburb / Town

State

Postcode

Employer Phone

Previous Employment Details – if less than 2 years at current

Employment Status

☐ Full Time ☐ Part Time ☐ Contract ☐ Casual/Temp

Employment Type

☐ Wages / Salary ☐ Self Employed/Subcontractor ☐ Retired ☐ Home duties ☐ Government Benefits ☐ Other

Name of employer (if Self Employed – Trading name)

Job Position/Title (If Self Employed – Nature of Business)

Time in role Years Months

3. EMPLOYMENT INCOME DETAILS

Employment Income	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided
Regular Overtime	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided
Regular Bonus	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided
Commission	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided

4. OTHER INCOME DETAILS

Family Allowance A&B	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided
Child Maintenance	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided
Government Benefits	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided
Dividends	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided
Private Pension	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided
Rental income Address:	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided
Rental income Address:	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided
Rental income Address:	\$	Gross	<input type="checkbox"/> Annually <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly	<input type="checkbox"/> Evidence Provided

5. BUSINESS DERIVED INCOME DETAILS

Business Type: ☐ Sole Trader ☐ Partnership ☐ Company ☐ Trust ☐ Ownership Percentage %

Financial Year Data (year)		Add Backs	
Turnover Gross Income	\$	Depreciation	\$
Total Expenses	\$	Interest	\$
Net Profit Before Tax	\$	Other	\$
		Total Addbacks	\$

Please detail any loan commitments the company/business is currently liable for:

6. FINANCIAL DETAILS

ASSETS – WHAT YOU OWN

Specify Linked Liability/ies below e.g. Loan/s 1 & 4

Existing Property/ies	Value	Loan/s
Address:	\$	
Address:	\$	
Address:	\$	
Address:	\$	
Address:	\$	
Address:	\$	

6. FINANCIAL DETAILS CONTINUED

Vehicle/s	Year	Make	Model	Value	Loan/s
				\$	
				\$	
				\$	
				\$	

LIABILITIES – WHAT YOU OWE (HOME/PERSONAL/CAR LOANS ETC)

Loans	Name of Financial Institution	Interest Rate	Balance Owning / Limit	Monthly Repayment	P&I or I.O	If I.O remaining I.O term	Overall remaining term mths	
1 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$				<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
2 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$				<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
3 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$				<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
4 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$				<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
5 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$				<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
6 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$				<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
7 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$				<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
8 <input type="checkbox"/> Home <input type="checkbox"/> Personal		%	\$	\$				<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce

Store / Credit Cards e.g. Visa /Overdraft

Card Type / Overdraft	Name of Financial Institution	Balance Owning	Card Limit	Mthly Repayment	
		\$	\$	\$	<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
		\$	\$	\$	<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
		\$	\$	\$	<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
		\$	\$	\$	<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce
		\$	\$	\$	<input type="checkbox"/> Payout & Close <input type="checkbox"/> Retain <input type="checkbox"/> Reduce

7. LIVING EXPENSES

In adherence with our responsible lending obligations, MyState Bank needs to take into account the customers' personal financial situation. This means we need customers to provide us with their actual living expenses for all home loan applications.

Please complete the following table for each individual household. A household is applicants living under one roof with combined expenses. If additional applicants live under same roof with separate expenses then this is classified as second household.

Monthly Living Expenses	Household	Other Monthly Expenses	Household
Child Care	\$	Child Support	\$
Clothing and Personal Care	\$	Non-Primary Residence Costs	\$
Education	\$	Private School Fees	\$
Groceries	\$	Private Health Insurance	\$
Insurance	\$	Life, Sickness and Personal Accident Insurance	\$
Medical and Health	\$	Rental Expenses (Property 1)	\$
Private Health	\$	Rental Expenses (Property 2)	\$
Recreation and Entertainment	\$	Rental Expenses (Property 3)	\$
Telephone and Internet	\$		
Transport	\$		
Utilities and Rates	\$		
Other Living Expenses	\$		
Total	\$		

Additional Expenses	Household
Rent / Board – Monthly Will this continue after settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
Medicare Levy Surcharge (if applicable)	\$

8. NON APPLICANT DECLARATION AUTHORITY & ACKNOWLEDGEMENT

- By signing the below I:
- Authorise MyState Bank to hold documents relating to the above for verification of the applicants Loan Application purposes only
 - Have only provided true and correct personal and identification information in this application as it is an offence to provide false or misleading information as per the AML/CTF Act 2006 (Cth).
 - Agree to the information provided being checked with the document issuer or official record holder for the purposes of confirming my identity via third party systems.
 - Give permission for you to obtain consumer or commercial information permitted by the Privacy Act 1988 from a credit reporting agency.
 - Give permission for you to exchange all relevant credit information to the Credit Providers indicated in my statement of position or named in my credit agency report.

Privacy Policy

Our Privacy Policy available at mystate.com.au, or at any MyState Bank branch provides additional information about how we handle your personal information. It sets out how you can ask for access to personal information we hold about you and seek correction of that information. It also explains how you can complain about a breach of the Privacy Act and how we will deal with your complaint.

Non Applicant

Full Given Names & Surname	<input type="text"/>		
Signature	<input type="text"/>	Date	<input type="text"/>