

To: George Agoratsios

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Applicant 1: \_\_\_\_\_  
 Purchase Price: \$ \_\_\_\_\_  
 Loan Amount: \$ \_\_\_\_\_  
 Email: \_\_\_\_\_

Applicant 2: \_\_\_\_\_  
 Deposit: \$ \_\_\_\_\_  
 Contact No: \_\_\_\_\_  
 Mobile: \_\_\_\_\_

APPLICANT 1

**Primary Income (PAYG)**

Income Item	Gross Income p.a.
Base	\$ _____
Other income	\$ _____

APPLICANT 2

**Primary Income (PAYG)**

Income Item	Gross Income p.a.
Base	\$ _____
Other Income	\$ _____

**Statement of Assets (what you own today)**

**REAL ESTATE (please provide address)**

Property 1 \_\_\_\_\_  
 Property 2 \_\_\_\_\_

Ownership Type	Value	Income/Freq
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Investment	\$ _____	\$ _____ pw
<input type="checkbox"/> Owner Occupied <input type="checkbox"/> Investment	\$ _____	\$ _____ pw

**OTHER ASSET TYPE (Car, Savings, Superannuation)**

Asset Type \_\_\_\_\_  
 Asset Type \_\_\_\_\_  
 Asset Type \_\_\_\_\_  
 Asset Type \_\_\_\_\_

Institution (if applicable)	Amount	Income/Freq
_____	\$ _____	\$ _____ pw
_____	\$ _____	\$ _____ pw
_____	\$ _____	\$ _____ pw
_____	\$ _____	\$ _____ pw

**Statement of Liabilities (what you owe today)**

**EXISTING MORTGAGES**

Institution	Credit Limit	Current Balance	Ongoing Monthly Payment	Remains after settlement
on Property 1 _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
on Property 2 _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**LEASE / HIRE PURCHASE / PERSONAL LOAN / OTHER LIABILITIES**

Liability Type	Institution	Credit Limit	Current Balance	Ongoing Monthly Payment	
_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CREDIT AND STORE CARDS**

Liability Type	Institution	Credit Limit	Current Balance	Ongoing Monthly Payment	
_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**OTHER LIABILITIES (RENT PAYMENTS ETC)**

Description	Payment	
_____	\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No