

## PERSONAL STATEMENT OF FINANCIAL POSITION

All sections must be completed by customer

Name	
No. Of Dependents	

Asset Details	Value
Land & Buildings at:	
	\$
	\$
	\$
	\$
	\$
Motor Vehicles (Make, Model, Year)	
	\$
	\$
	\$
Bank Accounts (Financial Institution)	
	\$
	\$
	\$
	\$
Furniture/Personal Effects	
	\$
	\$
Other (Please Specify)	
Superannuation	\$
	\$
<b>TOTAL ASSETS</b>	<b>\$</b>

Liability Details	Amount Owing
Mortgage (Financial Institution)	
	\$
	\$
	\$
	\$
	\$
Motor Vehicles (Credit Provider)	
	\$
	\$
Leases/Hire Purchase (Credit Provider)	
	\$
	\$
Other (Please Specify)	
	\$
	\$
	\$
Credit/Store Cards (Credit Provider)	Limit
	\$
	\$
	\$
	\$
<b>TOTAL LIABILITIES</b>	<b>\$</b>

Gross Weekly Income	
PAYG Income (Gross)	
Income Earner 1	\$
Income Earner 2	\$
	\$
	\$
Rent Received	
Property:	\$
Property:	\$
Other (Please Specify)	
	\$
	\$
	\$
	\$
	\$
<b>TOTAL GROSS WEEKLY INCOME</b>	<b>\$</b>

Monthly Expenditure	
Loan Repayments (Monthly)	
Loan No.	\$
Loan No.	\$
Loan No.	\$
Loan No.	\$
Credit/Store Cards (Account No.)	
	\$
	\$
Monthly living expenses	\$
Rent	\$
Child Maintenance	\$
Other (Please specify)	
	\$
<b>TOTAL MONTHLY EXPENDITURE</b>	<b>\$</b>

If further information is required, we will contact you to discuss.

Signature

Signature

Date

Date