



First Mortgage Investments

Customised Lending & Investments

First Mortgage Investments

First Mortgage Investments Pty Ltd

ABN 66 062 665 712

Australian Credit Licence No. 388473

First Mortgage Managed

Investments Limited ABN 39 089 507 899

Australian Financial Services Licence No. 227931

Australian Credit Licence No. 227931

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Burleigh Heads Queensland 4220

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www.firstmortgageinvestments.com.au

Loan Application & Financial Information

The purpose of the Loan is:

| |
|--|
| |
|--|

What are your financial objectives for seeking the Loan

| |
|--|
| |
|--|

Personal Details – Person 1

| | | |
|---|---|-----------------------|
| Title | Given Name(s) | |
| | | |
| Surname | | |
| | | |
| Home phone number | Home fax number | |
| | | |
| Work phone number | Mobile number | |
| | | |
| Email address | | |
| | | |
| Date of Birth | Gender | Marital Status |
| / / | <input type="checkbox"/> M <input type="checkbox"/> F | |
| Drivers Licence No. | State Issued | |
| | | |
| No. of Dependants | Age of Dependents | |
| | | |
| My current residential address is: | | |
| | | |
| | | |
| Postcode | | |
| Date moved there, month and year | | / |
| My current residential status is: | | |
| <input type="checkbox"/> Home has mortgage | <input type="checkbox"/> Rent / Board | |
| <input type="checkbox"/> Own home | <input type="checkbox"/> Live with parents/relatives | |
| Postal Address (leave blank if same as residential address) | | |
| | | |
| | | |
| Postcode | | |
| Have you ever been bankrupt or assigned your Estate? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes – What year? | | |

Personal Details – Person 2

| | | |
|---|---|-----------------------|
| Title | Given Name(s) | |
| | | |
| Surname | | |
| | | |
| Home phone number | Home fax number | |
| | | |
| Work phone number | Mobile number | |
| | | |
| Email address | | |
| | | |
| Date of Birth | Gender | Marital Status |
| / / | <input type="checkbox"/> M <input type="checkbox"/> F | |
| Drivers Licence No. | State Issued | |
| | | |
| No. of Dependants | Age of Dependents | |
| | | |
| My current residential address is: | | |
| | | |
| | | |
| Postcode | | |
| Date moved there, month and year | | / |
| My current residential status is: | | |
| <input type="checkbox"/> Home has mortgage | <input type="checkbox"/> Rent / Board | |
| <input type="checkbox"/> Own home | <input type="checkbox"/> Live with parents/relatives | |
| Postal Address (leave blank if same as residential address) | | |
| | | |
| | | |
| Postcode | | |
| Have you ever been bankrupt or assigned your Estate? | | |
| <input type="checkbox"/> No <input type="checkbox"/> Yes – What year? | | |

Authority for Employer/Accountant to Disclose Details

Full name of Person 1

Employment Details – Person 1

Give details of your primary job only. Attach details of additional jobs.

Job Title:

Employer's Name

Employer's Address

Postcode

| | |
|---------------------------|---|
| Date started – month/year | / |
|---------------------------|---|

My employment is:

☐ Full-time ☐ Part-time ☐ Temporary ☐ Other

Self employed? ☐ No ☐ Yes

Name of contact person at your employer e.g. Personnel or Payroll Manager

Contact Person's Phone Number

Contact Person's Email Address

Accountant's Details – Person 1

Accountant's name

(leave blank if you do not have an accountant)

Accountant's Address

Postcode

| |
|---------------------------|
| Accountant's Phone Number |
|---------------------------|

Accountant's Email Address

Full name of Person 2

Employment Details – Person 2

Give details of your primary job only. Attach details of additional jobs.

Job Title:

Employer's Name

Employer's Address

Postcode

| | |
|----------------------------|---|
| Date started – month/ year | / |
|----------------------------|---|

My employment is:

☐ Full-time ☐ Part-time ☐ Temporary ☐ Other

Self employed? ☐ No ☐ Yes

Name of contact person at your employer e.g. Personnel or Payroll Manager

Contact Person's Phone Number

Contact Person's Email Address

Accountant's Details – Person 2

Accountant's name

(leave blank if you do not have an accountant)

Accountant's Address

Postcode

| |
|---------------------------|
| Accountant's Phone Number |
|---------------------------|

Accountant's Email Address

Declaration – Person 1

I authorise my employer and/or accountant to disclose any salary, employment or financial details to First Mortgage Investments to assist in the assessment of this application. I also acknowledge that First Mortgage Investments will provide a copy of this authority to my employer or accountant if they ask for details of First Mortgage Investments' authority to obtain that information, but no any other part of the credit application.

Signature

Date

| | |
|--|-----|
| | / / |
|--|-----|

Declaration – Person 2

I authorise my employer and/or accountant to disclose any salary, employment or financial details to First Mortgage Investments to assist in the assessment of this application. I also acknowledge that First Mortgage Investments will provide a copy of this authority to my employer or accountant if they ask for details of First Mortgage Investments' authority to obtain that information, but no any other part of the credit application.

Signature

Date

| | |
|--|-----|
| | / / |
|--|-----|

Solicitor's Details – Person 1**Solicitor's name***(leave blank if you do not have a solicitor)***Solicitor's Address**

Postcode

Solicitor's Phone Number**Solicitor's Email Address****Nearest Relative Particulars (not living with you)****Name:****Relationship:****Address:****Telephone:****Solicitor's Details – Person 2****Solicitor's name***(leave blank if you do not have a solicitor)***Solicitor's Address**

Postcode

Solicitor's Phone Number**Solicitor's Email Address****Nearest Relative Particulars (not living with you)****Name:****Relationship:****Address:****Telephone:****Current Commitments**

| Mortgages / Account Number | Company (e.g. Bank, financier) | Monthly Payment | Current Balance | Limit |
|------------------------------------|-----------------------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Credit Cards | Company (e.g. Bank, financier) | Monthly Payment | Current Balance | Limit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Personal Loans / Hire Purchases | Company (e.g. Bank, financier) | Monthly Payment | Current Balance | Limit |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Monthly Expenses**Avg per Month**

| | |
|--|----------------------|
| <input type="text"/> | <input type="text"/> |
| Groceries | <input type="text"/> |
| Clothing | <input type="text"/> |
| Rent (after loan is advanced) | <input type="text"/> |
| Child Support/Maintenance | <input type="text"/> |
| Utilities (ie Electricity/Gas) | <input type="text"/> |
| Council & Water Rates | <input type="text"/> |
| Telephone/Internet/Pay TV | <input type="text"/> |
| School Fees / Childcare | <input type="text"/> |
| Insurance (Home/Contents/Health) | <input type="text"/> |
| Petrol/Train or Bus Fares | <input type="text"/> |
| Other: (ie Gym Membership, Regular Holidays, Cleaning, Garden Maintenance, Entertainment) | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Financial Details – Person 1**GROSS ANNUAL INCOME****Employees** – Specify your current gross income

\$

Self-employed people – Specify gross annual income shown on:*Last Tax assessment notice**Previous tax assessment notice*

\$

\$

List any other income (e.g. Government Benefits)

| From: | Annual Amount |
|-------|---------------|
| | \$ |
| | \$ |
| | \$ |

Significant Changes in Financial Situation – Person 1

Do you expect any significant change to your financial situation over the next 2 years that would adversely impact your ability to meet your loan repayments?

☐ Yes ☐ No

If yes, what is the nature of the expected change (select one)?

☐ Temporary decrease in disposable income.

☐ Permanent decrease in disposable income.

☐ Anticipated large expenditure.

Please specify (one) nature of expected change such as maternity leave, loss of employment, reduced working hours, retirement, full time study, carer responsibilities, medical treatment or end of interest free period:

How will you continue to make payments (select one)?

☐ Using savings

☐ Securing additional income

☐ My application reflects these changes

☐ Reducing expenditure

☐ Sale of asset
Financial Details – Person 2**GROSS ANNUAL INCOME****Employees** – Specify your current gross income

\$

Self-employed people – Specify gross annual income shown on:*Last Tax assessment notice**Previous tax assessment notice*

\$

\$

List any other income (e.g. Government Benefits)

| From: | Annual Amount |
|-------|---------------|
| | \$ |
| | \$ |
| | \$ |

Significant Changes in Financial Situation – Person 2

Do you expect any significant change to your financial situation over the next 2 years that would adversely impact your ability to meet your loan repayments?

☐ Yes ☐ No

If yes, what is the nature of the expected change (select one)?

☐ Temporary decrease in disposable income.

☐ Permanent decrease in disposable income.

☐ Anticipated large expenditure.

Please specify (one) nature of expected change such as maternity leave, loss of employment, reduced working hours, retirement, full time study, carer responsibilities, medical treatment or end of interest free period:

How will you continue to make payments (select one)?

☐ Using savings

☐ Securing additional income

☐ My application reflects these changes

☐ Reducing expenditure

☐ Sale of asset

Each applicant, in relation to himself or herself and the loan, he or she has applied for confirms that the information contained in this Application is in all respects complete and accurate and is not, by omission or otherwise, misleading and acknowledges that First Mortgage Investments Pty Ltd and/or First Mortgage Managed Investments Limited, will rely on the information in this form, and the confirmations above, when making its decision whether to approve the application.

SIGN HERE

BY SIGNING BELOW I/We acknowledge that I/we have read and understand each section of this Application Form.

Signature of Person 1

✕

Date

/ / 20

Signature of Person 2

✕

Date

/ / 20