

D1. REALESTATE ASSETS – APPLICANT 1 & 2

Home	Address	Estimated Value \$	Ownership
Investment 1	Address	Estimated Value \$	Ownership
		Weekly Rent \$	
Investment 2	Address	Estimated Value \$	Ownership
		Weekly Rent \$	
Investment 3	Address	Estimated Value \$	Ownership
		Weekly Rent \$	
Investment 4	Address	Estimated Value \$	Ownership
		Weekly Rent \$	

D2. OTHER ASSETS – APPLICANT 1 & 2

Vehicle 1	Make/Model/Year	Estimated Value \$	Ownership
Vehicle 2	Make/Model/Year	Estimated Value \$	Ownership
Savings	Account/Details	Estimated Value \$	Ownership
Savings	Account/Details	Estimated Value \$	Ownership
Savings	Account/Details	Estimated Value \$	Ownership
Home Contents	Details	Estimated Value \$	Ownership
Shares	Details	Estimated Value \$	Ownership
Other	Details	Estimated Value \$	Ownership
Superfund/SMSF	Details	Estimated Value \$	Ownership
Superfund/SMSF	Details	Estimated Value \$	Ownership

F. OTHER MONTHLY INCOME – APPLICANT 1

Investment	\$		Family Tax Benefit A&B	\$	
Total Rent Received	\$		Other	\$	

E1. HOMELOANS - APPLICANT 1 & 2

Home Loan Lender	Balance \$	Limit \$	Rate %	Repayment	Refinance
					<input type="checkbox"/>
Fixed <input type="checkbox"/> →	End Date		Variable <input type="checkbox"/>		
Home Loan Lender	Balance \$	Limit \$	Rate %	Repayment	Refinance
					<input type="checkbox"/>
Fixed <input type="checkbox"/> →	End Date		Variable <input type="checkbox"/>		
Home Loan Lender	Balance \$	Limit \$	Rate %	Repayment	Refinance
					<input type="checkbox"/>
Fixed <input type="checkbox"/> →	End Date		Variable <input type="checkbox"/>		
Home Loan Lender	Balance \$	Limit \$	Rate %	Repayment	Refinance
					<input type="checkbox"/>
Fixed <input type="checkbox"/> →	End Date		Variable <input type="checkbox"/>		

E2. OTHER LIABILITIES – APPLICANT 1 & 2

Car Loan Lender	Balance \$	Rate %	Repayment	Refinance
				<input type="checkbox"/>
Car Loan Lender	Balance	Rate %	Repayment	Refinance
				<input type="checkbox"/>
Credit Card Lender	Limit \$	Current Balance \$	Refinance	
			<input type="checkbox"/>	
Credit Card Lender	Limit \$	Current Balance \$	Refinance	
			<input type="checkbox"/>	
Store Card or GO Card	Limit \$	Current Balance \$	Refinance	
			<input type="checkbox"/>	
Personal Loan Lender	Repayment \$	Rate %	Current Balance \$	Refinance
				<input type="checkbox"/>
Zip Pay / Zip Money / Afterpay	Limit \$	Current Balance \$		
HECS/HELP Debt	Repayment \$	Current Balance \$	Ownership	
SMSF Loan Lender	Limit \$	Current Balance \$	Refinance	
			<input type="checkbox"/>	

Note: we need all active cards even if there is \$0 balance or no interest payable

F. OTHER MONTHLY INCOME – APPLICANT 2

Investment	\$		Family Tax Benefit A&B	\$	
Total Rent Received	\$		Other	\$	

G. MONTHLY EXPENSES – APPLICANT 1 & 2

Please complete on the attached Living Expenses Spreadsheet.

H. REQUIREMENTS & OBJECTIVES – APPLICANT 1 & 2

Who referred you to Up Loans or how did you find out about us:

Please state primary reasons for seeking finance or the reasons for a review of an existing loan?

Security Property Address/es

Valuation Contact Details

Proposed weekly rental income

\$

How long will you retain the property (years)?

Do you wish to refinance or consolidate any other debts - please list:

Please list every other financial institution you've applied for finance with in the past 12 months (even if no lending was taken out)

Nearest relative not living with you (name & relationship, address & phone number)

I. DESIRED LOAN FEATURES

Features

Variable Rate



Fixed Rate

Mixed: Fixed & Variable

Multiple Account Splits

Features

Interest Only



Offset Account

Loan Variations

Internet Banking

Features

Re-draw



Line of Credit

Additional Payments

Portability

Preferred Lenders

Any Lenders you do not wish to deal with?

J. YOUR FINANCIAL SECURITY

Have you ever had any financial judgments or legal proceedings against you?

APPLICANT 1

Yes

No

APPLICANT 2

Yes

No

Did you have any difficulty meeting your financial commitments in the past 2 years?

Yes

No

Yes

No

Are any of your existing debts currently in arrears?

Yes

No

Yes

No

Are you concerned about rising interest rates? How concerned are you? If Yes, please provide details below.

Yes

No

Yes

No

Do you expect any significant changes to your financial situation in the foreseeable future that would ADVERSELY impact your ability to meet your commitments? How do you expect to meet your commitments?

Yes

No

Yes

No

Please comment below if you answered Yes to any questions or there any other factors that could affect your ability to repay a loan?

Do you have any insurance to protect your lifestyle eg. life, total permanent disablement insurance, income protection, etc?

Yes

No

Yes

No

If No, how would your lifestyle needs be maintained if you and/or your partner were:

- Temporarily unable to earn an income, for example through sickness/illness?
- Permanently unable to earn income, for example through death/permanent disability?

Yes

No

Yes

No

Would you like someone to contact you regarding life insurance?

Yes

No

Yes

No

Do you have home and contents insurance?

Yes

No

Yes

No

Have you received advice from an accountant, solicitor or financial planner regarding your requirements or financial objectives? If Yes, please provide details:

Yes

No

Yes

No

K. OTHER FINANCIAL INFORMATION

Accountant Business Name

Accountant Name

Contact Number

Solicitor/Conveyancer Business Name

Solicitor/Conveyancer Name

Contact Number

Real Estate Agency

Agent Name

Contact Number

I/we agree that Up Loans may keep the above parties updated about progress of my/our loan application.