

## NEEDS ASSESSMENT DATA COLLECTION FORM

<b>Client Surname:</b>	
<b>FULL NAME:</b> (as it would appear on Drivers Licence)	<b>FULL NAME:</b> (as it would appear on Drivers Licence)
<b>ADDRESS:</b> (include Post Code)	<b>ADDRESS:</b> (include Post Code)
<b>Period of Residence:</b> yrs      months	<b>Period of Residence:</b> yrs      months
<b>Previous Address:</b> (if less than 3 years)	<b>Previous Address:</b> (if less than 3 years)
<b>Date of Birth:</b>	<b>Date of Birth:</b>
<b>Drivers License Number:</b>	<b>Drivers License Number:</b>
<b>No of Dependants:</b> <input type="checkbox"/> Ages:	<b>No of Dependants:</b> <input type="checkbox"/> Ages:
Nationality: <input type="checkbox"/> Australian   Other: _____	Nationality: <input type="checkbox"/> Australian   Other: _____
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De-facto <input type="checkbox"/> Single <input type="checkbox"/> Other	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De-facto <input type="checkbox"/> Single <input type="checkbox"/> Other
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Fax No:	Fax No:
Mobile No:	Mobile No:
E-mail:	E-mail:
<b>Job Title/ Occupation:</b> _____ <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed	<b>Job Title/ Occupation:</b> _____ <input type="checkbox"/> Part-time <input type="checkbox"/> Full-time <input type="checkbox"/> Casual <input type="checkbox"/> Self Employed
Employer Name: _____ Employer Address: _____ Phone: _____ Period of Employment:      years      months Previous Employer _____ (if less than 3 years) Occupation: _____ Period of Employment:      years      months	Employer Name: _____ Employer Address: _____ Phone: _____ Period of Employment:      years      months Previous Employer _____ (if less than 3 years) Occupation: _____ Period of Employment:      years      months
<b>Personal Gross Income:</b>	<b>Personal Gross Income:</b>
Client 1: Salary/Wages    per week \$ _____ * Average)    per month \$ _____ * per year    \$ _____ * Annual Incomes Rental Property ..... \$ _____ * Investment Shares/Funds ..... \$ _____ * Pension ..... \$ _____ * Government Assistance ..... \$ _____ * (Including family allowance payments) Other Income ..... \$ _____ * (Child support, divorce settlement, etc?)	Client 2: Salary/Wages    per week \$ _____ Average)    per month \$ _____ per year    \$ _____ Annual Incomes Rental Property ..... \$ _____ Investment Shares/Funds ..... \$ _____ Pension ..... \$ _____ Government Assistance ..... \$ _____ (Including family allowance payments) Other Income ..... \$ _____ (Child support, divorce settlement, etc?)
<b>TOTAL ANNUAL GROSS INCOME \$</b>	<b>TOTAL ANNUAL GROSS INCOME \$</b>

**Nearest relative not living at the same address:**

Name:	Phone No:
Address:	Relationship to applicant:

**Type your name here when complete:** \_\_\_\_\_

**Please CONFIRM and Complete ALL Required Information**

**ASSETS**

Home Location:	Estimated Value \$	Registered Owners:		
Invest Prop Location:	Estimated Value \$	Property Rental Income \$ pw	Registered Owner(s)	
Invest Prop Location:	Estimated Value \$	Property Rental Income \$ pw	Registered Owner(s)	
Cash Savings Value Bank A/c	\$	Other Assets, eg. motorbike, jet ski, trailer, caravan, work tools, jewellery, etc	\$ \$ \$	
Managed Funds	Estimated Value \$	Shares: Companies: _____	Estimated Value \$	
Cash Value of Super (Today's Value)	Cash Bal of Super \$	Super Fund Name(s)		
Home and Contents	Estimated Value \$	Vehicle	Estimated Value \$ _____	Make: Year: Model:

**LIABILITIES**

	Int. Rate	Outstanding Amount	Lender	Additional Information	Monthly Payment
Home	%	\$		Line of Credit? \$	\$
Invest. Prop 1	%	\$		P & I or Int Only?	\$
Invest. Prop 2	%	\$		P & I or Int Only?	\$
Motor Vehicle Loan	%	\$			\$
Credit Card Type	%	\$		Credit Limit \$	\$
Credit Card Type	%	\$		Credit Limit? \$	\$
Credit Card Type	%	\$		Credit Limit? \$	\$
Personal Loan	%	\$			
Investment Loan	%	\$			
Other etc ,	%	\$			

**TOTALS**

**RISK PROTECTION - \*Indicate YES/NO and Provider**

POLICY	Yes/No	PROVIDER	LEVEL OF COVER *If known	Additional Information	Monthly Installment
Income Protection					\$
Mortgage Protection					
Life Insurance					
Building / Contents					
Private Health Ins. ie; Medibank Private etc...					

**Type your name here when complete:** \_\_\_\_\_