



DEBT PORTFOLIO STATEMENT

ACN 122 428 988

Client 1	
Client 2	
Company	
Interview Date	

Personal Details

	Client 1	Client 2
Title		
First Name		
Middle Name		
Surname		
Date of Birth		
Male/Female		
Marital Status		

Contact Details

Address	Number	Number
	Street	Street
	Suburb	Suburb
	State	State
	Postcode	Postcode
Postal Address		
Home Phone		
Work Phone		
Mobile		
Fax		
Home Email		
Work Email		
Preferred Method Of Contact		
Name Next of Kin	##Note – Must be different for each client	##Note –Must be different for each client
Address Next of Kin		
Relationship		
Phone Next of Kin		

Dependants

Name	Date Of Birth	Relationship	Financially Dependant (Y/N)	No. Of Years to Support

Reasons For Seeking Assistance

State background of proposal, issues and causes affecting proposal.

Goals I Want to Achieve

i.e. Just one loan payment; be able to save for a holiday; ensure I can pay my bills on time.

Debt Objectives

A Brief on what the client wants to achieve with respect to debt reduction, any future investments requiring debt etc.

Employment

	Client 1	Client 2
Employment Status		
Length of Employment		
Occupation		
Current Gross Salary/ Wages or Net Business income		
Employer/ Company		
Contact person		
Employer address		
Employer Ph. No.		
Salary Packaging/ Additional Benefits		

IF EMPLOYED IN CURRENT POSITION UNDER 6 MONTHS PROVIDE FURTHER DETAILS

Income		
	Client 1	Client 2
Salary/ Wage (NET-after tax)		
Overtime, Bonuses and Commissions		
Business Income		
Rental Income		
Income From Investments		
Super/Pension		
Benefits e.g. Centerlink/Pension		
Maintenance Payments		
Annuity Income		
Family Trust Distributions		
Work Compensation Payments		
Future Income e.g. Inheritance		
Other		
Other		
Total Income		
Income Frequency		

Do you see your income changing over the next 3 years? Please comment.

Expenses – tip for completion – look at last weeks/months spending

Budget	Details	Monthly	Annually
Household Expenses			
Mortgage/Rent			
Repairs			
Gas/Water/Electricity			
Telephone/Mobile Phone			
Rates			
Body Corp Fees			
Internet			
Pay TV			
Rates/ Taxes			
Furniture			
Appliances			
Groceries			
Gardening/Pool Care			
SUB TOTAL			
Education Expenses			
School Fees			
University/TAFE/HECS			
Tuition			
Books & Uniforms			
Camps/Excursions			
Outside school activities i.e. dancing/footy etc			
SUB TOTAL			
Debt Payments			
Mortgage			
Car Loan	Term		
Credit Card	Limit \$		
Credit Card	Limit \$		
Personal Loan	Term		
Store Card	Limit \$		
Interest Free Finance	Term		
Lay-bys			
Sub Total			

Transport Expenses			
Car Registration			
Fuel			
Parking			
Repairs/Maintenance			
Public Transport			
SUB TOTAL			
Medical Expenses			
Doctor			
Medicine/Pharmacy			
Other Health Care			
Dentist			
SUB TOTAL			
Personal Expenses			
Clothes and shoes			
Hair and Beauty			
SUB TOTAL			
Insurance			
Home and Contents			
Car			
Health			
Life			
Income Protection			
SUB TOTAL			
Other Expenses			
Child Care			
Child support payments			
Donations			
Subscriptions			
Newspapers/magazines			
Movies & DVD's			
Restaurant/Takeaway			
Alcohol & cigarettes			
Pet Food			
Other pet costs			
Gifts (Birthday/Christmas)			
SUB TOTAL			
TOTAL EXPENSES			

**Should an expense you incur not be mentioned please include in a non utilized column.

Do you foresee any expenditure over \$5000 in the next 1, 2, 3 years?

If yes please note details and approx costs. (i.e. wedding, birth, university, Home/car maintenance etc).

Assets and Liabilities								
	Owner	Owners Current Value	Type of Loan	Lender	Amount Owing	Interest Rate%	Term	Frequency
Principle Residence								
Investment Property 1								
Investment Property 2								
Investment Property 3								
Furniture/Contents								
Vehicle 1##								
Vehicle 2##								
Vehicle 3##								
Cash/Bank								
Shares/Margin Loan								
Investments								
Credit Card 1								
Credit Card 2								
Credit Card 3								
Equity in Business								
Other								
Other								
TOTAL \$		\$			\$			

**NOTE – INCLUDE ANY INTEREST FREE PERIOD FINANCE – give details of when interest free period concludes and final amount.
Hire Purchase or Leasing or Personal Loan**

**Do you plan to stay in your current home for the next 3 years?
Please comment.**

General Insurance

Asset Insured	Premium	Payment frequency	Benefit Amount	Notes
Principle Residence				
Contents				
Investment Property 1				
Investment Property 2				
Vehicle 1				
Vehicle 2				
Vehicle 3				
Other				

Personal Insurance

Current Personal Insurance Policies – i.e. life; trauma; TPD

Type	Owner	Life Insured	Insured Amount	Annual Premium

Current Income Protection Policies –Income protection

Owner	Life Insured	Monthly Benefit	Annual Premium	

Notes - other

Professional Contacts

Solicitors Firm Name and Address

Name of person acting for you _____

Phone _____ Fax _____

Accountants' Firm Name and Address

Name of person to contact _____

Phone _____ Fax _____

Insurance Broker Firm Name and Address

Name of person to contact _____

Phone _____ Fax _____

Financial Planning Firm Name and Address

Name of person to contact _____

Phone _____ Fax _____

Valuation contact person _____ Phone _____

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We declare that the above information is true and correct in every particular and it is upon this basis that we make this application.

Dated

Signature _____ Signature _____