INVESTMENT RISE

Financial Fingerprint Form

APPLICANT 1	APPLICANT 2
Full Name:	Full Name:
Date of Birth:	Date of Birth:

Marital Status:	No. of Dependents:	Age(s) of Dependent(s):

Address:

Residential Status: Home Owned With or Without Mortgage ☐
Renting ☐ $ per week   Boarding ☐ $ per week

Telephone: (H/W) (M)	Telephone: (H/W) (M)
Email:	Email:
Occupation:	Occupation:
Employment Status: Salaried ☐ Self-Employed ☐	**Employment Status:** Salaried ☐ Self-Employed ☐
Full Time ☐ Part Time ☐ Casual ☐	Full Time ☐ Part Time ☐ Casual ☐
Years at Current Employment:	Years at Current Employment:
Annual Gross Salary: $	Annual Gross Salary: $
Other Income per annum (Inc. Rent):	Other Income per annum (Inc. Rent):

STATEMENT OF ASSETS & LIABILITIES

ASSETS	Value $	LIABILITIES	INT RATE	VAR/ FIXED	Monthly Payment	$ Owing
1. Home/ Property at		1. Lender				
2. Property at		2. Lender				
3. Property at		3. Lender				
4. Car(s)		4. Lender				
5. Household Effects		5. Personal Loan from				
6. Shares		6. Other Loan				
7. Managed Funds		7. Credit Card Limit $				
8. Other Investments		8. Credit Card Limit $				
9. Savings		9. Credit Card Limit $				
10. Superannuation		10. Overdraft Limit				
11. Other Asset		11. Other Debt				
TOTAL		**TOTAL**				
INCOME AFTER TAX PER MONTH						
LIVING EXPENSES PER MONTH						