

YOUR CURRENT POSITION

Client 1:		Age:	Ages of Children:	No. of Children under 17:
Street Address:			Home Phone:	Mobile Phone:
Email Address:		Occupation & Employer:		Years Employed:
PAYG Gross Income			If Self Employed – Are Tax Returns lodged?	
Full Time:	Part Time:	Casual:	\$	2016: 2017:
2016 Taxable Income			2017 Taxable Income	
\$			\$	

Client 1:		Age:	No. of Children under 17:	Mobile Phone:
Email Address:		Occupation & Employer:		Years Employed:
PAYG Gross Income			If Self Employed – Are Tax Returns lodged?	
Full Time:	Part Time:	Casual:	\$	2016: 2017:
2016 Taxable Income			2017 Taxable Income	
\$			\$	

What You Own	Value	Rent Per Week	Financier	What You Owe	
				Min Mth Repayments	Amount Owing

Own Home	\$			\$	\$
Invest. Prop 1	\$	\$		\$	\$
Invest. Prop 2	\$	\$		\$	\$
Invest. Prop 3	\$	\$		\$	\$
Motor Vehicle	\$			\$	\$
Motor Vehicle	\$			\$	\$
Savings/cash	\$				

What You Own	Value	Rent Per Week	Financier	What You Owe	
				Min Mth Repayments	Amount Owing
Shares	\$			\$	\$
Superannuation (Client 1)	\$				
Superannuation (Client 2)	\$				
Credit Card	Limit \$			\$	\$
Credit Card	Limit \$			\$	\$
Credit Card	Limit \$			\$	\$
Other Loans e.g. o/draft	\$			\$	\$
Child Maintenance (Amount Per Month)				\$	