

**APPLICATION ASSESSMENT FORM****Telephone 1300 881 807***Application Assessment Form, please print it out, fill it in and send it back to :-**Fax: 07 55 383 633**Email: application@seniorsfinanceaustralia.com.au**Post: **Seniors Finance Australia****P O Box 6032, Bundall, QLD 9726***APPLICANT 1** Mr / Mrs / Miss / Other _____

First Name _____ Middle Name _____ Surname _____

Gender M F Date of Birth / / Married Single DeFacto Widowed Other _____

Street Address _____

Suburb/Town _____ State _____ Postcode _____

Telephone () _____ Mobile _____ Email Address _____

APPLICANT 2 Mr / Mrs / Miss / Other _____

First Name _____ Middle Name _____ Surname _____

Gender M F Date of Birth / / Married Single DeFacto Widowed Other _____

Street Address _____

Suburb/Town _____ State _____ Postcode _____

Telephone () _____ Mobile _____ Email Address _____

POSTAL ADDRESS (if different from above) __________
_____**DOES ANYONE ELSE LIVE IN THE PROPERTY** Yes No

If Yes, full name of that person and date of birth _____

_____ Date of Birth / /

PURPOSE OF LOAN: Car Travel Health Renovations Repay Mortgage Living Expenses Property Purchase Other _____

Address Details of the House/ Security offered:ADDRESS _____
_____ State _____ Postcode _____Is this property _____ Freehold Strata Title Other, Please state _____

What is the estimated value of this property \$ _____

Do you have any existing mortgage on this property? YES \$ _____ or NO**TELL US ABOUT THE TYPE OF LOAN YOU WOULD LIKE:**

1. The amount you wish to borrow \$ _____

2. Do you want this as a lump sum? Yes No3. Would you like to have your full loan limit, take a lump sum to start, but have the balance of the loan as a cash reserve so you can draw down when you require further funds Yes No**Your Solicitor Details: (if you have current solicitor)**

Name _____ Firm _____

Address _____ State _____ Postcode _____

Telephone Number _____ Fax Number _____

PRIVACY FORM: By submitting this form you have agreed to Privacy Conditions
([click here to read](#))

Name: _____ Signature _____ Date _____

Name: _____ Signature _____ Date _____

Post Application to - Seniors Finance Australia, P.O. Box 6032, BUNDALL, Q'land, 9726**Email to – application@seniorsfinanceaustralia.com.au or, Fax to : (07) 55383633****If you require any further details or assistance please call 1300 881 807**

APPLICATION ASSESSMENT FORM

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What happens now?

- 1.) Fill in the form and sign

- 2.) Send the form to :-
 - Fax : 07 55 383 633

 - Email : application@seniorsfinanceaustralia.com.au

 - Mail : Seniors Finance Australia
P O Box 6032 , Bundall QLD 9726

- 3.) Once received you will receive a courtesy call from our office to let you know that we have received your details.

- 4.) You will then be advised of your conditional approval subject to valuation and we will asking you to provide identification.

- 5.) We will advise you of the process and assistance with up dating you on the progress of your application until settlement when you receive your money.

For any assistance please call 1300 881 807

Comments or things you wish to know
