



making your home ownership dream a reality

Own Don't Rent Needs Analysis Form

	Personal 1	Person 2
First Name		
Last Name		
Home Phone		
Work Phone		
Mob phone		
Email Address		
Date of Birth		
Driver's License Number		
Marital status		
Current Address		
Years at Current Address		
Current weekly rent		
Landlord/ Real estate agent Name		
Landlord/ Real estate Agent Phone		
Previous Address (if less than 2 years at current address)		
Years at Previous Address		
Landlord/ Real estate agent Name of Previous Address		
Landlord/ Real estate Agent Phone of Previous address		
Is your current lease complete?		
When does your current lease expire?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
Employers Name		
Employers Address		
Current Position/Job Title		
How long at present job/line of work?		
Gross Weekly		

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income		
Other Monthly Income		
Source of Additional Income		
Previous Employer name (if less than 2 years at current employer)		
Previous Employers phone		
How long with previous employer?		
Have you bought a house before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you qualify for First Home Owners Grant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How would you rate your credit? *	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Needs Repair	<input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Needs Repair

Have you ever declared bankruptcy?		
Have you ever been summoned to court for failure to pay rent?		
Have you ever been evicted?		
If so give details		
Have you ever been in foreclosure?		
If so give details		
Credit cards		
Total credit card(s) balance		
Total monthly payment(s)		
Do you own a car?		
Car loans		
Car loan balance		
Car loan monthly payment		
Mortgages		
Total mortgage(s) balance		
Mortgage monthly payment(s)		

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Do you owe anyone money? (Other than lending institutions)		
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Property Details

Property of Interest	
Minimum # of Bedrooms:	
Minimum # of Bathrooms:	
Requirements/Location Preferences	
Desired Move-In Date	
Start-up money available	
What's the highest weekly payment you are comfortable paying?	
Min Purch# Price	
Max Purch# Price	
Do you have someone to guarantee on the purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
List full names ages of all children under 18 who will be residing with you	
Description of Any Pets (Type, Breed, Age Weight)	
Personal reference #1 name	
Personal reference #1 relationship	
Personal reference #1 phone number	
List any other personal references you would like to provide	
Additional Comments	
Where did you hear about us?	
I have received the credit guide	Signature _____ Date _____

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