



Smile, we're not a bank
First Credit Union Incorporated, trading as Westforce Credit Union

member number

Member number input boxes

home loan application

PO Box 15553, New Lynn, Auckland 0640 • westforce.org.nz • mainoffice@westforce.org.nz

1. Your personal details

What is your name? Mr Mrs Ms Miss OTHER
FIRST NAME
LAST NAME
Have you ever gone by any other name? (maiden name or other)

What is your date of birth? What is your gender? Male Female

What is your marital status? Single Defacto Married Divorced Separated

Are you a permanent resident of New Zealand? Yes No

How many dependant children do you have and how old are they? AGES

What is your Drivers Licence number? Version Number (5B)

What type of licence do you hold? Learners Restricted Full

Are you employed? Yes, full time Yes, part time Yes, casual
Yes, self employed No, unemployed

What is your occupation?

Who is your employer? EMPLOYER'S NAME
EMPLOYER'S ADDRESS
PHONE NUMBER

How long have you been employed there? YEARS AND MONTHS

Have you ever been declared bankrupt/NAP? Yes No If yes, what year?

How did you hear about Westforce? (Tick as many as apply)
TV Radio Newspaper Referred to by friend/family
Other (please specify)

2. Your contact details

What is your current home address? POST CODE

What type of residence is this? Own home Renting Boarding

How long have you lived at this address? YEARS AND MONTHS

What is the best way to contact you between 9am and 5pm weekdays? Home phone Work phone Mobile Email Post Text

What was your previous address? (if under 3 years at current address) POST CODE

What are your phone numbers and email address? PHONE MOBILE
WORK EMAIL

3. Joint Applicant's details (if applicable)

What is your name?

Mr Mrs Miss Ms

FIRST NAMES

LAST NAME

Have you ever gone by any other name? (maiden name or other)

What is your date of birth?

What is your gender?

Male Female

What is your marital status?

Single Defacto Married Divorced Separated

What is your current home address?

The same address as the main applicant The address below

POST CODE

What are your phone numbers and email address?

HOME MOBILE

WORK EMAIL

What is your relationship to the main applicant?

Are you a permanent resident of New Zealand?

Yes No

Are you employed?

Yes, full time Yes, part time Yes, casual
Yes, self employed No, unemployed

What is your occupation?

Who is your employer?

EMPLOYER'S NAME

EMPLOYER'S ADDRESS

PHONE NUMBER

How long have you been employed there?

YEARS AND MONTHS

What is your Drivers Licence number?

Version Number (5B)

What type of licence do you hold?

Learners Restricted Full

Have you ever been declared bankrupt/NAP?

Yes No If yes, what year?

4. Income and Assets

Annual Income (before tax)

Your annual income \$

Joint applicant's annual income \$

Combined annual income \$

Regular Income (after tax)

Your salary/wages W F M \$

Joint applicant's salary/wages W F M \$

Other regular income (please specify)

W F M \$

W F M \$

W F M \$

Combined total net income \$

Assets (what you own)

Property Estimated Market Value \$

Other property owned \$

\$

Savings and investments

\$

\$

Motor vehicles

Make Model Type Value \$

\$

Other assets

\$

Total assets \$

NOTES TO THE ABOVE

5. Expenditure and Liabilities

If this application is just for you, enter your individual details. If it's for you and another person, enter your combined details.

Expenditure	Weekly	Fortnightly	Monthly	Liabilities (what you owe)		
			Regular amount	Limit	Amount owing	
Rent/Board/Mortgage			\$ <input type="text"/>	Other home loan	\$ <input type="text"/>	\$ <input type="text"/>
Motor vehicle repayments			\$ <input type="text"/>	Motor vehicle/s	\$ <input type="text"/>	\$ <input type="text"/>
Credit card repayments			\$ <input type="text"/>	Overdraft/s	\$ <input type="text"/>	\$ <input type="text"/>
Store card repayments			\$ <input type="text"/>	Credit card/s	\$ <input type="text"/>	\$ <input type="text"/>
Personal loan repayments			\$ <input type="text"/>	Store card/s	\$ <input type="text"/>	\$ <input type="text"/>
Student loan repayments			\$ <input type="text"/>	Personal loans	\$ <input type="text"/>	\$ <input type="text"/>
Hire Purchase repayments (total)			\$ <input type="text"/>	Student loans	\$ <input type="text"/>	\$ <input type="text"/>
Other loan repayments			\$ <input type="text"/>	Hire Purchases	\$ <input type="text"/>	\$ <input type="text"/>
Family support or child care costs			\$ <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>
Insurances			\$ <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>
Food			\$ <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>
Power/Phone			\$ <input type="text"/>	Other loans	\$ <input type="text"/>	\$ <input type="text"/>
Other living costs			\$ <input type="text"/>		\$ <input type="text"/>	\$ <input type="text"/>
Total Expenditure			\$ <input type="text"/>	Total Liabilities		\$ <input type="text"/>

NOTES TO THE ABOVE

6. Home Loan details

What is the purpose of this loan?

Will the property be owner occupied or a rental?

Owner occupied Rental

How much is the property you wish to purchase? \$

What is the proposed settlement date?

How much do you have for a deposit? \$

What is the total amount you need to borrow? \$

How long would you like to pay the loan back over?

20 years 25 years 30 years Other:

What is the address of the proposed property?

How frequently would you like to make your repayments?

Weekly Fortnightly Monthly

7. Your Solicitor and Insurance Information

What is the name and address of your solicitor?

NAME

FIRM

ADDRESS

Have you arranged house insurance?

Yes No

Do you have life insurance?

Yes No

If yes to either of the above questions, who are you insured with?

What is their phone number, fax number and email address?

PHONE EMAIL

Do you require a quote from us for your insurance?

Yes No

Privacy Act Declaration

Authorisation by Applicant(s) and Guarantor(s) for use and disclosure of information.

Pursuant to the Privacy Act 2020, I/We acknowledge that:

- 1. I/We understand that the information will be used to assess my/our credit worthiness and financial position, to process my/our application.
- 2. By signing this application, I/we authorise First Credit Union Incorporated, trading as Westforce Credit Union to: make enquiries about me/us and disclose and obtain any additional information First Credit Union Incorporated, trading as Westforce Credit Union considers necessary, including checking driver licence/s information with LTSA, disclose my/our personal information (including payment default information) to potential or actual assignees, to insurers and other third parties that my have or may intend to take security over any of my/our assets, to credit rating and credit reporting agencies and any other person that First Credit Union Incorporated, trading as Westforce Credit Union may appoint to collect any outstanding debt from me/us.
- 3. I/We declare that the information I/we have provided in this application is true and correct.
- 4. I/We understand that for First Credit Union Incorporated, trading as Westforce Credit Union to comply with its AML/CFT obligations I/we agree to our identification, full name, address and date of birth to be verified through a third party such as ApplyID/ VerifyID.
- 5. I/We understand that First Credit Union Incorporated, trading as Westforce Credit Union will meet its Privacy obligations in the collection, use and storage of all my/our personal information.

Main Applicant (please print your name)

FIRST NAMES

LAST NAME

Joint Applicant (please print your name)

FIRST NAMES

LAST NAME

Main Applicant's Signature

Today's date

Joint Applicant's Signature

Today's date

Office Use Only

- Confirmation of Deposit
- Life Insurance
- House Insurance
- Property Valuation
- Sale & Purchase Agreement

CONDITIONS/COMMENTS

- Approved
- Declined

Interest rate

%

Signature

Date

/ /