



Statement of Assets and Liabilities

Client 1 Name: _____ **Client 2 Name:** _____

Date: ____/____/____

Assets	\$	Liabilities	\$
Property		Property Finance	
Property 1 Address: _____ Owner: _____ Rent: _____	\$	Bank: _____ <input type="checkbox"/> Fixed Amount: \$ <input type="checkbox"/> Variable Amount: \$	\$
Purchase Date: ____/____/____ Purchase Price: _____ Current Value: _____	\$	Offset Acct Balance: _____	\$
Property 2 Address: _____ Owner: _____ Rent: _____	\$	Bank: _____ <input type="checkbox"/> Fixed Amount: \$ <input type="checkbox"/> Variable Amount: \$	\$
Purchase Date: ____/____/____ Purchase Price: _____ Current Value: _____	\$	Offset Acct Balance: _____	\$
Property 3 Address: _____ Owner: _____ Rent: _____	\$	Bank: _____ <input type="checkbox"/> Fixed Amount: \$ <input type="checkbox"/> Variable Amount: \$	\$
Purchase Date: ____/____/____ Purchase Price: _____ Current Value: _____	\$	Offset Acct Balance: _____	\$
Business Value	\$	Business Debt	\$
Cash			
Bank Accounts:		Personal Loans:	
1. _____	\$	1. _____	\$
2. _____	\$	2. _____	\$
3. _____	\$	Bank Overdraft: _____	\$
Superannuation		Credit Cards	Owing
Name: _____		1. _____	\$
Fund: _____	\$	2. _____	\$
Name: _____		3. _____	\$
Fund: _____	\$	4. _____	\$
Motor Vehicles			
1. _____	\$	<input type="checkbox"/> Lease <input type="checkbox"/> Hire Purchase	\$
2. _____	\$	<input type="checkbox"/> Lease <input type="checkbox"/> Hire Purchase	\$
Investments		Investment/Margin Loans	
1. _____	\$	1. _____	\$
2. _____	\$	2. _____	\$
3. _____	\$	3. _____	\$
Insurance (Life, Critical/TPD, Income Protection)			
Name: _____	\$	Name: _____	\$
Type: _____		Type: _____	\$
Name: _____	\$	Name: _____	\$
Type: _____		Type: _____	\$
Other Assets		Other Liabilities	
_____	\$	_____	\$
_____	\$	_____	\$
Gross Income (Client 1)	\$	Gross Income (Client 2)	\$

Client 1 Signature: _____ **Client 2 Signature:** _____ **Date:** ____/____/____