

# FINANCIAL HARDSHIP NOTIFICATION



## CUSTOMER DETAILS

### Customer 1

Last Name	<input type="text"/>	First Name(s)	<input type="text"/>
Street	<input type="text"/>	Suburb	<input type="text"/> Postcode <input type="text"/>
Contact Phone	<input type="text"/> (home) <input type="text"/> (mob)	Email	<input type="text"/>
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Dependants	<input type="text"/> (number of dependents)	Ages	<input type="text"/>

### Customer 2

Last Name	<input type="text"/>	First Name(s)	<input type="text"/>
Street	<input type="text"/>	Suburb	<input type="text"/> Postcode <input type="text"/>
Contact Phone	<input type="text"/> (home) <input type="text"/> (mob)	Email	<input type="text"/>
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single	<input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Dependants	<input type="text"/> (number of dependents)	Ages	<input type="text"/>

## HARDSHIP DETAILS

If you are seeking a variation to your loan repayments on grounds of financial hardship, we will need sufficient information to determine whether we can assist and what the appropriate level of assistance might be.

Please provide the following information to us within 21 days explaining in appropriate detail the reasons why you are seeking a variation to your loan repayments on grounds of financial hardship so that we can properly assess your financial circumstances.

Should you require further assistance, please contact us on 13 11 33 between 8:00am – 6:00pm AEST Monday to Friday (excluding public holidays).

**We recommend you also see a financial counsellor to assist you in assessing your own financial circumstances and the options that may be available to you.**

What was/is the cause of your financial hardship?

<input type="checkbox"/> Illness, injury or death of borrower	<input type="checkbox"/> Unemployment/reduced income
<input type="checkbox"/> Natural disaster	<input type="checkbox"/> Failure of business
<input type="checkbox"/> Incarceration	<input type="checkbox"/> Family

Other?

When and how did your financial hardship begin?

What is the expected period of your financial hardship?

☐ 3 months or less

☐ More than 3 months

If you expect your financial hardship to be longer than 3 months, why?

*(please provide any paperwork you have to confirm the likely duration of your circumstances)*

If you expect your financial hardship to be 3 months or less, what improvements in your circumstances do you expect and by when?

*(please provide any paperwork you have to confirm the likelihood of these changes)*

How do you propose that your loan should be varied as a result of your financial hardship? Please indicate what amount, if any, you are able to contribute to your loan repayments at the moment?

*(any proposal must be reasonable and you must be able to demonstrate you are able to meet your loan obligations if your contract is changed as you propose)*

## ASSETS

	Address	Value		
Property #1		\$		
Property #2		\$		
	Make/Model	Year	Registration	
Vehicle #1				\$
Vehicle #2				\$
Bank balance	Name of bank(s)			\$
Shares	If owned for more than 1 year			\$
Other assets	Inc. shares owned less than 1 year			\$

## LIABILITIES

	Lender Name	Limit (if any)	Balance	Up to date?	Arrears amount
Mortgage	#1	\$	\$	<input type="checkbox"/>	\$
Mortgage	#2	\$	\$	<input type="checkbox"/>	\$
Car loan	#1	\$	\$	<input type="checkbox"/>	\$
Car loan	#2	\$	\$	<input type="checkbox"/>	\$
Personal loan	#1	\$	\$	<input type="checkbox"/>	\$
Personal loan	#2	\$	\$	<input type="checkbox"/>	\$
Other loan	#1	\$	\$	<input type="checkbox"/>	\$
Other loan	#2	\$	\$	<input type="checkbox"/>	\$
Credit card	#1	\$	\$	<input type="checkbox"/>	\$
Credit card	#2	\$	\$	<input type="checkbox"/>	\$
Other debt	#1	\$	\$	<input type="checkbox"/>	\$
Other debt	#2	\$	\$	<input type="checkbox"/>	\$

## EMPLOYMENT & INCOME

### Customer 1

☐ PAYG ☐ Self employed

Employer

Street Suburb Postcode

Employment ☐ Full time ☐ Probation ☐ Seasonal ☐ Part-time ☐ Casual ☐ Student

☐ Contract that expires on: mm/yyyy

ABN/ACN If self employed Occupation

Start Date Gross Income \$ Annual Salary

### Customer 2

☐ PAYG ☐ Self employed

Employer

Street Suburb Postcode

Employment ☐ Full time ☐ Probation ☐ Seasonal ☐ Part-time ☐ Casual ☐ Student

☐ Contract that expires on: mm/yyyy

ABN/ACN If self employed Occupation

Start Date Gross Income \$ Annual Salary

**MONTHLY BUDGET** (complete as appropriate)**Monthly Income**

Applicant #1 PAYG income	\$
Applicant #2 PAYG income	\$
Self-employed salary	\$
Part-time work	\$
AUSTUDY	\$
Dividends	\$
Interest	\$
Gross Rental Income	\$
Rental income after expenses	\$
Other income (e.g. Centrelink)	\$
<b>Total Monthly Income (A)</b>	\$

**Monthly Loan Repayments**

Home loan(s)	\$
Personal loans(s)	\$
Credit card(s)	\$
Other loan(s)	\$
<b>Total Loan Payments (B)</b>	\$

**Monthly Expenses**

Rent (not mortgage repayment)	\$
Insurance (e.g. Home, Car)	\$
Personal Insurance (e.g. Life)	\$
School fees	\$
Electricity	\$
Gas	\$
Water	\$
Telephone & mobiles	\$
Medical expenses	\$
Rates (e.g. Council)	\$
Car expenses (not loan repayment)	\$
Travel/Transport	\$
Food	\$
Clothing	\$
Entertainment	\$
Other (e.g. Superannuation, Gifts)	\$
<b>Total Monthly Expenditure (C)</b>	\$

<b>(A)</b>	-	<b>(B)</b>	-	<b>(C)</b>	=	<b>Total Surplus/Shortfall</b>
\$		\$		\$		\$

**SUPPORTING DOCUMENTATION AND CHECKLIST**

Documents	<input type="checkbox"/> Last 2 payslips	<input type="checkbox"/> Evidence of Insurance on the property/vehicle
	<input type="checkbox"/> Last 2 months bank statements	<input type="checkbox"/> Any other documentary evidence of income
	<input type="checkbox"/> Confirmation of Centrelink benefits	

**SIGNATURE**

Last Name		First Name(s)	
Signature		Date	
Last Name		First Name(s)	
Signature		Date	