FINANCIAL HARDSHIP NOTIFICATION

Get in touch | email service@libfin.co.nz | phone 0800 003 391 alt. phone 09 375 0700 | fax 09 375 0716 | web libfin.co.nz post PO Box 4295, Shortland Street, Auckland 1140, New Zealand



CUSTOMER DETAILS							
	CUSTOMER 1			CUSTOMER 2			
Title	Mr Mrs	Miss Ms	Dr	Mr Mrs	Miss Ms	Dr	
Name	11-: (01-			11-1-01-			
Current address	Unit/No: Street:			Unit/No: Street:			
	Suburb:	Pcode:		Suburb:	Pcode:		
Contact number Email	Home:	Mobile:		Home: Mobile:			
Marital status	Married	De facto	Single	Married	De facto	Single	
	Separated	Divorced	Widowed	Separated	Divorced	Widowed	
Dependant/s age(s)							
HARDSHIP DETAILS							
If you are seeking a variatio whether we can assist and				dship, we will need suff	icient information	to determine	
Please provide the following variation to your loan repair.	ng information to lyments on ground	us within 21 days e: s of financial hardsh	kplaining in ap ip so that we c	propriate detail the range properly assess yo	easons why you a ur financial circun	are seeking anstances.	
Should you require further public holidays).	assistance, please	contact us on 0800	003 391 betwo	een 8.30am – 5:30pm	Monday to Friday	(excluding	
We recommend you also s may be available to you.	ee a financial coun	sellor to assist you i	n assessing yo	our own financial circu	imstances and the	options that	
What was/is the cause of your financial hardship?							
Illness, injury or death o		Failure of busine	ess .	Incarceration			
Unemployment/reduced		Natural disaster		Family			
Other - please specify							

When and how did you	ur financial hardship begin?
	period of your financial hardship?
3 months or less	More than 3 months
If you expect your fina	ncial hardship to be more than 3 months, why?
Please provide any pape	erwork you have to confirm the likely duration of your circumstances.
:	
	ncial hardship to be 3 months or less, what improvements in your circumstances do you expect and by when?
Please provide any pape	erwork you have to confirm the likelihood of these changes.
How do you propose t you are able to contrib	that your loan should be varied as a result of your financial hardship? Please indicate what amount, if any oute to your loan repayments at the moment.
Any proposal must be re as you propose.	rasonable and you must be able to demonstrate you are able to meet your loan obligations if your contract is changed
us you propose.	

ASSETS							
	Address					Value	
Property #1						\$	
Property #2						\$	
. ,	Make/model					1	
Vehicle #1		Year	 R	legistration		\$	
Vehicle #2		Year		legistration		\$	
Bank balance	Name of bank(s)					ς	
Shares					ė.		
Other assets	If owned for more than 1 year				: 7	: *	
Other assets	Inc. shares owned less than 1 year						
LIABILITIES							
		1 · · · // / · · · · · · · · · · · · · ·			Up to date		
Montage	Lender name	Limit (if any)	B	Balance	Yes/No	Arrears	amount
Mortgage	#1	<u> </u>		-		; >	
Mortgage	#2	\$		5		\$	
Car loan	#1	\$		5		\$	
Car loan	#2	\$		\$		\$	
Personal loan	#1	\$		\$		\$	
Personal loan	#2	\$		\$		\$	
Other loan	#1	\$		\$		\$	
Other loan	#2	\$		\$		\$	
Credit card	#1	\$	9	\$		\$	
Credit card	#2	\$	9	\$		\$	
Other debt	#1	\$	9	\$		\$	
Other debt	#2	\$		\$		\$	
EMPLOYMENT & INCO	AE						
EMPLOYMENT & INCOI							
	CUSTOMER 1			CUSTO		OMER 2	
	PAYE	Self-employed		PAYE	Self-er	nployed	
Employer							
Employer address	Unit/No: Street:		l	Unit/No: St	reet:		
	Suburb:	Pcode:		Suburb:	P	code:	
Employment				· · · · •			
Linployment	Full time	Probation Seaso		Full time	Proba		Seasonal
	Part-time	Casual Stude	TIL :	Part-time	Casua	;	Student
	Contract that expires	on: Month Year		Contract that ex	(pires on:	Month	Year
Company name	If self employed			If self employed			
Occupation							
Start date							
Income	\$ Gross annual salar	У		\$ Gross annual s	salary		

MONTHLY BUDGET (COMPLE	ETE AS APPROPRIATE)				
MONTHLY INCOME		MONTHLY EXPENSES			
Applicant #1 PAYE income	\$	Rent (not mortgage repayment)	\$		
Applicant #2 PAYE income	\$	Insurance (e.g. home, car)	\$		
Self-employed salary	\$	Personal insurance (e.g. life)	\$		
Part-time work	\$	School fees	\$		
Study allowance	\$	Electricity	\$		
Dividends	\$	Gas	\$		
Interest	\$	Water	\$		
Gross rental income	\$	Telephone & mobiles	\$		
Rental income after expenses	\$	Medical expenses	\$		
Other income (e.g. WINZ)	\$	Rates (e.g. Council)	\$		
(A) Total Monthly Income	\$	Car expenses (not loan repayment)	\$		
MONTHLY LOAN REPAYMENTS		Travel/transport	\$		
Home loan(s)	\$	Food	\$		
Personal loans(s)	\$	Clothing	\$		
Credit card(s)	\$	Entertainment	\$		
Other loan(s)	\$	Other (e.g. Superannuation, gifts)	\$		
(B) Total Loan Payments	\$	(C) Total Monthly Expenditure	\$		
(A)	- (B)	- (C) =	Total surplus/shortfall		
\$	\$	\$	\$		
CURRORTING DOCUMENTAL	TION AND CHECKLIST				
SUPPORTING DOCUMENTAT		;·····:			
******	ast 2 payslips	Evidence of insurance on the property/vehicle			
ii	ast 2 months bank statements	Any other documentary eviden	ce of income		
C	onfirmation of WINZ benefits				
SIGNATURE					
Applicant 1 name	<u>:</u>	Applicant 2 name			
Tr					
EApplicant 1 signature	Date	EApplicant 2 signature	Date		