

Hardship Assistance Application



To be completed by Borrower

Borrower's Name: _____

La Trobe Reference Number: _____

01. Why are you unable to meet your obligations?

Please provide a detailed explanation – use extra pages if required. Please provide evidence: separation certificates/pay slips/medical certificates

02. What assistance do you wish to apply for?

Please provide a detailed explanation – use extra pages if required.

- Interest Only Repayments (maximum of 3 month)
- Postponing Payments
- Extending the Term to allow reduced payments
- Other

03. How long is the hardship likely to apply for?

04. What measures are you taking to bring the hardship to an end?

05. Once the hardship is over what are the maximum payments you can make?

Please provide copies of any document that you think will support that your application.

Declared by

Statement of Financial Position



Income Earner 1 Name: _____ Ref No. _____

Income Earner 2 Name: _____ Date: _____

Assets	Preset Value \$	Liabilities	Current Outstanding \$
Cash	_____	Loans	
		Overdraft's <i>Limit(s)</i>	_____
Family home	_____	Home Loan	_____
<i>location</i>		<i>Lender</i>	
Other property(ies)	_____	Investment	_____
<i>location</i>		<i>Lender</i>	
<i>location</i>		<i>Lender</i>	
<i>location</i>		<i>Lender</i>	
Motor vehicles	_____	Other Loans/Leases	
<i>make/model</i>		<i>Purpose</i>	<i>Lender</i>
<i>make/model</i>		_____	_____
Household furniture/effects	_____	<i>Purpose</i>	<i>Lender</i>
		_____	_____
Superannuation	_____	Credit/Dept store cards	
<i>held with</i>		<i>Dept/Credit Provider</i>	<i>Limit</i>
Shares/bonds/investments/etc	_____	_____	_____
		<i>Dept/Credit Provider</i>	<i>Limit</i>
Business equity	_____	_____	_____
		<i>Dept/Credit Provider</i>	<i>Limit</i>
Life Insurance	_____	Other liabilities	
<i>held with</i>		<i>Due</i>	
Other	_____	<i>Tax Outstanding</i>	_____
<i>please specify</i>		<i>Other e.g. outstanding rates, overdue bills</i>	_____
		_____	_____
		_____	_____

Total Assets	Total Liabilities
_____ \$	_____ \$

Please turn over

05/11

Income (average monthly)

	Gross (p.a.)	Net (p.m.)
Income Earner 1:		<hr/>
2nd Job		<hr/>
Income Earner 2:		<hr/>
2nd Job		<hr/>
Other income		
Regular overtime		<hr/>
Part-time/casual employment		<hr/>
Dividends/Interest		<hr/>
Commission		<hr/>
Rent received (annual gross)	x75%*	<hr/>

* We reduce rental income by 25% to cover expenses

Other Income (please specify)

Centrelink		<hr/>
Unemployment		<hr/>
Family tax benefit		<hr/>
Pension – Age		<hr/>
Disability		<hr/>
Other Income		<hr/>
		<hr/>
		<hr/>
		<hr/>

<i>Total monthly income</i>	\$
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Expenses (average monthly)

Credit committments	
House loan repyaments	<hr/>
Other loan repayment	<hr/>
Lease payments	<hr/>
Credit/Dept Store Card	<hr/>
Other committments	
Rent/Board	<hr/>
Rates & House Insurance	<hr/>
Electricity	<hr/>
Gas	<hr/>
Home Telephone	<hr/>
Mobile Telephone	<hr/>
Internet	<hr/>
Membership fees (sports, clubs etc)	<hr/>
Vehicle(s) - petrol	<hr/>
Vehicles(s) - Insurance/Registration/Maintenance	<hr/>
Entertainment	<hr/>
Superannuation	<hr/>
Life/Income replacement insurance	<hr/>
Insurance - contents	<hr/>
Insurance - medical etc	<hr/>
Education expenses/School fees/fares	<hr/>
Child maintenance	<hr/>
Living (food, clothing, personal)	<hr/>
Other	<hr/>
	<hr/>
	<hr/>
	<hr/>

<i>Total monthly expenditure</i>	\$
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Dependants #

Age(s)

Declaration

I/We hereby certify and confirm that all of the assets are held in my/our own right and do not form a part of any Trust/Trustee arrangement. And that all of the details provided are true and correct as at the date of signing.

Signature of Applicant/s

Date