

TO BE COMPLETED BY BORROWER

Print clearly in capital letters using **black or blue ink** if completing this form manually. Place a cross **X** within the appropriate box when selecting an option. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

ASSISTANCE COMPLETING FORM

If you need help completing this form you can call our Financial Assistance Hub on **1800 435 734**, and speak with one of our staff, who can assist in completing this form over the phone on your behalf.

Borrower's name _____ **Account Number** _____

1. Why are you unable to meet your obligations?

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

2. What assistance do you wish to apply for?

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

Interest only repayments
 Reduced monthly repayments
 Postpone monthly repayments
 Other

Details:

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

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

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

6. Have you contacted an independent financial counsellor or financial adviser to discuss your financial situation?

Yes No

Details:

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

Signature	Signature
Date	Date

Statement of financial position

Name of income earner 1 _____
 Name of income earner 2 _____

Reference number _____ Date _____

ASSETS		LIABILITIES	
	Present value		Current outstanding
Cash	\$ _____	Loans	
Family home (if owned)		Overdrafts	
Location		Limit(s) _____	\$ _____
_____	\$ _____	Home Loan	
Other properties		Lender _____	\$ _____
Location		Investment	
_____	\$ _____	Lender _____	\$ _____
Location		Lender _____	\$ _____
_____	\$ _____	Lender _____	\$ _____
Location		Other Loans/Leases	
_____	\$ _____	Purpose _____	
Motor vehicles		Lender _____	\$ _____
Make/Model		Purpose _____	
_____	\$ _____	Lender _____	\$ _____
Make/Model		Credit/Department store cards	
_____	\$ _____	Credit/Department store provider	
Household furniture/effects	\$ _____	Limit _____	\$ _____
Superannuation		Credit/Department store provider	
Held with		Limit _____	\$ _____
_____	\$ _____	Dept./Credit provider	
Shares/bonds/investments/etc	\$ _____	Limit _____	\$ _____
Business equity	\$ _____	Other liabilities	
Life insurance		Tax outstanding	
Held with		Due _____	\$ _____
_____	\$ _____	Other e.g. outstanding rates, overdue bills	
Other		_____	\$ _____
Please specify		_____	\$ _____
_____	\$ _____	_____	\$ _____
TOTAL ASSETS	\$ _____	TOTAL LIABILITIES	\$ _____

Continued following page. >

Statement of financial position

< From previous page.

INCOME (AVERAGE MONTHLY)		EXPENSES (AVERAGE MONTHLY)	
	Net (p.m.)		
Income earner 1	\$ _____	Credit commitments	
2nd job	\$ _____	House loan repayments	\$ _____
Income earner 2	\$ _____	Other loan repayment	\$ _____
2nd job	\$ _____	Lease payments	\$ _____
Other income		Credit/Department store card	\$ _____
Regular overtime	\$ _____	Other commitments	
Part-time/Casual employment	\$ _____	Rent/Board	\$ _____
Dividends/Interest	\$ _____	Rates and house insurance	\$ _____
Commission	\$ _____	Electricity	\$ _____
Rent received (annual gross) x75%* \$ _____	\$ _____	Gas	\$ _____
*We reduce rental income by 25% to cover expenses.		Home phone	\$ _____
Other income (please specify)		Mobile phone	\$ _____
Centrelink		Internet	\$ _____
- Unemployment	\$ _____	Membership fees (sports clubs etc.)	\$ _____
- Family tax benefit	\$ _____	Vehicle(s) - petrol	\$ _____
- Pension - Age	\$ _____	Vehicle(s) - Insurance/Registration/Maintenance	\$ _____
- Disability	\$ _____	Entertainment	\$ _____
Other		Superannuation	\$ _____
_____	\$ _____	Life/income replacement insurance	\$ _____
_____	\$ _____	Insurance - contents	\$ _____
_____	\$ _____	Insurance - medical etc.	\$ _____
		Education expenses/School fees/Fares	\$ _____
		Child maintenance	\$ _____
		Living (food, clothing, personal)	\$ _____
		Other	
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
		_____	\$ _____
TOTAL MONTHLY INCOME	\$ _____	TOTAL MONTHLY EXPENDITURE	\$ _____

Dependants

Number of dependants _____ Age(s) of dependants _____

Declared by

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 _____ Signature _____
 Date _____ Date _____

RETURN COMPLETED, SIGNED FORM BY EMAIL TO: hardshipassist@latrobefinancial.com.au