

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.

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 (max. of 3 months)
 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:

DECLARED BY

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	\$ _____
		Home phone	\$ _____
		Mobile phone	\$ _____
		Internet	\$ _____
		Membership fees (sports clubs etc.)	\$ _____
		Vehicle(s) – petrol	\$ _____
		Vehicle(s) – Insurance/Registration/Maintenance	\$ _____
		Entertainment	\$ _____
		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