

Hardship Assistance Application



To be completed by Borrower

Borrower's Name: _____

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

Please turn over

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)	<small>x75%*</small>	<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/>

Total monthly income

\$

Dependants

#

Expenses (average monthly)

Credit committments

House loan repayments	<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/>

Total monthly expenditure

\$

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

Please return this form by email to: hardshipassist@latrobecfinancial.com.au