

# Hardship Variation Application



Borrower 1 (Name)

Borrower 2 (Name)

Borrower 3 (Name)

Borrower 4 (Name)

Loan Account Number(s)

Mailing Address  State  Postcode

Home Phone No. (  )  Mobile No.  Work Phone No. (  )

Email Address

## Employment Information

### Borrower 1

Employer

Employer Address  State  Postcode

Work Phone No. (  )  Email Address

Position/Occupation  Length of Employment  Yrs  Mths

### Borrower 2

Employer

Employer Address  State  Postcode

Work Phone No. (  )  Email Address

Position/Occupation  Length of Employment  Yrs  Mths

### Borrower 3

Employer

Employer Address  State  Postcode

Work Phone No. (  )  Email Address

Position/Occupation  Length of Employment  Yrs  Mths

## Employment Information (Continued)

### Borrower 4

Employer

Employer Address

State

Postcode

Work Phone No. ( )

Email Address

Position/Occupation

Length of Employment

Yrs

Mths

## Assets

Description

Estimated Value \$

Primary Residence Address

\$

State

Postcode

Other Real Estate Address(es)

\$

1.

State

Postcode

2.

State

Postcode

Motor Vehicles (Please specify below)

\$

\$

\$

\$

Savings Accounts (Please specify below)

\$

\$

\$

Superannuation (Please specify below)

\$

\$

\$

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## Assets (Continued)

Description	Estimated Value \$
Investments/Shares (Please specify below)	
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<b>Total Asset Value</b>	\$ <input type="text"/>

## Liabilities

Description	Balance Owning \$
Mortgages (Name of lender financial services provider)	
1. <input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	\$ <input type="text"/>
Personal Loans/Car Loans/Leases/Hire Purchase (Name of lender financial services provider)	
1. <input type="text"/>	\$ <input type="text"/>
2. <input type="text"/>	\$ <input type="text"/>
3. <input type="text"/>	\$ <input type="text"/>
Credit Card/Store Cards (Name of lender financial services provider)	
1. <input type="text"/> (Limit)	\$ <input type="text"/> \$ <input type="text"/>
2. <input type="text"/> (Limit)	\$ <input type="text"/> \$ <input type="text"/>
3. <input type="text"/> (Limit)	\$ <input type="text"/> \$ <input type="text"/>
4. <input type="text"/> (Limit)	\$ <input type="text"/> \$ <input type="text"/>
<b>Total Liabilities</b>	\$ <input type="text"/>

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## Income (Weekly/Fortnightly/Monthly)

Description	Borrower 1	Borrower 2
Gross Salary/Wages	\$	\$
Pension (Specify type)	\$	\$
Government Assistance (Specify type)	\$	\$
Child Support	\$	\$
Rental Income	\$	\$
Other (Specify)	\$	\$
<b>Total Income</b>	<b>\$</b>	<b>\$</b>

**NOTE: Please provide a copy of your most recent payslip or Department of Human Services ('DHS') letter to evidence income.**

## Expenses

Description	Minimum Monthly Repayment \$
Mortgage No.1	\$
Mortgage No.2	\$
Mortgage No.3	\$
Personal Loan No.1	\$
Personal Loan No.2	\$
Personal Loan No.3	\$
Credit Card No.1	\$
Credit Card No.2	\$
Credit Card No.3	\$
Credit Card No.4	\$
Entertainment	\$
Rates	\$
Electricity/Gas	\$
Telephones/Mobile Telephones	\$



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## Documentation required to support Hardship Application

<b>Illness</b>	Medical certificate supporting sickness/illness, time off work and prognosis for an anticipated date of return to work.
<b>Maternity leave</b>	Medical certificate confirming pregnancy and when baby is due OR letter from employer confirming pregnancy and length of unpaid maternity leave to be taken.
<b>Workers Compensation</b>	Confirmation from employer confirming workers compensation payment, anticipated date of return to work and salary on recommencement of work.
<b>Workers Compensation - No Longer Employed</b>	Documentation from solicitor outlining case and current status of case/claim.
<b>Unemployed</b>	Documentation confirming unemployment – Separation Certificate. If redundant, then a Redundancy Certificate including redundancy payments. Documentation also confirming registration as unemployed with Centrelink.
<b>Income Reduction</b>	Documentation from employer showing reduction in income and anticipated date, if any, when income will return to previous levels. In nature of employment, or employer change, reason for change and documentation showing actual reduction in income experienced.
<b>Deceased Borrower</b>	Death Certificate. Documentation indicating anticipated date of probate, release of insurance funds etc.
<b>Relationship Split</b>	Nature of relationship split, including documentation of any Family Court Orders granted or anticipated granting of such orders if applicable.
<b>Business Failure</b>	If business totally failed, documentation confirming receivership, administration or closure of business. If business is not achieving anticipated profits/suffering from downturn, documentation preferably from an accountant including latest and previous years profit and loss statement and balance sheet.
<b>Property on Market</b>	If property is for sale, a current sales agreement or sales contract (if applicable) from relevant REAL Estate Agent showing asking price, date etc.

## Please provide additional information that may assist with the assessment of this Hardship Application


## Signatures

Borrower 1 (Name)	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Borrower 2 (Name)	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Borrower 3 (Name)	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Borrower 4 (Name)	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/> / <input type="text"/> / <input type="text"/>