



APPLICATION FOR FINANCIAL HARDSHIP ASSISTANCE

Important Notes – Please read before completing this application

This form is to be completed to enable The Broken Hill Community Credit Union to consider a request for assistance related to the financial hardship you are experiencing. If you provide all the information requested on the form, we will get back to you with a decision on your application within 14 days.

If we are unable to make a decision within 14 days, we will contact you to let you know how your application is progressing.

Supporting documentation may be required, e.g. evidence of income or medical certificates. We will only seek information that is necessary. On receipt of your application we will contact you to let you know if supporting documents is required.

For assistance in completing any section of this form, please call The Broken Hill Community Credit Union on 08 8088 2199 9am to 5pm, weekdays.

- You must complete all sections of this application and answer all questions in full.

Checklist

- Have you fully answered all questions
- Have you signed the application?

Please return this form

In person to: The Broken Hill Community Credit Union, 2 Chloride Street, Broken Hill

By mail to: The Broken Hill Community Credit Union, PO Box 294, Broken Hill NSW 2880

By Fax: 08 8087 6730

First account holder: Member Number: _____

Title Mr Mrs Ms Miss Other

First Name _____ Middle name _____

Surname _____

Date of birth _____ Age _____ Occupation _____

____ \ ____ \ ____

Name of employer _____

Home Phone _____ Mobile _____

Work Phone _____

Residential address

Unit/Floor/Street No _____ Street _____

Suburb/ Town _____

State/ Territory _____ Postcode _____

Mailing address (if same as residential write 'as above')

Age of dependant children _____

_____ years _____ years _____ years

Second Acc holder (if applicable): Member No: _____

Title Mr Mrs Ms Miss Other

First Name _____ Middle name _____

Surname _____

Date of birth _____ Age _____ Occupation _____

____ \ ____ \ ____

Name of employer _____

Home Phone _____ Mobile _____

Work Phone _____

Residential address

Unit/Floor/Street No _____ Street _____

Suburb/ Town _____

State/ Territory _____ Postcode _____

Mailing address (if same as residential write 'as above')

Age of dependant children _____

_____ years _____ years _____ years

I/ We wish to apply for assistance due to the following reasons:

The assistance I/We seek is:

I/We have made the following arrangements with other creditors:

1. _____
2. _____
3. _____
4. _____
5. _____

Are arrangements up to date? YES / NO If not, please provide details above.

I have no arrangements with other creditors

Statement of financial position

As at: _____ / _____ / _____

Liabilities	Balance Owing	Commitments / Repayment (monthly)	
BHCCU Home Loan	_____	Mortgage	_____
BHCCU Personal Loan	_____	Rent/board	_____
Other loans (who with)	_____	Loan repayments	_____
_____	_____	Credit card repayments (total)	_____
_____	_____	Store card repayments (total)	_____
_____	_____	Child Support	_____
_____	_____	Rates	_____
_____	_____	Travel expenses	_____
_____	_____	Electricity/ gas	_____
_____	_____	Education expenses	_____
Credit/ Store Card/s (who with & limit)	_____	Phone & internet	_____
_____	_____	Superannuation	_____
_____	_____	Motor vehicle insurance	_____
_____	_____	Health insurance	_____
_____	_____	Home & contents insurance	_____
_____	_____	General living expenses	_____
Hire purchase / lease	_____	(food, clothing, personal	_____
Other Liabilities (please outline)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTAL LIABILITIES	\$ _____	TOTAL COMMITMENTS	\$ _____
Assets	Estimated Value	Income (monthly)	
Property at	_____	Salary (net after tax)	_____
_____	_____	Salary of spouse/partner (net after tax)	_____
_____	_____	Other employment	_____
Motor vehicle (make,rego,year)	_____	Overtime	_____
_____	_____	Rent received	_____
_____	_____	Board received	_____
Shares/savings/investments (who with?)	_____	Pension/other benefits received	_____
_____	_____	Interest/ dividends	_____
_____	_____	Other income	_____
_____	_____	_____	_____
Other assets (outline details)	_____	_____	_____
_____	_____	_____	_____
_____	_____	TOTAL INCOME	\$ _____
TOTAL ASSETS	\$ _____		

I/ We understand that the information stated in this Application for financial hardship assistance is true and correct in every particular and is a full and complete disclosure of my/our financial position.

Signature first account holder

Signature second account holder

Date
