Hardship assistance application.



Once the form has been completed, please send to ${\bf collections@defencebank.com.au}$

Applicant to complete this section.

The following types of information may assist in your request for assistance:

- Evidence of income (last 2 payslips or CentreLink benefit statement or any other evidence of income)
- \bullet Last 2 statements from another financial institution
- $\bullet \ Current \ loan/credit \ card/store \ card \ statement (s) \ from \ another \ financial \ institution$
- Evidence of current insurance for any motor vehicle/property used as security for your Defence Bank loan(s) (N/A if insured with CGU through Defence Bank)

| Member 1 personal details. | | | | Member 2 personal details (if applicable). | | | | | |
|----------------------------|------------|-----------------------|-----------|--|-----------------------|-------------|-----------------------|-----------|---------|
| Member number. | | | | | Member number. | | | | |
| Last name. | | | | | Last name. | | | | |
| First name. | | | | | First name. | | | | |
| Middle name(s). | | | | | Middle name(s). | | | | |
| Date of birth. | | / | / | | Date of birth. | | / | / | |
| Residential address. | | | | | Residential address. | | | | |
| | | State. | Postcode. | | | | State. | Postcode. | |
| Email address. | | | | | Email address. | | | | |
| Phone number. | | | | | Phone number. | | | | |
| Mobile number. | | | | | Mobile number. | | | | |
| Other phone number. | | | | | Other phone number. | | | | |
| Housing status. | Own | Rent | Board | Other | Housing status. | Own | Rent | Board | Other |
| Marital status. | | | | | Marital status. | | | | |
| Number of lependents. | | Age(s) of dependents. | | | Number of dependents. | | Age(s) of dependents. | | |
| Member 1 employ | ment detai | ls. | | | Member 2 employ | ment detail | ls (if applicable | e). | |
| Occupation. | | | | | Occupation. | | | | |
| Employer's name. | | | | | Employer's name. | | | | |
| Employer's address. | | | | | Employer's address. | | | | |
| | | State. | Postcode. | | | | State. | Postcode. | |
| 7 , | | | | | Years' service. | | | | |
| Years' service. | | | | | Employment type. | | | | |
| Employment type. | | | | | Employment type. | | | | |
| | Part time | Casual | Self e | mployed | Full time | Part time | Casual | Self e | mployed |

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| Assets. | | | Value. | | Insurance provider. |
|---|-------|----|-----------|-----|---------------------|
| Residential property (address/details). | | | \$ | | |
| Residential property (address/details). | | | \$ | | |
| Other property. | | | \$ | | |
| Vacant land. | | | \$ | | |
| Motor vehicle/s (make/model/year). | / | / | \$ | | |
| Motor vehicle/s (make/model/year). | / | / | \$ | | |
| Caravan/boat etc. | | | \$ | | |
| Home contents etc. | | | \$ | | |
| Savings Defence Bank. | | | \$ | | |
| Other savings. | | | \$ | | |
| Super/other. | | | \$ | | |
| Commitments. | Lende | r. | Repaymen | ts. | Balance. |
| Mortgage #1. | | | \$ | per | <u> </u> |
| Mortgage #2. | | | \$ | per | \$ |
| Mortgage #3. | | | \$ | per | \$ |
| Rent/board etc. | | | \$ | per | \$ |
| Personal loans. | | | \$ | per | \$ |
| Overdrafts. | | | Limit. \$ | | \$ |
| Other loans (car/boat etc). | | | \$ | per | \$ |
| Credit card/s. | | | Limit. \$ | | \$ |
| | | | Limit. \$ | | \$ |
| Store card/s. | | | Limit. \$ | | \$ |
| | | | Limit. \$ | | \$ |





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| Applicant to complete this section. | | | | |
|---|----------|-----|--------|--------------------|
| Income. | Member 1 | | Member | 2 (if applicable). |
| Salary (net after tax). | \$ | per | \$ | per |
| Overtime & allowances. | \$ | per | \$ | per |
| Rent received. | \$ | per | \$ | per |
| Board received. | \$ | per | \$ | per |
| Pension/other benefits received. | \$ | per | \$ | per |
| Interest/dividends. | \$ | per | \$ | per |
| Other income. | \$ | per | \$ | per |
| Total income. | \$ | per | \$ | per |
| | | | | |
| Other expenses. | Member 1 | | Member | 2 (if applicable). |
| Child support. | \$ | per | \$ | per |
| Motor vehicle & public transport. | \$ | per | \$ | per |
| Utilities & communications. | \$ | per | \$ | per |
| Education & child care. | \$ | per | \$ | per |
| Medical & pharmaceutical. | \$ | per | \$ | per |
| Superannuation (Excludes employer contributions). | \$ | per | \$ | per |
| Motor vehicle insurance. | \$ | per | \$ | per |
| Health insurance. | \$ | per | \$ | per |
| Home & contents insurance. | \$ | per | \$ | per |
| General living expenses (food/clothing/entertainment/gifts personal etc). | \$ | per | \$ | per |
| Total expenses. | \$ | per | \$ | per |
| | | | | |

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| Applicant to complete this section. | | | | | | | |
|---|--|---|---|---|----------------------|--|--|
| Briefly describe the reason/s y | ou are applying fo | or assistance. | | | | | |
| | | | | | | | |
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| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Briefly describe your proposal | l to rectify the situ | ıation. | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| Are you in arrears with any oth | an nuavidan (i a uti | liter on london)? | | | | | |
| Additionally, please note any pa | | | established. | | | | |
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| | | | | | | | |
| Privacy information. | | | | | | | |
| Under the <i>National Consumer Credi</i> may provide you with the assistance this information, we can not provide | you are seeking in yo you with the assistar | our current financial s nce without it. We col | situation, needs and objectives. Altho lect, use and disclose this information | ugh you are not obl n to enable us to pr | iged to provide | | |
| products and services you have reque Defence Bank complies with applical | | | | • | about you is set out | | |
| in our Defence Bank Products and Se information. Both of these document terms of our Website Privacy Notice | ervices – Conditions ts can be viewed on o | of Use. Our Privacy P | olicy provides additional information | n about how we han | dle your personal | | |
| Declaration. | | | | | | | |
| I/we declare that the information p I/we declare that I/we have fully d | | | | ication. | | | |
| Member 1 signature. | | | Member 2 signature. | | | | |
| Date. | / | / | Date. | / | / | | |