

Hardship Assistance Application

Hardship assistance is available to individuals, including borrowers and guarantors. An individual may request assistance without the involvement or consent of other parties to the loan. Only the person applying is required to complete this form. *If there is insufficient space, attach additional pages as needed.*

1. CUSTOMER DETAILS

Loan Account(s)

Borrower/Guarantor 1

Title	Surname		
<input type="text"/>	<input type="text"/>		
Given Names			
<input type="text"/>			
Date of Birth			
<input type="text"/>	(dd/mm/yyyy)		
Marital Status	Number of Dependants	Ages	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Contact Details

Tel. Home	Tel. Business	Tel. Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

Residential Address

Unit No.	Street No.	Street Name	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb			
<input type="text"/>			
State	Post Code	Time at current address	
<input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months	

Residential Status

- ☐ Living with family
 ☐ Own Home
 ☐ Mortgaged
 ☐ Boarding
 ☐ Renting
 ☐ Other (Please specify below)

Residential Mailing Address

If same as residential address, please tick the box ☐

PO Box:

Unit No.	Street No.	Street Name	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb		State	Post Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

Borrower/Guarantor 2

Title	Surname		
<input type="text"/>	<input type="text"/>		
Given Names			
<input type="text"/>			
Date of Birth			
<input type="text"/>	(dd/mm/yyyy)		
Marital Status	Number of Dependants	Ages	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Contact Details

Tel. Home	Tel. Business	Tel. Mobile
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address		
<input type="text"/>		

Residential Address

Unit No.	Street No.	Street Name	Type
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb			
<input type="text"/>			
State	Post Code	Time at current address	
<input type="text"/>	<input type="text"/>	<input type="text"/> Years <input type="text"/> Months	

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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb		State	Post Code
<input type="text"/>		<input type="text"/>	<input type="text"/>

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2. INCOME DETAILS

Applicant 1		MONTHLY	Applicant 2		MONTHLY
Gross salary / wages (PAYG)	\$	<input type="text"/>	Gross salary / wages (PAYG)	\$	<input type="text"/>
Gross taxable income (self-employed)	\$	<input type="text"/>	Gross taxable income (self-employed)	\$	<input type="text"/>
Regular Overtime	\$	<input type="text"/>	Regular Overtime	\$	<input type="text"/>
Family Allowance	\$	<input type="text"/>	Family Allowance	\$	<input type="text"/>
Dividends	\$	<input type="text"/>	Dividends	\$	<input type="text"/>
Rental income - existing	\$	<input type="text"/>	Rental income - existing	\$	<input type="text"/>
Rental income - new	\$	<input type="text"/>	Rental income - new	\$	<input type="text"/>
Other <input type="text"/>	\$	<input type="text"/>	Other <input type="text"/>	\$	<input type="text"/>

3. MONTHLY LIVING EXPENSES

	Household 1	Household 2
Primary Residence Property Costs (May include utilities, rates, maintenance and furnishings)	\$ <input type="text"/>	\$ <input type="text"/>
Investment Property Costs (May include utilities, rates, maintenance and furnishings)	\$ <input type="text"/>	\$ <input type="text"/>
Groceries	\$ <input type="text"/>	\$ <input type="text"/>
Clothing & Personal Care	\$ <input type="text"/>	\$ <input type="text"/>
Transport (May include registration, public transport, petrol and tolls)	\$ <input type="text"/>	\$ <input type="text"/>
Medical & Health (May include doctors, pharmaceuticals but excluding Private Health)	\$ <input type="text"/>	\$ <input type="text"/>
Education (May include books and uniforms)	\$ <input type="text"/>	\$ <input type="text"/>
Childcare	\$ <input type="text"/>	\$ <input type="text"/>
Insurance (Home, Vehicle or Pet)	\$ <input type="text"/>	\$ <input type="text"/>
Telephone, Internet, Pay TV & Media Streaming	\$ <input type="text"/>	\$ <input type="text"/>
Recreation & Entertainment (May include restaurants, alcohol or travel)	\$ <input type="text"/>	\$ <input type="text"/>
Memberships (May include gym, subscriptions or sporting groups)	\$ <input type="text"/>	\$ <input type="text"/>
Non-Compulsory Superannuation Contributions	\$ <input type="text"/>	\$ <input type="text"/>
Maintenance/Alimony	\$ <input type="text"/>	\$ <input type="text"/>
Other Living Expenses (Please provide overview below)	\$ <input type="text"/>	\$ <input type="text"/>

4. ASSETS & LIABILITIES

ASSETS

(*If there is inadequate space to detail your full Assets & Liabilities position, please annex additional signed statement)

	Address	Value (\$)	Monthly Income (\$)	Personal	Business
Owner Occupied				<input type="checkbox"/>	<input type="checkbox"/>
Investment Property(s)				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle 1				<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle 2				<input type="checkbox"/>	<input type="checkbox"/>
Home Contents & Other Personal Assets (E.g. furniture, personal effects, boat, etc)					
Other Business Assets					
Savings					
Superannuation					
Shares					
Insurance <input type="checkbox"/> Life Policy <input type="checkbox"/> TPD <input type="checkbox"/> Income					
TOTAL PERSONAL ASSETS		\$			
TOTAL BUSINESS ASSETS		\$			

LIABILITIES

	Facility Limit (\$) (incl available redraw)	Amount Owing (\$)	Interest Rate (%)	Monthly Payment (\$)	Financial Institution
Owner Occupied					
Investment Property(s)					
Personal Loans					
Credit Card(s)					
Rent/Board Paid (if applicable)					
Other Personal Debts					
Other Business Debts					
TOTAL PERSONAL LIABILITIES					
TOTAL BUSINESS LIABILITIES					

5. Please describe your current circumstances and any actions you've taken or plan to take to improve your situation.

6. How long do you need assistance for, and are you able to make any payments during this time?

Please return the completed Hardship Application form to care@orde.com.au