

Financial hardship application

In this document, 'the Bank', 'we', 'us', and 'our' means Teachers Mutual Bank Limited and 'you' means the person applying for or with one or more of our products and services.

This form is to be completed to enable the Bank to consider a request for assistance related to financial hardship you are experiencing. If you provide all the information requested on the form by the date shown below, we will get back to you with a decision on your application within 14 days.

For assistance in completing any section of this form, please call Credit Assistance on **(02) 8831 1919** 9am to 5pm, weekdays.

- ▶ You must complete all sections of this application and answer all questions in full.
- ▶ Supporting documentation is required for income and expenses.
- ▶ Please ensure this application and all relevant documentation is forwarded to this office prior to

Date

What are your personal details?

First account holder details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no	<input type="text"/>
First names	<input type="text"/>						Surname	<input type="text"/>
Residential address	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Postal address (if different from above)	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>
Email	<input type="text"/>							
Date of birth	<input type="text"/>			Age	<input type="text"/>		Occupation	<input type="text"/>
Name of employer	<input type="text"/>							
Age of dependant children	years	<input type="text"/>	years	<input type="text"/>	years	<input type="text"/>		

Second account holder details (if applicable)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no	<input type="text"/>
First names	<input type="text"/>						Surname	<input type="text"/>
Residential address	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Postal address (if different from above)	<input type="text"/>							
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>
Email	<input type="text"/>							
Date of birth	<input type="text"/>			Age	<input type="text"/>		Occupation	<input type="text"/>
Name of employer	<input type="text"/>							
Age of dependant children	years	<input type="text"/>	years	<input type="text"/>	years	<input type="text"/>		

Please provide reasons for your application for credit assistance

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

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

1.
2.
3.
4.

I have no arrangements with other creditors

Statement of financial position

As at Member no

Liabilities	Balance owing
Home Loan (with us)	
Personal loan (with us)	
Other loans (who with?)	
Credit/store card/s (who with and limit?)	
Hire purchases/lease	
Other liabilities (please outline)	
Total Liabilities	

Assets	Estimated value
Property at	
Motor vehicle (include make, rego, year)	
Shares/savings/investments (who with?)	
Other assets (outline details)	
Total Assets	

Monthly Commitments	
Mortgage repayments	
Rent	
Other Loan repayments (total)	
Credit Card repayments (total)	
Child support	
Rates	
Groceries	
Childcare & education	
Medical & health costs	
Transportation costs	
Property expenses	
Entertainment & recreation	
Phone, internet, streaming & pay TV	
Clothing & personal care	
Insurances	
Total Monthly Commitments	

Income (monthly)	
Salary (net after tax)	
Salary of spouse/partner (net after tax)	
Other employment	
Overtime	
Rent received	
Government benefits	
Total Monthly Income	

Please sign below in black pen only

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

First account holder

Signature	Date
-----------	------

Second account holder

Signature	Date
-----------	------

Please attach:
Your last payslip/Centrelink statement
All other relevant documentation (where applicable)

Office use only

Lenders Mortgage Insurance Yes No


Company Name


Policy No

Loan Repayment Insurance Yes No

Type of cover

Returning this form

 Teachers Mutual Bank Limited,
PO Box 8385 Parramatta Westfield NSW 2150

 financialhardship@tmb.com.au