

# Financial Hardship Form

## Customer Information

Mr  Mrs  Miss  Ms  Dr  Other

Surname \_\_\_\_\_  
 First Name(s) \_\_\_\_\_  
 Client ID \_\_\_\_\_  
 Amount Owing \_\_\_\_\_

Income	Amount	Details
<i>Salaries</i>		
Account Holder		
Partner		
<i>Additional Income</i>		
Centrelink payments		
Child support		
Other:		
Other:		
Other:		
Other:		
<b>Total Income</b>		

Expenses	Amount	Details of Payment Plan
Rent/Mortgage		
Electricity		
Gas		
Water		
Food & Groceries		
Transport		
Car Expenses		
Childcare		
School Fees		
Clothing		
Holidays		
Gifts		
Chemist		
Medical		
Dental		
Loan Repayments		
Credit Cards		
Other:		
Other:		
Other:		
Other:		
<b>Total Expenses</b>		
<b>Surplus / Deficit</b>		

- Documentation Required**
- Three recent payslips or proof of income.
  - Confirmation of address/copy of financial obligations (eg: council rates notices or medical bills.)
  - Copy of Driver's Licence.
  - Two months Credit Card Statements or Bank Statements.

**For Internal Use**

Payment plans not to exceed more than three months	<input type="checkbox"/>
Current charges to be paid on due date	<input type="checkbox"/>
Payment plans to be on Direct debit	<input type="checkbox"/>
Credit management settings to be removed while arrangement is in place and reinstated thereafter	<input type="checkbox"/>

**Points for you to Review Before Implementing a Payment Plan**

Does the customer have a good payment history?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the reason for FH covered in our policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the customer's service going to be restricted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the customer defaulted on any previous arrangements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date \_\_\_\_\_

Collector \_\_\_\_\_