

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.

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

The law requires us to advise you about how we will deal with your personal information. For a copy of our Privacy Notice or Privacy Policy please visit www.bhccu.com.au alternatively a copy can be made available to you on request.

APPLICATION FOR FINANCIAL HARDSHIP ASSISTANCE

Checklist



Have you fully answered all questions

Have you signed the application?

First account holder		Second Acc holder (if applicable): Member No: Title Mr Mrs Ms Miss Other		
		Title Mr L Mrs L Ms L Miss L Other L		
First Name	Middle name	First Name Middle name		
Surname		Surname		
Date of birth Age	Occupation	Date of birth Age Occupation		
_\\				
lame of employer		Name of employer		
Iome Phone	Mobile	Home Phone Mobile		
Vork Phone		Work Phone		
Residential address		Residential address		
Init/Floor/Street No Street		Unit/Floor/Street No Street		
Suburb/ Town		Suburb/ Town		
State/ Territory P	ostcode	State/ Territory Postcode		
Aailing address (if same	as residential write 'as above')	Mailing address (if same as residential write 'as above')		
Age of dependant children		Age of dependant children		
years	years years	vears vears years		
The assistance I/We	seek is:			
1	following arrangements with othe	r creditors:		
2.				
3.				
ł				
5.				
Are arrangements up	to date? YES / NO If not, please	provide details above.		
☐ I have no arran	gements with other creditors			

Statement of fiancial position

As at: ____/ ___/

BHCCU Personal Loan Mortgage Chter loans (who with) Lean repayments Credit card repayments (total) Store card repayments (total) Chter loans (who with) Child Support Child Support Store card repayments (total) Child Support Child Support Rates Child Support Credit/ Store Card's (who with & limit) Phone & internet Credit/ Store Card's (who with & limit) Phone & internet Credit/ Store Card's (who with & limit) Phone & internet Mortgage General living expenses Credit/ Store Card's (who with & limit) Phone & contents insurance Health insurance Motor vehicle insurance Child Liabilities (please outline) Child Calothing, personal Chter Liabilities (please outline) Child Calothing, personal Chter Liabilities (please outline) Salary (net after tax) Salary (net after tax) Child Support Shalter disponse/partner (net after tax)	Liabilities	Balance Owing	Commitments / Repayment (monthly)	
Other loans (who with)	BHCCU Home Loan		Mortgage	
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Hire purchase / lease (food, clothing, personal Other Liabilities (please outline)			Home & contents insurance	
Other Liabilities (please outline)			General living expenses	
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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