

# Hardship Assistance Application

Print clearly in capital letters using black or blue ink. If insufficient space, please attach additional pages. Do not sign this application form unless all necessary sections have been fully and accurately completed.

## 1. CUSTOMER DETAILS

**Loan Account(s)**

### Borrower/Guarantor 1

Title  Surname

Given Names

Date of Birth  /  /  (dd/mm/yyyy)

Marital Status  Dependants Number  Ages

### Borrower/Guarantor 2

Title  Surname

Given Names

Date of Birth  /  /  (dd/mm/yyyy)

Marital Status  Dependants Number  Ages

### Contact Details

Tel. Home  Tel. Business  Tel. Mobile

Email Address

### Contact Details

Tel. Home  Tel. Business  Tel. Mobile

Email Address

### Residential Address

Unit No.  Street No.  Street Name  Street Type

Suburb

State  Postcode  Time at current address  Years  Months

Residential Status  
 Living with family  Own Home  Mortgaged  
 Boarding  Renting  Others (Please specify below)

### Residential Address

Unit No.  Street No.  Street Name  Street Type

Suburb

State  Postcode  Time at current address  Years  Months

Residential Status  
 Living with family  Own Home  Mortgaged  
 Boarding  Renting  Others (Please specify below)

### Residential Mailing Address

If same as residential address, please tick the box  P.O. Box

Unit No.  Street No.  Street Name  Street Type

Suburb  State  Postcode

### Residential Mailing Address

If same as residential address, please tick the box  P.O. Box

Unit No.  Street No.  Street Name  Street Type

Suburb  State  Postcode

## 2. INCOME DETAILS

Applicant 1	ANNUAL	Applicant 2	ANNUAL
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"/>
Education (Private School Fees)	\$ <input type="text"/>	\$ <input type="text"/>
Childcare	\$ <input type="text"/>	\$ <input type="text"/>
Insurance (Home, Vehicle or Pet)	\$ <input type="text"/>	\$ <input type="text"/>
Insurance (Private Health, Life or Income Protection)	\$ <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"/>
<input type="text"/>		
<b>TOTAL</b>	\$ <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="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Investment Property(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle 1		<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle 2		<input type="text"/>			
Home Content & Other Personal Assets (E.g. furniture, personal effects, boat, etc)		<input type="text"/>			
Other Business Assets		<input type="text"/>			
Savings		<input type="text"/>	<input type="text"/>		
Superannuation		<input type="text"/>	<input type="text"/>		
Shares		<input type="text"/>	<input type="text"/>		
Insurance	<input type="checkbox"/> Life Policy <input type="checkbox"/> TPD <input type="checkbox"/> Income	<input type="text"/>			
<b>TOTAL PERSONAL ASSETS</b>		\$ <input type="text"/>	<input type="text"/>		
<b>TOTAL BUSINESS ASSETS</b>		\$ <input type="text"/>	<input type="text"/>		

### Liabilities

	Facility Limit (\$) (Including available redraw)	Amount Owing (\$)	Interest Rate (%)	Monthly Payment (\$)	Financier	To be refinanced
Owner Occupied	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Investment Property(s)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Personal Loans	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Credit Card(s)	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Rent / Board Paid (if applicable)				<input type="text"/>		
Other Personal Debts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Other Business Debts	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>TOTAL PERSONAL LIABILITIES \$</b>	<input type="text"/>	<input type="text"/>		<input type="text"/>		
<b>TOTAL BUSINESS LIABILITIES \$</b>	<input type="text"/>	<input type="text"/>		<input type="text"/>		

**5. EXPLANATION FOR HARDSHIP**

**6. WHAT FINANCIAL HARDSHIP ASSISTANCE DO YOU NEED?**

**7. SIGNATURES**

**By signing this form, you agree and declare that the information in this application is true and correct in every particular.**

Signature of Borrower/Guarantor

Name in full

Date (dd/mm/yyyy)  
 /  /

Signature of Borrower/Guarantor

Name in full

Date (dd/mm/yyyy)  
 /  /

**i Important:** Please return the signed Hardship Assistance Application to [assist@orde.com.au](mailto:assist@orde.com.au)