

## Hardship Arrangement Application

The granting of hardship is a discretionary decision by Finance One, provided we are satisfied that there is reasonable cause for your inability to meet your loan obligations. We may agree to have your credit contract and or loan agreement temporarily varied in times of hardship which has resulted from an unforeseen or unexpected event, provided we are satisfied with your ability to meet any new loan obligations.

If you believe you are experiencing a situation of hardship and have debt which is owed to us, then we will review your situation and attempt to find a mutually workable solution for repayment of it.

### Key Components of Our Hardship Policy

#### (1) Our Commitment to You

- If you make an application to Finance One for a variation on your contract because of hardship we will give that application proper fair consideration.
- We will always respond to an application in a prompt and timely manner – our service commitment requires this to be within a 21 day period from the date we receive all the necessary information and documentation.
- If we believe hardship is evident, then we will work with you to find a solution which is mutually acceptable to both parties.

#### (2) Your Commitment to us

You must be agreeable to the following requirements, which allow us to adequately process your hardship application, with a view to varying your repayment terms or your contract conditions with us.

- You must provide us with reasonable reason/s for the cause of your present hardship.
- You must provide all documentary evidence of the reason/s to us with the application.
- You must co-operate with us, and must respond to reasonable requests we make to you for further information and / or documentation to support your present situation.
- Your prompt return of the application will ensure an early decision on your application.

### Before submitting this application please ensure all of the following is complete

(PLEASE CHECK ITEMS AS COMPLETED)

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | Complete <u>ALL</u> the sections contained in the application.<br><u>Please Note: The more information you are able to supply to support your application will enable us to make a more informed decision.</u>   |
| <input type="checkbox"/> | Provide us with the last three months bank statements from <u>ALL</u> of your bank accounts (including any savings accounts). Your financial information is required for us to fully understand your current circumstances.  |
| <input type="checkbox"/> | Obtain copies of all relevant documentation which can support your application for hardship. Examples of acceptable documentation are: Termination Letter, Centrelink Advice, Financial Counsellor Advice, Medical Certificates, Overdue Bills, Payslips, etc.<br><u>Please Note:</u> Failure to supply bank statements and supporting documentation may result in an unfavourable decision on your application. |
| <input type="checkbox"/> | Application form and all supporting documentation <u>MUST</u> be returned no later than Twenty-one (21) days of being received.<br>Please note: Failure to do so may affect the decision of your application.  |

## Submitting the Application

Please return the application form and all relevant information either by:

- 1) **Email:** [hardship@financeone.com.au](mailto:hardship@financeone.com.au); or
- 2) Post:  
The Hardship Officer  
Finance One  
PO Box 339 Hyde Park Castletown, Qld, 4812

## After Submission

Once we have received all of the information and documentation, Finance One will give a response to your application within Twenty-one (21) days, of which the response will either be:

- A letter confirming approval of your temporary hardship variation along with the details outlining the revised repayment plan or variation that we determine may help your situation.
- A letter advising that your application for hardship has been declined, along with explanations to why we reached the decision. (You may at this stage dispute the decision via our internal dispute resolution process, if unsuccessful then you have the option of referring the matter to our external dispute resolution scheme:

The Australian Financial Complaints Authority

Online: [www.afca.org.au](http://www.afca.org.au)

Email: [info@afca.org.au](mailto:info@afca.org.au)

Phone: 1800 931 678 (free call)

Mail: Australian Financial Complaints Authority, GPO Box 3, Melbourne VIC 3001)

- A letter stating that application could not proceed in its current state and further information is needed so we can better understand your circumstances and make a decision.

We may also make contact with you by telephone to discuss any matters which may assist to achieve the best outcome for both you and Finance One.

## Privacy Policy

A copy of our privacy policy may be obtained from our website at the following URL:

<https://financeone.com.au/legal/privacy-statement>

## For Financial Counselling Assistance

Lifeline Community Care Queensland: 07 3250 1900

Financial First Aid: 1300 370 255 (In Qld)

## Hardship Application Form

Complete ALL the sections contained in the application. If you require any assistance completing the application form or need clarification on any question, please call our Hardship Team on: 1800 346 663.

| Applicant Number 1   |                              |
|--|------------------------------|
| Title:<br><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:   |                              |
| Surname:   |                              |
| Given Names:   |                              |
| Date of Birth:   |                              |
| Permanent Australian Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |
| Marital Status:<br><input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Single <input type="checkbox"/> Other:  |                              |
| Number of Dependants:  |                              |
| Home Phone: (    )   |                              |
| Work Phone: (    )   |                              |
| Mobile Phone:  |                              |
| Email Address:   |                              |
| Residential Address:<br>Street & Suburb:   |                              |
| State:   | Postcode:                    |
| Postal Address: - if different to above<br>Street & Suburb:  |                              |
| State:   | Postcode:                    |
| Employment:<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual<br><input type="checkbox"/> Unemployed <input type="checkbox"/> Other:   |                              |
| Occupation:  |                              |
| Employers Name:  |                              |
| Worked There:  | <i>Years:</i> <i>Months:</i> |
| Previous Employment – If current employment is less than 3 years:<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual<br><input type="checkbox"/> Unemployed <input type="checkbox"/> Other: |                              |
| Occupation:  |                              |
| Employers Name:  |                              |
| Worked There:  | <i>Years:</i> <i>Months:</i> |

| Applicant Number 2   |                              |
|--|------------------------------|
| Title:<br><input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:   |                              |
| Surname:   |                              |
| Given Names:   |                              |
| Date of Birth:   |                              |
| Permanent Australian Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No  |                              |
| Marital Status:<br><input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Single <input type="checkbox"/> Other:  |                              |
| Number of Dependants:  |                              |
| Home Phone: (    )   |                              |
| Work Phone: (    )   |                              |
| Mobile Phone:  |                              |
| Email Address:   |                              |
| Residential Address:<br>Street & Suburb:   |                              |
| State:   | Postcode:                    |
| Postal Address: - if different to above<br>Street & Suburb:  |                              |
| State:   | Postcode:                    |
| Employment:<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual<br><input type="checkbox"/> Unemployed <input type="checkbox"/> Other:   |                              |
| Occupation:  |                              |
| Employers Name:  |                              |
| Worked There:  | <i>Years:</i> <i>Months:</i> |
| Previous Employment – If current employment is less than 3 years:<br><input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual<br><input type="checkbox"/> Unemployed <input type="checkbox"/> Other: |                              |
| Occupation:  |                              |
| Employers Name:  |                              |
| Worked There:  | <i>Years:</i> <i>Months:</i> |

| Assets – What you own   |         |       |
|---|---------|-------|
| Home / Properties   |         |       |
| <input type="checkbox"/> Jointly owned – <i>provide details</i> <input type="checkbox"/> Solely owned |         |       |
| Name of joint owner:  |         |       |
| Present Value of Home / Properties:   | \$      |       |
| Accounts ( <i>Bank, Credit Union, Building Society, etc.</i> )  |         |       |
| Organisation  | Balance |       |
|   | \$      |       |
|   | \$      |       |
|   | \$      |       |
|   | \$      |       |
| Motor Vehicles  |         |       |
| Make / Model  | Year    | Value |
|   |         | \$    |
|   |         | \$    |
|   |         | \$    |
| All other Assets  |         |       |
| Description   | Value   |       |
|   | \$      |       |
|   | \$      |       |
|   | \$      |       |
|   | \$      |       |
| Total value of what you own   | \$      |       |

| Liabilities – What you owe  |              |                  |       |
|---|--------------|------------------|-------|
| Home Loan/s   |              |                  |       |
| <i>(Note: Freq. can be expressed as W = Weekly, F = Fortnightly, M = Monthly)</i> |              |                  |       |
| Name of Lender  | Amount Owing | Repayment Amount | Freq. |
|   | \$           | \$               |       |
|   | \$           | \$               |       |
| Personal Loan/s   |              |                  |       |
| Name of Lender  | Amount Owing | Repayment Amount | Freq. |
|   | \$           | \$               |       |
|   | \$           | \$               |       |
| Credit / Store Card/s ( <i>Include even if balance is nil</i> )                   |              |                  |       |
| Issuer  | Credit Limit | Repayment Amount | Freq. |
|   | \$           | \$               |       |
|   | \$           | \$               |       |
|   | \$           | \$               |       |
|   | \$           | \$               |       |
|   | \$           | \$               |       |
| Other Loans or Debts ( <i>Finance Companies, Banks, Micro Lenders</i> )           |              |                  |       |
| Lender  | Amount Owing | Repayment Amount | Freq. |
|   | \$           | \$               |       |
|   | \$           | \$               |       |
|   | \$           | \$               |       |
|   | \$           | \$               |       |
|   | \$           | \$               |       |
| Total Value of what you owe   |              |                  | \$    |

| Other Creditor Hardship Arrangements |  |  |
|--------------------------------------|--|--|
| Name of the Creditor                 | Applied for Hardship (Tick One)                          | If YES: outcome of the hardship application.<br>If NO: reason for not applying for hardship with creditor. |
|                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
|                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |  |
|                                      | YES <input type="checkbox"/> NO <input type="checkbox"/> |  |

**Income - (Attach Salary Slips)**

Income Frequency

Weekly       Fortnightly       Monthly

Wages/Salary

|             | Gross Salary | Salary After Tax (net) |
|-------------|--------------|------------------------|
| Applicant 1 | \$           | \$                     |
| Applicant 2 | \$           | \$                     |

Other Income (Centrelink, pension, part-time work, dividends, interest, etc.)

|             | Gross Income | Income After Tax (net) |
|-------------|--------------|------------------------|
| Applicant 1 | \$           | \$                     |
| Applicant 2 | \$           | \$                     |

Rental Income

|                              |    |
|------------------------------|----|
| Gross Rental Income          | \$ |
| Rental Income After Expenses | \$ |

Self Employed Income (Please Attach Necessary Financial Statements)

|                  |    |
|------------------|----|
| Net Profit       | \$ |
| After Tax Profit | \$ |

Total Net Income Per Month:      \$

Budget Summary      \$

**Expenditure - (Circle Frequency: Weekly, Monthly, Fortnightly)**

(Note: Payment Frequency. can be expressed as W = Weekly, F = Fortnightly, M = Monthly, HY= Half Yearly, Y = Yearly)

| Type  | Payment Frequency | Amount |
|---|-------------------|--------|
| Home Loan                                       |                   | \$     |
| Finance One Loan                                |                   | \$     |
| Other Loan/s                                    |                   | \$     |
| Credit Card/s                                   |                   | \$     |
| Store Card/s                                    |                   | \$     |
| Other Debts/Repayments                          |                   | \$     |
| Car Expenses<br>(Fuel, Rego, Maintenance, etc.) |                   | \$     |
| Rent  |                   | \$     |
| Insurance<br>(Life, Health, Home, Car, etc.)    |                   | \$     |
| Telephone                                       |                   | \$     |
| Utilities (Electricity, Gas)                    |                   | \$     |
| Rates (Council / Water)                         |                   | \$     |
| Food & Clothing                                 |                   | \$     |
| Medical / Health                                |                   | \$     |
| Entertainment                                   |                   | \$     |
| Subscriptions                                   |                   | \$     |
| Other:  |                   | \$     |
|   |                   | \$     |

Total Monthly Payments:      \$

Please provide the reason/s you believe you are in hardship:

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Please provide us an estimate of how long you will be in a state of hardship because of the above reasons;

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Please provide us any other information you feel is relevant that could help the decision process;

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Declarations and Signatures

I/We declare the information in this Hardship Application and all supporting documentation provided by me/us is true and correct.

Applicant 1 Sign:

Dated:

Applicant 2 Sign:

Dated:

**PLEASE ATTACH ALL RELEVANT SUPPORTING DOCUMENTS**