

Hardship Application/Review

The granting of financial hardship assistance is a discretionary decision by Finance One, provided we are satisfied that there is reasonable cause for your inability to meet your loan obligations. You may apply for a reduced repayment arrangement if your hardship has resulted from an unforeseen or unexpected event.

We encourage you to seek advice from a financial counsellor through a free service should you require it.

Key Components of Our Hardship Policy

(1) Our Commitment to You

- We will communicate with you throughout the application process.
- We will give your application proper consideration.
- If we are satisfied that hardship is evident, we will work with you to reach a reasonable temporary arrangement.

(2) Your Commitment to Us

- You will provide comprehensive supporting information/documentation with the completed application form.
- You will cooperate with us and provide further information where required.
- You will make your repayments as they fall due or contact us to make other arrangements.

Application Checklist

<input type="checkbox"/>	I have filled in all the sections of the application form that apply to me
<input type="checkbox"/>	I have included the last 3 months of bank statements for all accounts held in my name or jointly with others
<input type="checkbox"/>	I have included relevant supporting information/documentation
<input type="checkbox"/>	I have signed and dated the application form at the bottom of page 5

Submitting the Application

Please return the completed application form and all relevant information to:

Email: hardship@financeone.com.au; or

Post: Hardship Team
Finance One
PO Box 3041, Hermit Park, QLD 4812

After Submission

Finance One will respond to your application within 21 days of receiving this information from you.

Privacy Policy

A copy of our privacy policy may be obtained from our website at <https://financeone.com.au/privacy-policy-consumer/>.

Hardship Application Form

If you require any assistance completing the application form or need clarification on any section, please contact our Hardship Team on 1800 346 663 or by email at hardship@financeone.com.au.

Applicant Number 1	
Title: <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:	
Australian Citizen/ Permanent Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other:	
Number of Dependents:	
Age/s of Dependant/s:	
Home Phone: ()	
Work Phone: ()	
Mobile Phone:	
Email Address:	
Residential Address:	
State:	Postcode:
Postal Address (if different to above):	
State:	Postcode:
Employment Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:	
Occupation:	
Employer's Name:	
Worked There:	Years: Months:

Applicant Number 2 (if applicable)	
Title: <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:	
Australian Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> De Facto <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Other:	
Number of Dependents:	
Age/s of Dependant/s:	
Home Phone: ()	
Work Phone: ()	
Mobile Phone:	
Email Address:	
Residential Address:	
State:	Postcode:
Postal Address (if different to above):	
State:	Postcode:
Employment Status: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Self Employed <input type="checkbox"/> Casual <input type="checkbox"/> Unemployed <input type="checkbox"/> Other:	
Occupation:	
Employer's Name:	
Worked There:	Years: Months:

Assets – What you own			
	Name of Owner/s	Under Finance?	Present Value
Home/Property 1		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
Home/Property 2		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
	Make, Model & Year	Under Finance?	Present Value
Motor Vehicle 1		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
Motor Vehicle 2		<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
	Organisation (Bank, Building Society, Credit Union etc.)	Current Balance	
Account 1		\$	
Account 2		\$	
Account 3		\$	
Account 4		\$	
Account 5		\$	
	Description	Present Value	
Other		\$	
Other		\$	

Liabilities – What you owe			
	Name of Lender	Total Amount Owing	Repayment Amount
Home Loan 1		\$	\$ per week/fortnight/month
Home Loan 2		\$	\$ per week/fortnight/month
Personal Loan 1		\$	\$ per week/fortnight/month
Personal Loan 2		\$	\$ per week/fortnight/month
Credit Card 1		\$	\$ per week/fortnight/month
Credit Card 2		\$	\$ per week/fortnight/month
Other (please specify):		\$	\$ per week/fortnight/month
Other (please specify):		\$	\$ per week/fortnight/month

Other Creditor Hardship Arrangements	
Name of Creditor	Details of Arrangement

Income		
	Applicant 1	Applicant 2
Wage/Salary	\$ per week/fortnight/month	\$ per week/fortnight/month
Centrelink	\$ per week/fortnight/month	\$ per week/fortnight/month
Rental Income	\$ per week/fortnight/month	\$ per week/fortnight/month
Other (please specify):	\$ per week/fortnight/month	\$ per week/fortnight/month
Other (please specify):	\$ per week/fortnight/month	\$ per week/fortnight/month
TOTAL	\$ per month	\$ per month

Expenses		
<i>Note: If an expense is shared, please write the amount that you contribute.</i>		
	Applicant 1	Applicant 2
Home Loan	\$ per week/fortnight/month	\$ per week/fortnight/month
Finance One Loan	\$ per week/fortnight/month	\$ per week/fortnight/month
Other Loan/s	\$ per week/fortnight/month	\$ per week/fortnight/month
Credit Card/s	\$ per week/fortnight/month	\$ per week/fortnight/month
Store Card/s	\$ per week/fortnight/month	\$ per week/fortnight/month
Car Expenses	\$ per week/fortnight/month	\$ per week/fortnight/month
Rent	\$ per week/fortnight/month	\$ per week/fortnight/month
Insurance	\$ per week/fortnight/month	\$ per week/fortnight/month
Phone & Internet	\$ per week/fortnight/month	\$ per week/fortnight/month
Utilities	\$ per week/fortnight/month	\$ per week/fortnight/month
Rates	\$ per week/fortnight/month	\$ per week/fortnight/month
Food & Clothing	\$ per week/fortnight/month	\$ per week/fortnight/month
Medical/Health	\$ per week/fortnight/month	\$ per week/fortnight/month
Entertainment	\$ per week/fortnight/month	\$ per week/fortnight/month
Subscriptions	\$ per week/fortnight/month	\$ per week/fortnight/month
Other (please specify):	\$ per week/fortnight/month	\$ per week/fortnight/month
Other (please specify):	\$ per week/fortnight/month	\$ per week/fortnight/month
TOTAL	\$ per month	\$ per month

Budget Summary (Total Monthly Income – Total Monthly Expenses)	
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What has caused you to be unable to meet your obligations under the loan contract?

When do you expect your situation to improve?

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

Declaration and Signatures

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

Applicant 1 Sign:

Dated:

Applicant 2 Sign:

Dated: