

Financial Hardship Form



Customer Details

Account Number:

Billing Name:

Contact Phone:

Mobile:

Contact Email:

Preferred Contact Method:

DOB:

Brief description of why you are claiming hardship eg. Loss of job, restricted income, illness etc

Have you sought the advice of a financial counsellor in relation to this matter?

Yes No

If **yes** please supply information from counsellor (forms, authority forms, written proposals)

If **no** you can find information about contacting financial counsellors in our policy if required.

Are you currently receiving any income?

Yes No

If so please advise amount:

What type of income is this? Centrelink, Work etc:

What are your estimated expenses (this does not include expenses paid by another member of the household)?

I believe I am able to pay: \$VALUE

Every:

Week

Fortnight

Month

Commencing date:

Are you willing to reduce spend where possible by lowering plans, temporarily disconnecting services etc?

Yes
 No

To assist with our assessment have you or are you willing to provide us any supporting evidence such as income statements?

Yes
 No

Once this form is completed and returned to us a member of our financial hardship team will be in contact to discuss if your claim has been approved.