

## Financial Hardship Form

Customer Details			
Account Number:			
Billing Name:			
Contact Phone:		Mobile:	
Contact Email:			
Preferred Contact Method:		Date of Birth:	

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

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

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?  Y  N

If so please advise amount: \$VALUE

What type of income is this? Centrelink, Work etc

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

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?  Y  N

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

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.