

Request for Financial Hardship Assistance

First Account Holder	Secondary Account Holder
Member Number	Member Number
Title Mr Mrs Ms Mis Other	Title Mr Mrs Ms Miss Other
First Name Middle Name	First Name Middle Name
Surname	Surname
Date of Birth Age Occupation	Date of Birth Age Occupation
Home Phone Work Phone	Home Phone Work Phone
Mobile Phone	Mobile Phone
Residential Address Unit/Floor/Street No. Street	Residential Address Unit/Floor/Street No. Street
Suburb / Town	Suburb / Town
Chata / Tamitama Dasta da	Chata (Tamitam) Dasta da
State / Territory Postcode	State / Territory Postcode
Mailing Address (if same as residential write 'as above')	Mailing Address (if same as residential write 'as above')
Age of dependant children	Age of dependant children
years years years	years years years
I / We wish to apply for assistance due to the following reas Please attach any supporting documentation or evidence of your circumst	SONS: eg. Unemployment, maternity leave, illness. tances.
Provide specific details of how your hardship circumstance	es will be resolved
I / We have made the following arrangements with other cr	reditors: - please provide written confirmation of arrangement/s
1	
2	
3	

Monthly Financial Commitments						
Primary Member Employm	ent & Incom	e Details (Monthly)				
Employer				mployed] Full Time	Part Time
Employer Address			Casu	ual	Contract	
Unit/Floor/Street No. Street			Self Income (net)	\$		W / F / M
Suburb / Town			Other Income (specify)	\$		
State / Territory	Postcode		Total Income	\$		
]			
Secondary Member Employ	/ment & Inco	me Details (Monthl	y)			
Employer						
				mployed	Full Time	Part Time
Employer Address Unit/Floor/Street No. Street			Cası Cası Self Income (net)	Jal	Contract	W/F/M
			Other Income (specify)	\$		₩/٢/Μ
Suburb / Town			۰. ۲			
State / Territory	Postcode		┘ Total Income	\$		
Details of Assets						
Do you have any other savings a			Do you own any property Value	y or land?		
Amount \$	Institution		\$			
Amount	Institution		Address	CL I		
\$			Unit/Floor/Street No.	Street		
Amount	Institution		Suburb / Town			
\$				Po	stcode	
Do you own any motor vehicles	?				SICOUE	
Make/Model/Year R	5	Value \$	Do you own a second pr	operty or lan	d?	
Make/Model/Year R		Value	Value			
		\$	\$			
Any other asset? e.g. boat, cara			 Address Unit/Floor/Street No. 	Street		
Description	Value \$					
			Suburb / Town			
Estimate the value of household Value	d items		State / Territory	Po	stcode	
\$						
Expenditure Details (Monthly	·]					
Repaymen		Arrears		Repayments	Balance	Arrears
Mortgage Repayments \$	\$	\$	Personal Loan	\$	\$	\$
Financial Institution	Delener	A	Financial Institution	Demonstration of the second se	Dalama	
Repaymen Rent \$	nts Balance	Arrears \$	Credit Card/Store Card	Repayments \$	Balance \$	Arrears \$
Real Estate			Financial Institution			
Repayment Repayment		Arrears	Credit Card/Store Card	Repayments	Balance	Arrears
Board \$ Payable to	\$	\$	Financial Institution	μ Ψ	\$	\$
Repayment	nts Balance	Arrears		Repayments	Balance	Arrears
Personal Loan \$	\$	\$	Payment of Child Maintenance	\$	\$	\$
Financial Institution			Financial Institution			
Total Expenditure \$			I support myself and	depe	ndants	

Food & groceries Mobile/Internet/Pay TV § Clothing & household § Sepresse Sepresse Gym membership etc. § Education/Childcare fees § Details of your Proposal Battion Sepresse Clothing & household § Gym membership etc. § Education/Childcare fees § Details of your Proposal Battion Total Expenditure Sepresse Dates any person or company own you money? Second Second S	Living Expenses (Mor	hthly)		
Utilities Insurance			Mobile/Internet/Pay TV \$	
Transport Gym membership etc. Gym membership etc. S Insurance S Entertainment S Total Expenditure S Details of your Proposal S What arrangement amount can you make to repay this debt? S Does any person or company owe you maney? S Does any person or company owe you money? S Are there any unsatisfied judgments against you? S Are there any unsatisfied judgments against you? Signature: Name: Signature: Details of wour person or company owe you money? Signature: Details of wour person or company owe you money? Signature: Date: Signature: Date: Signature: Date: Signature: Date: C	-		Clothing & household (c	
Insurance Education/Childcare fees Entertainment Image: Consider in the image: Consider in thelation in the ima				
Entertainment Initial Expenditure Details of your Proposal What timeframe do you want us to consider? Mat timeframe do you want us to consider? S Dates any person or company owe you money? Are there any unsatisfied judgments against you? S Image: Signature: Signature: Image: I				
Details of your Proposal What timeframe do you want us to consider? What arrangement amount can you make to repay this debt? \$ Daes any person or company owe you money? Image:				
What timeframe do you want us to consider? What arrangement amount can you make to repay this debt? \$ Does any person or company owe you money? Are there any unsatisfied judgments against you? Amount Institution \$ The above statement is a true and correct account of my present financial position to the best of my knowledge. Name: Signature: Image: Date: Date: <td>Entertainment</td> <td>₽</td> <td> Total Expenditure \$</td> <td></td>	Entertainment	₽	Total Expenditure \$	
What arrangement amount can you make to repay this debt? \$ Does any person or company owe you money?	Details of your Propo	sal		
	What timeframe do you	want us to consider?		
Dese any person or company owe you money?	What arrangement amo	ount can you make to repay this de	bt?	
Are there any unsatisfied judgments against you? Are there any unsatisfied judgments against you? Amount Institution \$	\$			
Amount Institution \$	Does any person or com	ipany owe you money?		
Amount Institution \$				
\$ The above statement is a true and correct account of my present financial position to the best of my knowledge. Name: Signature: Date: Date: Important note: We are unable to assess requests for Financial Hardship Assistance if this form is not completed in full, or supporting documentation, such as payslips, bank statements, medical certificates, written confirmation of arrangements with other creditors, and for letter from Centrelink. We may decline assistance if we are not supplied with this documentation. Police Bank will work with your authorised representative, should you prefer a third party to assist you work through your financial situation. This may be a family member or a language interpreter or more formally - a tax agent, solicitor, power of attorney or a financial counselling. Please complete the authority below if you wish to appoint a representative: I/We authorise				
The above statement is a true and correct account of my present financial position to the best of my knowledge. Name: Signature: Name: Date:				
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Name: Signature: Date: / / Date: / / Important note: / / Important note: / / Delte: / / Date: // Important note: We are unable to assess requests for Financial Hardship Assistance if this form is not completed in full, or supporting documentation, such as payslips, bank statements, medical certificates, written confirmation of arrangements with other creditors, and /or letter from Centrelink. We may decline assistance if we are not supplied with this documentation. Police Bank will work with your authorised representative; should you prefer a third party to assist you work through your financial situation. This may be a family member or a language interpreter or more formally - a tax agent, solicitor, power of attorney or a financial counsellor. Please complete the authority below if you wish to appoint a representative:	The above statement is Name:	a true and correct account of my p		rledge.
Date:				
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I/We authorise				
company/financial counselling office/Interpreter or Power of Attorney) OR I/We authorise	Please complete the au	thority below if you wish to appoin	t a representative:	
OR I/We authorise	I/We authorise	(name	of representative) from	(name of
I/We authorise	company/financial coun	selling office/Interpreter or Powe	r of Attorney)	
To act as my/our agent in relation to my/our application or proposed application for credit; and/or advice in relation to existing credit. I/ We understand that this would require disclosure of credit information between the agent and the Bank. Signed:				
We understand that this would require disclosure of credit information between the agent and the Bank. Signed: Please return this Application to: If you are dissatisfied with our decision, you may contact the Australian Financial Complaints Authority 25 Pelican Street, Surry Hills, NSW 2010 GPO Box 3, Melbourne VIC 3001				
Signed:				in relation to existing credit. I/
Please return this Application to: Post: Financial Support 25 Pelican Street, Surry Hills, NSW 2010 If you are dissatisfied with our decision, you may contact the Australian Financial Complaints Authority GPO Box 3, Melbourne VIC 3001		would require disclosure of creat	e mornadon between die agene and die bank.	
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	Post: Financial Support			thority
Email: info@policebank.com.au Email: info@afca.org.au Website: www.afca.org.au	Fax: (02) 9287 0850		Phone: 1800 931 678 (free call)	

External Dispute Resolution is a free service established to provide you with an independent mechanism to resolve specific complaints. If an issue has not been resolved to your satisfaction, you can lodge a complaint with the Australian Financial Complaints Authority, or AFCA. AFCA provides fair and independent financial services complaint resolution that is free to consumers. Time limits may apply to complain to FOS or AFCA and so you should act promptly or otherwise consult the FOS and AFCA websites to find out if or when the time limit relevant to your circumstances expires.