



Application for Hardship Assistance

ABN : 46 076 197 941

Section 1: Customer Details

Customer 1. Full Name		Customer 2. Full Name	
Customer 1. Date of birth		Customer 2. Date of birth	
Customer 1. Work number	Mobile number	Customer 2. Work number	Mobile number
Home phone number	no. of dependents	Customer living arrangements	

Section 2: Account Details

Account Type	Account number
Account Type	Account number
Account Type	Account number

Section 3. Monthly Income & Expenses

	Amount		Amount
Customer 1. Income (after tax)		Customer 2. Income (after tax)	
Customer 1. Centerlink income		Customer 2. Centerlink income	
Customer 1. Other income		Customer 2. Other income	
		Total income	

Supporting documents are required to confirm your financial position, including but not limited to:
 Payslips, rent receipts, bank statements and/or copies of other debts

	Amount
Rent / Board	
Basic Living household expenses	
Phone & Utilities (gas, water, electricity, rates)	
Motor vehicle expenses (insurance, petrol & registration)	
Other expenses (medical, school, fines, entertainment)	
Total living expenses	

	Name of Credit Providers	Balance	Credit Limit	Repayment
Home mortgage				
Other mortgage				
Personal Loans				
Car Loan				
Credit Card 1				
Credit Card 2				
Credit Card 3				
Overdraft				
Other				
Total Liabilities repayments				

	Assets	Value
House property value	Address: _____	
Other assets	Details: _____	
Total assets		

Section 4. Customer Declaration

Please tick the following box to confirm that the information completed above is true and correct

Signature _____
 Date _____

Return form with one of the options below
 Post: PO BOX 111 Northbridge WA 6865
 Email: info@insightmercantile.com
 Fax: (08) 9319 6667