



Hardship Application Form

Please complete all relevant pages of the application form within 21 days and return:

Attention: Hardship. By email to hardship@bluestone.com.au, or by facsimile to 1300 661 644, or by post to PO BOX Q1136, QVB POST OFFICE, SYDNEY, NSW, 1230

Customer detai	ls		
Loan number			
Borrower 1/ guaranto	or name		
Borrower 2/ guarante	or name		
Business/ Company/	Trust name		
Security address			
Mailing address (if different from above)			
Mailing address borr	rower 2		
Contact numbers			
Contact numbers			
Total in household		Age and number of dependents	

Documentary evidence Please attach to this form when returning (if applicable)		
Evidence of income (e.g. 2 pay slips, Centrelink, WINZ)	Last 2 months bank statements (personal)	
Rates notice/ Water bill (last issued)	Last 2 months statements (for all c.cards/personal loans)	
Medical certificate/ documents	Last 2 months 2nd mortgagee statement	
Employment separation notice	Written confirmation of other debt arrangements	

Your hardship

Please provide an explanation for your hardship (attach separate sheet if required)

I request assistance for	months, starting	and ending
I am able to make payment of \$	per fortnight/month during thi	s period.

What actions have you undertaken or are you planning to undertake in order to be able to return to regular payments at the end of the hardship period?

Employment details

	Borrower/guarantor 1	Borrower/guarantor 2
Employer		
Address		
	Postcode:	Postcode:
Telephone		
Occupation		
Commencement date		
Employment status	Full Time Part-time Casual Contract Self-employed Unemployed Sickness benefits	Full Time Part-time Casual Contract Self-employed Unemployed Sickness benefits

Assets		Liabilities		
Details	Security value	Lender	Amount owed	Monthly repayment
Real estate 1	\$	Mortgage	\$	\$
Real estate 2	\$	Mortgage	\$	\$
Savings - bank	\$	Line of Credit	\$	\$
Savings - bank	\$	Rent or board	\$	\$
Motor vehicle 1	\$	Car Ioan	\$	\$
Motor vehicle 2	\$	Car loan	\$	\$
Home contents	\$	Personal loan	\$	\$
Superannuation	\$	Personal loan	\$	\$

Assets (cont.)		Liabilities (cont.)		
Details	Security value	Lender	Amount owed	Monthly repayment
Other (give details		Lease/HP	\$	\$
1.	\$	Credit card 1	\$	\$
2.	\$	Credit card 2	\$	\$
3.	\$	Credit card 3	\$	\$
4.	\$	Credit card 4	\$	\$
		Taxes	\$	\$
		Child maintenance	\$	\$
		Other debts	\$	\$
TOTAL OWNED	\$	TOTAL OWED	\$	\$

Monthly budget What is your income and estimated living expenses per month?

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Gross income	\$	/month	\$	/month
Overtime	\$	/month	\$	/month
Bonus/commission	\$	/month	\$	/month
Social security/pension	\$	/month	\$	/month
Rental income	\$	/month	\$	/month
Investment*	\$	/month	\$	/month
Other*	\$	/month	\$	/month
TOTAL INCOME	\$	/month	\$	/month
Basic living expenses			\$	
Utilities (gas, water, etc.)		\$		
Phone/internet		\$		
Transport		\$		
Insurance payments		\$		
Dicretionary expenses		\$		
Other			\$	
TOTAL EXPENSES			\$	

*Will require supporting documentation

What arrangements are in place with credit providers?		
	Arrangement up to date?	
	YES	NO

Authorised third party representative

Complete this section to authorise a representative to:

- Seek and exchange personal information (including information related to credit, financial affairs or sensitive information about me and my accounts) from Bluestone;
- Negotiate and enter into arrangements that are binding on me/us related to the account/s; and
- Act on my behalf until this authority is revoked

Representative details	
Name:	
Address:	
Contact number:	
Description of relationship: (eq accountant, financial counsellor, friend)	

Signing this application

I/we acknowledge and agree that Bluestone is collecting the information in this form to assess your hardship application and will rely on the information you have provided to assess the application. I/we undertake to notify Bluestone of any change in my/our financial position and/or any change of contact details. By signing this application below, you agree acknowledge and declare that all the information that you have provided is correct to the best ability of your knowledge.

Borrower 1	Borrower 2
Name of borrower:	Name of borrower:
Signed:	Signed:
Date:	Date:

Privacy: The personal information provided to us on this application form will be used in accordance with our Privacy Policy. If you have any questions about how this information is handled or to obtain a copy of our Privacy Policy please call 13 BLUE or email us at discharges@bluestone.com.au.