

# Request for Financial Assistance

## Section 1 Your Personal Contact Details & Circumstances

Please tick appropriate boxes

### Applicant 1

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
Date of birth	<input type="text" value="DD / MM / YYYY"/>						
Full Name	<input type="text"/>						
Residential Address	<input type="text"/>						
	<input type="text" value="State"/>		<input type="text" value="Postcode"/>		<input type="text" value="Date Moved"/>		
	<input type="text" value="MM / YYYY"/>						
Postal Address	<input type="text"/>						
(if different from above)	<input type="text" value="State"/>		<input type="text" value="Postcode"/>				
No of Financial Dependents	<input type="text"/>		Age of Financial Dependents		<input type="text"/>		
Home Phone Number	<input type="text" value="( )"/>		Work Phone Number		<input type="text" value="( )"/>		
Mobile Phone Number	<input type="text"/>		Email Address		<input type="text"/>		

### Applicant 2

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	<input type="checkbox"/> Dr	<input type="checkbox"/> Other	<input type="text"/>
Date of birth	<input type="text"/>						
Full Name	<input type="text"/>						
Residential Address	<input type="text"/>						
	<input type="text" value="State"/>		<input type="text" value="Postcode"/>		<input type="text" value="Date Moved"/>		
	<input type="text" value="MM / YYYY"/>						
Postal Address	<input type="text"/>						
(if different from above)	<input type="text" value="State"/>		<input type="text" value="Postcode"/>				
No of Financial Dependents	<input type="text"/>		Age of Financial Dependents		<input type="text"/>		
Home Phone Number	<input type="text" value="( )"/>		Work Phone Number		<input type="text" value="( )"/>		
Mobile Phone Number	<input type="text"/>		Email Address		<input type="text"/>		

If more than two applicants, then attach separate request form.

### MOVE Bank Loan and Deposit Account Numbers

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If You Have Consumer Credit Insurance (CCI)  Yes  No

If you have Consumer Credit Insurance, Life Insurance or any other type of personal insurance which may protect you in the event of illness, injury, loss of income or death, you may be covered for the event you are experiencing. This may have been taken out when your credit/loan facility was opened. For further information, please contact your insurance provider.

## Section 2 Reason/s Why You Are Requesting Assistance

Please provide us details of your circumstances. If you have had previous assistance please provide reasons why your circumstances have not improved.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## Section 3 What Assistance Would You Like Us To Consider

Please provide an outline of the assistance you'd like us to consider.

- Postponement of loan repayments For how long?
- Reduction in repayments For what period?
- Other (Please describe what you are seeking below, in detail)

<input type="text"/>
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Applicant 1

Title  Mr  Mrs  Ms  Miss  Dr  Other

Date of birth

Full Name

Occupation OR if Self Employed, Nature of Business

Employer 1 Name  Self/Casual/Temp/Full/Part-Time

If more than 1 Employer, 2nd Occupation

Employer 2 Name  Self/Casual/Temp/Full/Part-Time

Applicant 2

Title  Mr  Mrs  Ms  Miss  Dr  Other

Date of birth

Full Name

Occupation OR if Self Employed, Nature of Business

Employer 1 Name  Self/Casual/Temp/Full/Part-Time

If more than 1 Employer, 2nd Occupation

Employer 2 Name  Self/Casual/Temp/Full/Part-Time

Statement of Assets and Liabilities as at

If assets & liabilities are not held jointly, indicate who owns the asset or liability.

If there is insufficient space on this page or it is not suitable for your use, please attach separate pages as you require.

Assets		Value \$	Liabilities			Amount Owning \$
House/property address/s			Secured loan/Secured Loans/Lease(s)			
<input type="text"/>		<input type="text"/>		Frequency		
<input type="text"/>		<input type="text"/>	2			
<input type="text"/>		<input type="text"/>				
Bank, building society, credit union a/cs			Unsecured loan/Secured Loans/Lease(s)			
Lender	Type of a/c			Repay \$	Frequency	
<input type="text"/>	<input type="text"/>	<input type="text"/>	3			
<input type="text"/>	<input type="text"/>	<input type="text"/>				
<input type="text"/>	<input type="text"/>	<input type="text"/>	4			
<input type="text"/>	<input type="text"/>	<input type="text"/>				
Investments	Maturity Date		Credit/Store Card(s)/Overdrafts			
<input type="text"/>	<input type="text"/>	<input type="text"/>	Lender	Limit		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Income Protection/Life insurance (surrender value)			Business Trade & sundry creditors			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
Superannuation (present value)			Income Tax, Council or Utility Debt/s			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			<input type="text"/>
Other assets (detail)			Other amounts owing (detail)			
<input type="text"/>	<input type="text"/>	<input type="text"/>		Repay \$	Frequency	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Total		\$ <input type="text"/>	Total			\$ <input type="text"/>

If applicants don't share income & expenses complete a separate page for each applicant.

Monthly Income			Monthly Expenditure				
	Before Tax Salary	After Tax Salary		Amount \$			
+ Salary – attach salary slip							
Applicant 1 income			Home loan/s repayments				
Applicant 2 income			Personal loan/s repayments				
Other income (Centrelink / Family Assistance Child Support)			Credit/Store card/s repayments				
			Other loan/s repayments (Other bank/finance co)				
			Pay-later services repayments				
			Other debts repayments				
			Rent				
Before tax rental income			Insurance (Life, Health, Home, Car, etc)				
Rental income after expenses			School Fees & Childcare				
			Electricity				
+ Self employed applicants			Gas				
Profit – attach financial statements			Telephone				
<b>Total net income per month</b>			Medical expenses				
			Rates (Council, Water)				
			Car / Travel				
			Food				
			Clothing				
			Entertainment				
			Pets				
			Other (Superannuation, Gifts, etc.)				
			<b>Total monthly payments</b>				
			<b>Budget Summary</b>				
			Total net income				
			Deduct total payments				
<b>Total usable funds</b>							

## Section 6 Your Supporting Information & Signatures

1. What I may need to provide with this financial assistance request?

1. Proof of all Income

- Individual/salary employed: current payslips or PAYG
- Statements for all non MOVE Bank Loans, Credit Cards or Vehicle Finance
- Proof of Centrelink, Family Assistance, or Child Support
- Proof of rental income and/or proof of investment dividends
- Details of any other income you receive

2. Additional documentation:

- medical certificates or letters
- receipts for unexpected expenses, and
- any other information or documentation you believe relevant to assist us in assessing your request

3. Confirm all parties to the Request for Financial Assistance have signed this form

We may not be able to assist you if we do not receive the required information.

### What happens next?

You need to send this completed request and supporting documents to MOVE Bank

- Postal: GPO BOX 648, Brisbane QLD 4001
- Fax: 07 3221 1672
- Email: [collections@movebank.com.au](mailto:collections@movebank.com.au)

We'll review the documentation and contact you to discuss your request in detail.

If we determine other additional information is required, we will contact you.

All requests for financial assistance are subject to a case by case assessment.

Your Contacts for MOVE Bank Financial Assistance:

- Phone: 1300 362 216
- Fax: 07 3221 1672
- Email: [collections@movebank.com.au](mailto:collections@movebank.com.au)

## Appointment of an Agent

I/We appoint the person below and any organisation under which the agent may operate or by whom the agent may be employed or their assigns, to be my/our agent for the purpose of exchanging information with MOVE Bank in relation to my/our request for financial assistance.

### Agent Details

Accountant Name Telephone ( )

Financial Counsellor Name Telephone ( )

Other Agent (Describe Role) Telephone ( )



## Acknowledgement and Declaration

By signing below, I/we agree that I/we

- have read and understood the particulars which have been completed in this request for financial assistance and confirm that the particulars (including any supporting documents) are true, complete and correct and have been provided to MOVE Bank to enable it to determine whether or not to vary the borrowers credit contract/s;
- agree to MOVE Bank collecting, using and disclosing my/our personal information, including health, sensitive and credit information if applicable, in accordance with the MOVE Privacy Policy. Credit information may include information about whether you make repayments on time and whether your obligation to make those payments has been affected by a financial hardship arrangement. For further information about financial hardship information and credit reporting, please refer to MOVE Bank's Credit Reporting Policy available at [MOVE.com.au](http://MOVE.com.au) or the CreditSmart website at [creditsmart.org.au](http://creditsmart.org.au);
- authorise MOVE Bank to make any enquiries it considers necessary to verify the information provided in this request and in support of my/our request for financial assistance;
- authorise MOVE Bank to make enquiries with my/our employer/s, accountant and if applicable, landlord/real estate agent in order to confirm the accuracy of information provided by me/us in this request for financial assistance;
- understand that it may be necessary for MOVE Bank to disclose certain information about me/us to regulatory and government bodies, its agents, credit and debit agencies and mortgage insurers when assessing this request for financial assistance;
- authorise MOVE Bank to exchange information concerning my financial affairs with any person/s I have appointed as an agent to act on my behalf;
- authorise MOVE Bank to disclose to a guarantor/s any financial particulars relating to my/our accounts with MOVE Bank and any financial information within the knowledge of MOVE Bank in relation to my/own affairs.
- authorise MOVE Bank to make enquiries regarding details of my/our insurance policies including any and all claims made by me/us in relation to any policies held by me/us with my /our insurance companies detailed in this request including our Income Protection Insurer, if detailed.

If more than 2 applicants, attach a second request.

Applicant 1 (Nominated in section 1)

Signature

Date

Applicant 2 (Nominated in section 1)

Signature

Date