

### Member information

#### Primary member

Member number  Title

Surname  First name

Address (Unit no./ Street no./ Street name)

Suburb/Town  State  Postcode

Phone

Email

Are you currently employed?  Yes  No

If yes, please provide details below:

Current employer's name

Current occupation/job title

Employment type:

- Full-time  Permanent part-time  
 Contract  Casual  
 Self-employed

Approximate start date  Type of business

#### Joint member (if applicable)

Member number  Title

Surname  First name

Address (Unit no./ Street no./ Street name)

Suburb/Town  State  Postcode

Phone

Email

Are you currently employed?  Yes  No

If yes, please provide details below:

Current employer's name

Current occupation/job title

Employment type:

- Full-time  Permanent part-time  
 Contract  Casual  
 Self-employed

Approximate start date  Type of business

### Income

#### Primary member

Employment income before tax  W  F  M  A

Centrelink/Government payments

Overtime/penalties

Superannuation/pension income

Rental income

Description of income source

#### Joint member (if applicable)

Employment income before tax  W  F  M  A

Centrelink/Government payments

Overtime/penalties

Superannuation/pension income

Rental income

Description of income source

## Primary member

Shares & dividends income	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of income source	<input type="text"/>				
Interest income	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of income source	<input type="text"/>				
Other income	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of income source	<input type="text"/>				

## Joint member (if applicable)

Shares & dividends income	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of income source	<input type="text"/>				
Interest income	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of income source	<input type="text"/>				
Other income	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of income source	<input type="text"/>				

## Expenses

### Main category

### Sub-category

### Amount

### Frequency

			W	F	M	A
Utilities	Rates, Electricity, Water, Gas, Maintenance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Groceries	Food, Household supplies	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insurance	Home & Contents, Landlord, Life	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Vehicle (Car, Caravan, Boat, Motorcycle)	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transport	Registration	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Petrol, Public Transport, Maintenance	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication & Media	Phone, Internet, Pay TV	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/Childcare	School Fees, Uniforms, Books, Daycare	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical & Health	Insurance, Medical Expenses, Chemist	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment & Recreation	Eating out, Cinema, Social, Sport	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	Subscriptions, Child Maintenance, Gifts etc	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Total Expenses

Notes/additional commentary

## Assets

For joint or more borrowers please enter the total of your combined assets below:

### Type of Asset

### Total estimated value

### Type of Asset

### Total estimated value

Owner Occupied property	<input type="text"/>	Cash, shares and investments	<input type="text"/>
Investment Property	<input type="text"/>	Superannuation	<input type="text"/>
Motor Vehicle/Boat	<input type="text"/>		

## Liabilities

For joint or more borrowers please enter any current debts not with **G&C Mutual Bank** below:

### Existing loans

1.	Financial institution <input type="text"/>	Loan balance <input type="text"/>	Redraw balance <input type="text"/>	Remaining term <input type="text"/>
	Repayment amount <input type="text"/>	Repayment frequency <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A		
2.	Financial institution <input type="text"/>	Loan balance <input type="text"/>	Redraw balance <input type="text"/>	Remaining term <input type="text"/>
	Repayment amount <input type="text"/>	Repayment frequency <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A		
3.	Financial institution <input type="text"/>	Loan balance <input type="text"/>	Redraw balance <input type="text"/>	Remaining term <input type="text"/>
	Repayment amount <input type="text"/>	Repayment frequency <input type="checkbox"/> W <input type="checkbox"/> F <input type="checkbox"/> M <input type="checkbox"/> A		

### Credit cards

1.	Financial institution <input type="text"/>	Credit limit <input type="text"/>	Interest rate <input type="text"/>	Current balance <input type="text"/>
2.	Financial institution <input type="text"/>	Credit limit <input type="text"/>	Interest rate <input type="text"/>	Current balance <input type="text"/>

## Hardship assistance information

To allow us to understand your financial circumstances so we can provide support, please complete the below details:

Which accounts do you require assistance for?

- Home loan(s)  
 Car loan  
 Credit card/overdraft

- Personal loan  
 Business loan

Is your request:

- New application  
 Extension of an existing hardship arrangement

I/We wish to apply for assistance due to the following reasons:

- Illness or injury  
 Unemployed  
 Loss of loved one  
 Workers compensation  
 Overcommitted  
 Other  
 Income reduction  
 Relationship breakdown

Please let us know briefly about your situation and reasons for seeking financial assistance

Do you have any hardship arrangements with any other credit providers? If yes, please outline your arrangements below:

	Type of account (e.g. home loan)	Financier	Balance	Limit
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Arranged amount	Period of arrangement (months)		
	<input type="text"/>	<input type="text"/>		
	Type of account (e.g. home loan)	Financier	Balance	Limit
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Arranged amount	Period of arrangement (months)		
	<input type="text"/>	<input type="text"/>		
	Type of account (e.g. home loan)	Financier	Balance	Limit
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Arranged amount	Period of arrangement (months)		
	<input type="text"/>	<input type="text"/>		

If assistance were to be granted, what would be most helpful to you?

## Declarations and consent

I/We declare and warrant that the particulars of my/our financial position disclosed in this application are true, complete and accurate in all respects.

By signing here I acknowledge that I have read and understood the declaration and consent above and declare that the details contained in the application are true and correct.

### Primary member

Signature

Name of applicant

Date

### Joint member (if applicable)

Signature

Name of applicant

Date

## Documentation to assist your application

To help us assess your application for Financial Hardship without delay, where possible please attach and provide any relevant supporting document(s). See below a guide for information we may request once we receive your application:

Illness or injury	<ul style="list-style-type: none"><li>• Medical certificate supporting your sickness/injury</li><li>• A letter from your employer on expected salary on return to work (if available)</li></ul>
Workers compensation	<ul style="list-style-type: none"><li>• Information on claim and current status</li><li>• Evidence on prognosis, information on short term or long term recovery</li><li>• Evidence of income being received from workers compensation company</li></ul>
Income reduction	<ul style="list-style-type: none"><li>• Information from employer on changes to income (timing, amount)</li><li>• If you are self-employed, last 2 years taxation returns and 2 recent Business Activity Statements</li><li>• If full wages are not paid into your G&amp;C account, please provide 2 recent payslips</li></ul>
Unemployed	<ul style="list-style-type: none"><li>• Documentation confirming unemployment (separation/redundancy certificate)</li><li>• Any evidence confirming government benefits received</li><li>• Prospective employer salary information</li></ul>
Relationship breakdown	<ul style="list-style-type: none"><li>• Information on the nature of the breakdown, any family court orders or anticipated court proceedings</li></ul>

## Next steps

Once you have completed this form and collated any available supporting documentation to assist us in assessing your application, please return to G&C Mutual Bank by:



### Mail

PO Box A253, Sydney South NSW 1235



### Email

financialhardship@gcmutual.bank



### In person

By visiting a Service Centre

We're ready to help, if you need assistance completing this form or have any questions, call us on 1300 384 400, visit your local Service Centre or refer to our website for more information.