



Application for Variation to Contract due to
Financial Hardship

Please complete this application form as fully as you are able to. Where documents are requested, please enclose same when you return the application.

Customer name/s

Credit contract type/s

Credit contract number/s

Please forward documentary evidence of your current income. eg:

- Last two (2) payslips;
- Last two (2) bank statements
- Confirmation from Centrelink of current benefit paid; or
- Any other documentary evidence of income

Please note, the following information may also be required, and we will notify you if this is the case:

- Evidence of insurance on the property;
- Details of superannuation;
- Details of personal insurance;
- Statements of loans and credit cards; and/or
- Medical certificate/letter from your doctor.

Reason for hardship request

Explain your current financial circumstances and provide any other reason why you are seeking changes to your credit contract.

Applicant number 1

Mr Mrs Miss Ms Other _____
Surname

Given name/s _____

Date of birth _____
/ /

Permanent Australian resident? Yes No

Marital status

Married De facto Single Other _____

Date of last change of marital status _____
/ /

Number of dependents _____

Contact details – Tick preferred contact number

Home telephone number _____ Is this a silent number?
() Yes No

Work telephone number _____ Mobile number
()

Email address _____

Facsimile number _____
()

Home address _____

State

Postcode

Postal address – if different to above _____

State

Postcode

Residential details

Owner with mortgage Owner no mortgage Boarding

Renting Living with relatives Supplied by employer

Name of owner/agent _____

Telephone number _____
()

When did you move to the above address?
_____ / _____ / _____

Previous home address – if under 3 years at present home _____

State

Postcode

Lived there for _____

_____ years _____ months

Employment

Full-time Part-time Self employed Other _____

Employer's name _____

Occupation/Job title _____

When did you commence work with this employer?
_____ / _____ / _____

Type of industry _____

Previous employment – if under three (3) years with present employer

Full-time Part-time Self employed Other _____

Employer's name _____

Occupation/Job title _____

Worked there _____

_____ years _____ months

Applicant number 2

Mr Mrs Miss Ms Other _____
Surname

Given name/s _____

Date of birth _____
/ /

Permanent Australian resident? Yes No

Marital status

Married De facto Single Other _____

Date of last change of marital status _____
/ /

Number of dependents _____

Contact details – Tick preferred contact number

Home telephone number _____ Is this a silent number?
() Yes No

Work telephone number _____ Mobile number
()

Email address _____

Facsimile number _____
()

Home address _____

State

Postcode

Postal address – if different to above _____

State

Postcode

Residential details

Owner with mortgage Owner no mortgage Boarding

Renting Living with relatives Supplied by employer

Name of owner/agent _____

Telephone number _____
()

When did you move to the above address?
_____ / _____ / _____

Previous home address – if under 3 years at present home _____

State

Postcode

Lived there for _____

_____ years _____ months

Employment

Full-time Part-time Self employed Other _____

Employer's name _____

Occupation/Job title _____

When did you commence work with this employer?
_____ / _____ / _____

Type of industry _____

Previous employment – if under three (3) years with present employer

Full-time Part-time Self employed Other _____

Employer's name _____

Occupation/Job title _____

Worked there _____

_____ years _____ months

Financial position

Assets – what you own

Home/Properties

Owned jointly – give details Owned solely
 Name of joint owner Present value

_____ \$ _____

Accounts (Bank, Credit Union, Building Soc., etc)

Organisation	Balance
_____	\$ _____
_____	\$ _____

Total value of accounts \$ _____

Life insurance

Face value \$ _____

Annual premium \$ _____

Surrender value..... \$ _____

Motor vehicle/s

Make & model	Year of mfr.
_____	_____
_____	_____

_____ \$ _____

_____ \$ _____

All other assets – except usual home contents

Description	
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total value of what you own \$ _____

Sundry assets – do not add into total assets

Home contents (Insured value)..... \$ _____

Superannuation (Estimate your current payout) \$ _____

Goodwill of Business (Estimated value) \$ _____

Liabilities – what you owe

Home loan

Name of lender	Amount now owing
_____	\$ _____

Personal loan

Name of lender	
_____	\$ _____

Credit/Store card/s – include even if balance is nil

Card type	Issuer	Credit limit	
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

Other loans (Finance co., Other bank)

Lender	Loan type	
_____	_____	\$ _____
_____	_____	\$ _____

All other debts – give details

_____	\$ _____
_____	\$ _____
_____	\$ _____

Total value of what you owe \$ _____

Monthly Budget (use annual amounts divided by 12)

Monthly Income

†Salary – attach salary slip Gross salary After tax salary

Applicant number 1 income..... \$ _____ \$ _____

Applicant number 2 (if joint loan) .. \$ _____ \$ _____

Other income (AUSTUDY, part-time work, dividends, interest, etc) – attach evidence

_____ \$ _____ \$ _____

_____ \$ _____ \$ _____

Gross rental income \$ _____

Rental income after expenses \$ _____

†Self-employed applicants Net profit After tax profit

Profit – attach financial statements \$ _____ \$ _____

Total net income per month \$ _____

Budget summary

Total net income per month \$ _____

Deduct total monthly payments .. \$ _____

Total usable funds \$ _____

Monthly Expenditure

Monthly Expenditure	Amount
Home loan/s	\$ _____
Personal loan/s	\$ _____
Credit/Store card/s	\$ _____
Other loan/s (Finance co., Other bank)	\$ _____
Other debts	\$ _____
Total loan repayments	\$ _____
Rent	\$ _____
Insurance (Life, Health, Home, Car, etc)	\$ _____
School fees	\$ _____
Electricity	\$ _____
Gas	\$ _____
Telephone	\$ _____
Medical expenses	\$ _____
Rates (Council, Water)	\$ _____
Car/Travel	\$ _____
Food	\$ _____
Clothing	\$ _____
Entertainment	\$ _____
Subscription	\$ _____
Other (Superannuation, Gifts, etc)	\$ _____
Total monthly payments	\$ _____



Application

I acknowledge and agree that CVI is collecting the information in this form to assess my hardship application and will rely upon the information I have given to assess the application. If the information is not complete or accurate this may affect CVI's ability to assist me.

Note: for privacy reasons if you have given any information about another person please tell them that you have provided their details to CVI.



Declaration and Authority

Applicant number 1 signature

Date / /

Applicant number 2 signature

Date / /