

Credit assistance application

This form is to be completed to enable the Bank to consider a request for assistance related to financial hardship you are experiencing. If you provide all the information requested on the form by the date shown below, we will get back to you with a decision on your application within 14 days.

For assistance in completing any section of this form, please call Credit Assistance on (02) 8831 1919 9am to 5pm, weekdays.

- ▶ You must complete all sections of this application and answer all questions in full.
- ▶ Supporting documentation is required for income and expenses.
- ▶ Please ensure this application and all relevant documentation is forwarded to this office prior to to avoid cancellation.

What are your personal details?

First account holder details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no	<input type="text"/>
First names	<input type="text"/>						Surname	<input type="text"/>
Residential address								
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Postal address (if different from above)								
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>
Email								<input type="text"/>
Date of birth	<input type="text"/>			Age	<input type="text"/>		Occupation	<input type="text"/>
Name of employer								<input type="text"/>
Age of dependant children	<input type="text" value="years"/>	<input type="text" value="years"/>	<input type="text" value="years"/>					

Second account holder details (if applicable)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no	<input type="text"/>
First names	<input type="text"/>						Surname	<input type="text"/>
Residential address								
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Postal address (if different from above)								
Suburb	<input type="text"/>			State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>		Mobile phone	<input type="text"/>
Email								<input type="text"/>
Date of birth	<input type="text"/>			Age	<input type="text"/>		Occupation	<input type="text"/>
Name of employer								<input type="text"/>
Age of dependant children	<input type="text" value="years"/>	<input type="text" value="years"/>	<input type="text" value="years"/>					

Commitments (monthly)	
Mortgage	
Rent/board	
Loan repayments (total)	
Credit/store card repayments (total)	
Child support	
Rates	
Travel expenses	
Electricity/gas	
Education expenses	
Phone and internet	
Superannuation	
Motor vehicle insurance	
Health insurance	
Home and contents insurance	
General living expenses (food, clothing, personal)	
Total commitments	

Income (monthly)	
Salary (net after tax)	
Salary of spouse/partner (net after tax)	
Other employment	
Overtime	
Rent received	
Board received	
Pension/other benefits received	
Interest/dividends	
Other income	
Total income	

Please sign below in black pen only

I/We understand that the information stated in this Credit assistance application is true and correct in every particular and is a full and complete disclosure of my/our financial position.

First account holder


Signature Date


Second account holder

Signature Date

Please attach:
Your last payslip/Centrelink statement
All other relevant documentation (where applicable)

Returning this form

 Firefighters Mutual Bank
Reply Paid 7501 Silverwater NSW 2128

 creditassistance@tmbank.com.au