Credit assistance application

Firefighters Mutual Bank
A division of Teachers Mutual Bank Limited

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 **1800 800 225** 8am to 7pm, weekdays and 9am to 3pm, Saturday.

- 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.

Date

What are your personal details?

First account holder details

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other | Member no

First names | Surname

Residential address

Suburb | State | Postcode

Postal address (if different from above)

Suburb | State | Postcode

Home phone | Work phone | Mobile phone

Email

Date of birth | Age | Occupation

Name of employer

Age of dependant children years | years | years

Second account holder details (if applicable)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other | Member no

First names | Surname

Residential address

Suburb | State | Postcode

Postal address (if different from above)

Suburb | State | Postcode

Home phone | Work phone | Mobile phone

Email

Date of birth | Age | Occupation

Name of employer

Age of dependant children years | years | years

Please provide reasons for your application for credit assistance

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

I/We have made the following arrangements with other creditors:

1.

2.

3.

4.

☐ I have no arrangements with other creditors

Statement of financial position

As at | Member no

Liabilities	Balance owing
Home loan	
Personal loan	
Other loans (who with?)	
Credit/store card/s (who with and limit?)	
Hire purchases/lease	
Other liabilities (please outline)	
Total Liabilities	

Assets	Estimated value
Property at	
Motor vehicle (include make, rego, year)	
Shares/savings/investments (who with?)	
Other assets (outline details)	
Total Assets	

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

(02) 9735 9227

contactus@fmbank.com.au