



FINANCIAL HARDSHIP REQUEST

We encourage to tell us about your Financial Hardship so that we can work with you to discuss your situation and the options available to support you.

In order for us to consider your request for Financial Hardship assistance, please complete the below information sheet to assist us in assessing support.

Please return via email or by post to the following:

Email: nationalclaims@nti.com.au

Post: PO Box 13550 George Street, QLD, 4003

If further assistance is required in dealing with financial concerns, please contact the National Debt Hotline on **1800 007 007** to speak with a financial counsellor.



Statement of Financial Position

Date: __/__/__

** If you receive payments from Centrelink, please provide a copy of your most recent Centrelink Statement with this form**

PERSONAL DETAILS	
Full name	
Date of Birth	
Current Permanent Address	
Previous Address	
Contact Number(s)	
Married/Single/De facto	
CLAIM DETAILS	
Date of accident	
Claim number (if available)	
Date of accident	
PROPERTY DETAILS	
Is your residence a rental?	
Own /Purchasing residence?	
Market Value of residence?	\$
Amount owing on residence?	\$
Do you own any other properties?	
Address of other properties	
Market Value of other property	\$
Amount owing on other property	\$
Own /Purchasing motor vehicle?	
Registration Number & State	
Year/Make/Model	
Market Value of Motor Vehicle?	\$
Any Encumbrances?	\$
Own /Purchasing any other assets	
Details of Assets (Type, Value, Age)	
Amount owing on any Assets	\$
CASH IN BANKS	
Bank Name	



Account No.(s)	
Type of Account	
Present Balance of all Accounts?	\$
If Jointly Held, With Whom?	
Any investments, shares, bonds, savings, cash readily available?	\$
OCCUPATION	
Name & Address of Employer	
Position of Employment (Role? Full time?)	
Nett Income per Week	\$
Superannuation	\$
Car &/or other Allowances	\$
Overtime or Commissions	\$
Other Sources of Income (interest, rentals, board, benefits)	\$
DEBT & OTHER FINANCIALS	AMOUNT PER WEEK
Mortgage	\$
Rent/Board	\$
Food	\$
Fuel	\$
Electricity/Gas	\$
Transport	\$
Telephone/Mobile(s)	\$
Clothing	\$
Medical	\$
Entertainment	\$
School Fees	\$
Car Expenses (maintenance etc.)	\$
Total number of credit cards	
Limit(s) for Credit Card(s)	\$
Amount Owing on all Credit Cards	\$
Amount Paid towards Credit Cards	\$
Number of Loans & Type of Loan(s) (personal/ investment etc.)	
Total Amount Owing to all Loans	\$
Original Amount of all Loans	\$
Amount paid towards Loan(s)	\$
Any other Debts, Judgements, or Credits & Total Amounts Owed	\$



YOUR PROPOSAL TO PAY OFF THE DEBT

Please indicate below your proposed arrangement for paying off the debt for us to consider, should you be assessed as being entitled to financial hardship assistance:

(Tick more than one circle if a combination of options is proposed)

- Extension of payment due date extended until _____
- Payment in instalments of \$_____ every week / fortnight / month starting _____
- Pay a reduced lump sum amount of \$_____ and to be paid by _____
- Postponement of one or more instalment payments for an agreed period

(Please state proposed period: _____)

- Other: _____

I, (print name) _____ acknowledge that the information in this document is true and correct to the best of my knowledge. I acknowledge that if any of the above circumstances change to my financial situation, I will advise NTI in writing, as reasonably practicable.

Signature: _____ Date: _____