

Financial Hardship Application

You may apply for a reduced repayment arrangement if you are suffering hardship which has resulted from an unforeseen or unexpected event. The granting of financial hardship assistance is a discretionary decision by Commercial Credit Control provided we are satisfied that there is reasonable cause for your inability to pay your debt in full.

Key Components of Our Hardship Policy

(1) Our Commitment to You

- We will communicate with you throughout the application process.
- We will give your application proper consideration.
- If we are satisfied that hardship is evident, we will work with you to reach a reasonable temporary arrangement.

(2) Your Commitment to Us

- You will provide comprehensive supporting information/documentation with the completed application form.
- You will cooperate with us and provide further information where required.
- You will make your repayments as they fall due or contact us to make other arrangements.

| Personal Information | |
|-----------------------|--|
| Full Name: | |
| Phone Number: | |
| Email: | |
| Address: | |
| Number of dependents: | |

| Financial Details | |
|--|--|
| Employer: | |
| Second Employer (if applicable): | |
| Other Income Sources, Investments, Benefits): | |
| Monthly Income Amount: | |
| Total value of Assets (Savings, Real Estate, Vehicles): | |

| Expenses/Liabilities (per month) | |
|---|----|
| Rent/Mortgage: | \$ |
| Loan repayments: | \$ |
| Credit Cards repayments: | \$ |
| Utilities (ie electricity/water): | \$ |
| Child Support paid: | \$ |
| Vehicle Expenses (Petrol, insurance, registration): | \$ |
| Child Care fees: | \$ |
| Education: | \$ |
| Living Costs (Food, Public Transport): | \$ |
| Medical Expenses: | \$ |
| Insurances (health): | \$ |
| Other: | \$ |
| Total monthly Expenses: | \$ |

| Reason for Financial Hardship | |
|--|--|
| Description of the circumstances leading to financial hardship (e.g. job loss, medical expenses, unexpected expenses): | |

| Supporting Documentation | |
|---|--|
| Proof of Income: | |
| Bank Statements: | |
| Any other relevant documentation supporting your financial hardship such as a recent bill you are struggling to pay): | |

| Affordability | |
|---|--|
| How often can you make payments towards your debt with us (weekly/fortnightly): | |
| Amount: | |
| Commencement Date: | |
| How did you want to make payments: | |

| Declaration and Signature | |
|---------------------------|--|
| Signature: | |
| Date: | |

Submitting the Application

Please return the completed application form and all relevant information to:

Email: cs@comcredit.com.au; or

Post: Hardship Team Commercial Credit Control PO Box 8456, Gold Coast MC, QLD, 9726

After Submission

Commercial Credit Control will respond to your application within 21 days of receiving this information from you.

Privacy Policy

A copy of our privacy policy may be obtained from our website at <u>Privacy Policy | Commercial Credit</u> <u>Control</u>