

# FINANCIAL HARDSHIP NOTIFICATION



Get in touch | **email** [service@libfn.co.nz](mailto:service@libfn.co.nz) | **phone** 0800 003 391  
**alt. phone** 09 375 0700 | **fax** 09 375 0716 | **web** [libfn.co.nz](http://libfn.co.nz)  
**post** PO Box 4295, Shortland Street, Auckland 1140, New Zealand

## CUSTOMER DETAILS

	CUSTOMER 1	CUSTOMER 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr
Name		
Current address	Unit/No: Street: Suburb: Pcode:	Unit/No: Street: Suburb: Pcode:
Contact number	Home: Mobile:	Home: Mobile:
Email		
Marital status	<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> De facto <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Dependant/s age(s)		

## HARDSHIP DETAILS

If you are seeking a variation to your loan repayments on grounds of financial hardship, we will need sufficient information to determine whether we can assist and what the appropriate level of assistance might be.

Please provide the following information to us within 21 days explaining in appropriate detail the reasons why you are seeking a variation to your loan repayments on grounds of financial hardship so that we can properly assess your financial circumstances.

Should you require further assistance, please contact us on 0800 003 391 (extension 3) between 8.30am – 5:30pm Monday to Friday (excluding public holidays).

**We recommend you also see a financial counsellor to assist you in assessing your own financial circumstances and the options that may be available to you.**

### What was/is the cause of your financial hardship?

- Illness, injury or death of borrower  Failure of business  Incarceration  
 Unemployment/reduced income  Natural disaster  Family

Other - please specify

When and how did your financial hardship begin?

What is the expected period of your financial hardship?

3 months or less     More than 3 months

If you expect your financial hardship to be more than 3 months, why?

*Please provide any paperwork you have to confirm the likely duration of your circumstances.*

If you expect your financial hardship to be 3 months or less, what improvements in your circumstances do you expect and by when?

*Please provide any paperwork you have to confirm the likelihood of these changes.*

How do you propose that your loan should be varied as a result of your financial hardship? Please indicate what amount, if any, you are able to contribute to your loan repayments at the moment.

*Any proposal must be reasonable and you must be able to demonstrate you are able to meet your loan obligations if your contract is changed as you propose.*

## ASSETS

	Address	Value
Property #1		\$
Property #2		\$
	<b>Make/model</b>	
Vehicle #1	Year: <input type="text"/> Registration: <input type="text"/>	\$
Vehicle #2	Year: <input type="text"/> Registration: <input type="text"/>	\$
Bank balance	Name of bank(s)	\$
Shares	If owned for more than 1 year	\$
Other assets	Inc. shares owned less than 1 year	\$

## LIABILITIES

	Lender name	Limit (if any)	Balance	Up to date? Yes/No	Arrears amount
Mortgage	#1	\$	\$		\$
Mortgage	#2	\$	\$		\$
Car loan	#1	\$	\$		\$
Car loan	#2	\$	\$		\$
Personal loan	#1	\$	\$		\$
Personal loan	#2	\$	\$		\$
Other loan	#1	\$	\$		\$
Other loan	#2	\$	\$		\$
Credit card	#1	\$	\$		\$
Credit card	#2	\$	\$		\$
Other debt	#1	\$	\$		\$
Other debt	#2	\$	\$		\$

## EMPLOYMENT & INCOME

	CUSTOMER 1	CUSTOMER 2
Employer	<input type="checkbox"/> PAYE <input type="checkbox"/> Self-employed	<input type="checkbox"/> PAYE <input type="checkbox"/> Self-employed
Employer address	Unit/No: <input type="text"/> Street: <input type="text"/> Suburb: <input type="text"/> Pcode: <input type="text"/>	Unit/No: <input type="text"/> Street: <input type="text"/> Suburb: <input type="text"/> Pcode: <input type="text"/>
Employment	<input type="checkbox"/> Full time <input type="checkbox"/> Probation <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Student Contract that expires on: <input type="text"/> Month <input type="text"/> Year	<input type="checkbox"/> Full time <input type="checkbox"/> Probation <input type="checkbox"/> Seasonal <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Student Contract that expires on: <input type="text"/> Month <input type="text"/> Year
Company name	If self employed	If self employed
Occupation		
Start date		
Income	\$ Gross annual salary	\$ Gross annual salary

## MONTHLY BUDGET (COMPLETE AS APPROPRIATE)

### MONTHLY INCOME

Applicant #1 PAYE income	\$
Applicant #2 PAYE income	\$
Self-employed salary	\$
Part-time work	\$
Study allowance	\$
Dividends	\$
Interest	\$
Gross rental income	\$
Rental income after expenses	\$
Other income (e.g. WINZ)	\$
<b>(A) Total Monthly Income</b>	\$

### MONTHLY EXPENSES

Rent (not mortgage repayment)	\$
Insurance (e.g. home, car)	\$
Personal insurance (e.g. life)	\$
School fees	\$
Electricity	\$
Gas	\$
Water	\$
Telephone & mobiles	\$
Medical expenses	\$
Rates (e.g. Council)	\$
Car expenses (not loan repayment)	\$
Travel/transport	\$
Food	\$
Clothing	\$
Entertainment	\$
Other (e.g. Superannuation, gifts)	\$
<b>(C) Total Monthly Expenditure</b>	\$

### MONTHLY LOAN REPAYMENTS

Home loan(s)	\$
Personal loans(s)	\$
Credit card(s)	\$
Other loan(s)	\$
<b>(B) Total Loan Payments</b>	\$

<b>(A)</b>	-	<b>(B)</b>	-	<b>(C)</b>	=	<b>Total surplus/shortfall</b>
\$		\$		\$		\$

## SUPPORTING DOCUMENTATION AND CHECKLIST

Documents	<input type="checkbox"/>	Last 2 payslips	<input type="checkbox"/>	Evidence of insurance on the property/vehicle
	<input type="checkbox"/>	Last 2 months bank statements	<input type="checkbox"/>	Any other documentary evidence of income
	<input type="checkbox"/>	Confirmation of WINZ benefits		

## SIGNATURE

<input type="text"/> Applicant 1 name		<input type="text"/> Applicant 2 name	
<input type="text"/> Applicant 1 signature	<input type="text"/> Date	<input type="text"/> Applicant 2 signature	<input type="text"/> Date