

# Hardship Application Form

Attention: Hardship. By email to [hardship@bluestone.net.nz](mailto:hardship@bluestone.net.nz), or by post to PO BOX 914, Shortland Street, Auckland, NZ, 1140

## Customer details

Loan number			
Borrower 1/ guarantor name			
Borrower 2/ guarantor name			
Business/ Company/ Trust name			
Security address			
Mailing address (if different from above)			
Mailing address borrower 2			
Contact numbers			
Contact numbers			
Total in household		Age and number of dependents	

## Documentary evidence Please attach to this form when returning (if applicable)

Evidence of income (e.g. 2 pay slips, WINZ)	Last 2 months bank statements (personal)
Rates notice/ Water bill (last issued)	Last 2 months statements (for all c.cards/personal loans)
Medical certificate/ documents	Last 2 months 2nd mortgagee statement
Employment separation notice	Written confirmation of other debt arrangements

## Your hardship

Please provide an explanation for your hardship (attach separate sheet if required)

I request assistance for \_\_\_\_\_ months, starting \_\_\_\_\_ and ending \_\_\_\_\_

I am able to make payment of \$ \_\_\_\_\_ per fortnight/month during this period.

What actions have you undertaken or are you planning to undertake in order to be able to return to regular payments at the end of the hardship period?

## Employment details

	Borrower/guarantor 1	Borrower/guarantor 2
<b>Employer</b>		
<b>Address</b>		
	Postcode:	Postcode:
<b>Telephone</b>		
<b>Occupation</b>		
<b>Commencement date</b>		
<b>Employment status</b>	Full Time    Part-time    Casual Contract    Self-employed Unemployed    Sickness benefits	Full Time    Part-time    Casual Contract    Self-employed Unemployed    Sickness benefits

## Assets

## Liabilities

Details	Security value	Lender	Amount owed	Monthly repayment
Real estate 1	\$	Mortgage	\$	\$
Real estate 2	\$	Mortgage	\$	\$
Savings - bank	\$	Line of Credit	\$	\$
Savings - bank	\$	Rent or board	\$	\$
Motor vehicle 1	\$	Car loan	\$	\$
Motor vehicle 2	\$	Car loan	\$	\$
Home contents	\$	Personal loan	\$	\$
Superannuation	\$	Personal loan	\$	\$

Assets (cont.)		Liabilities (cont.)		
Details	Security value	Lender	Amount owed	Monthly repayment
Other (give details)		Lease/HP	\$	\$
1.	\$	Credit card 1	\$	\$
2.	\$	Credit card 2	\$	\$
3.	\$	Credit card 3	\$	\$
4.	\$	Credit card 4	\$	\$
		Taxes	\$	\$
		Child maintenance	\$	\$
		Other debts	\$	\$
<b>TOTAL OWNED</b>	<b>\$</b>	<b>TOTAL OWED</b>	<b>\$</b>	<b>\$</b>

### Monthly budget What is your income and estimated living expenses per month?

Gross income	\$	/month	\$	/month
Overtime	\$	/month	\$	/month
Bonus/commission	\$	/month	\$	/month
Social security/pension	\$	/month	\$	/month
Rental income	\$	/month	\$	/month
Investment*	\$	/month	\$	/month
Other*	\$	/month	\$	/month
<b>TOTAL INCOME</b>	<b>\$</b>	<b>/month</b>	<b>\$</b>	<b>/month</b>
Basic living expenses			\$	
Utilities (gas, water, etc.)			\$	
Phone/internet			\$	
Transport			\$	
Insurance payments			\$	
Discretionary expenses			\$	
Other			\$	
<b>TOTAL EXPENSES</b>			<b>\$</b>	

\*Will require supporting documentation

## What arrangements are in place with credit providers?

	Arrangement up to date?	
	YES	NO

## Authorised third party representative

Complete this section to authorise a representative to:

- Seek and exchange personal information (including information related to credit, financial affairs or sensitive information about me and my accounts) from Bluestone;
- Negotiate and enter into arrangements that are binding on me/us related to the account/s; and
- Act on my behalf until this authority is revoked

## Representative details

**Name:**

**Address:**

**Contact number:**

**Description of relationship:**

(eg accountant, financial counsellor, friend)

## Signing this application

I/we acknowledge and agree that Bluestone is collecting the information in this form to assess your hardship application and will rely on the information you have provided to assess the application. I/we undertake to notify Bluestone Mortgages of any change in my/our financial position and/or any change of contact details. By signing this application below, you agree acknowledge and declare that all the information that you have provided is correct to the best ability of your knowledge.

**Borrower 1**

**Borrower 2**

Name of borrower:

Name of borrower:

Signed:

Signed:

Date:

Date:

**Privacy:** The personal information provided to us on this application form will be used in accordance with our Privacy Policy. If you have any questions about how this information is handled or to obtain a copy of our Privacy Policy please call 0800 668 333