

Hardship Application Form

Bluestone.

Please complete all relevant pages of the application form within 14 days and return:

Attention: Hardship. By email to collections@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)

<input type="checkbox"/> Evidence of income (e.g. 2 pay slips, WINZ)	<input type="checkbox"/> Last 2 months bank statements (personal)
<input type="checkbox"/> Rates notice/ Water bill (last issued)	<input type="checkbox"/> Last 2 months statements (for all c.cards/ personal loans)
<input type="checkbox"/> Medical certificate/ documents	<input type="checkbox"/> Last 2 months 2nd mortgagee statement
<input type="checkbox"/> Employment separation notice	<input type="checkbox"/> 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
Employer		
Address		
	Postcode:	Postcode:
Telephone		
Occupation		
Commencement date		
Employment status	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Sickness benefits	<input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Contract <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> 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.)			
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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	\$	\$
TOTAL OWNED	\$	TOTAL OWED	\$	\$

Monthly budget	What is your income and estimated living expenses per month?			
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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
TOTAL INCOME	\$	/month	\$	/month
Basic living expenses			\$	
Utilities (gas, water, etc.)			\$	
Phone/ internet			\$	
Transport			\$	
Insurance payments			\$	
Discretionary expenses			\$	
Other			\$	
TOTAL EXPENSES			\$	

* Will require supporting documentation.

What arrangements are in place with other credit providers?

	Arrangement up to date?	
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<input type="checkbox"/> YES	<input type="checkbox"/> 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 (e.g. accountant, financial counsellor, friend)	

Signing this hardship 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

Name of borrower:

Signed:

Date:

Borrower 2

Name of borrower:

Signed:

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

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