## **Hardship Application Form**



| Customer Details   |   |
|--|---|
| First name   |   |
| Last Name  |   |
| 2 <sup>nd</sup> Borrower First Name (If applicable)  |   |
| 2 <sup>nd</sup> Borrower Last Name (If applicable)   |   |
| Contract Number (Can be found on your CFS Consumer Credit Contract, or 6-monthly statement)  |   |
| Phone Number (Mobile/Home/Work)  |   |
| Current Address  |   |
| Email  |   |
| you to assess your application.  | eligible for, but we will need a little more information from |
| 1. What has changed in your circumstances to cause hardship since your loan application.   |   |
|  |   |
| 2. How would you like us to assist?  |   |
| eg. reduce payment for a period, hold pay  | ment, restructure your loan, etc?                             |
| 3. What are you doing to help improve your current situation? eg. Have you engaged in the services of a financial mentor/budget advisor? |   |
|  |   |

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| 4. | i. Please outline your main expenses and amounts such as rent, food, petrol, power etc.        |  |
|----|--|--|
|    |  |  |
|    |  |  |
| 5. | Do you have any dependents in your care?   |  |
|    |  |  |
| 6. | To assist with your application, we will require you to provide 3 months bank statements using |  |

Please email all this information to the email <a href="mailto:hardship@cfsfinance.co.nz">hardship@cfsfinance.co.nz</a> and the team will be in touch with you.

the link - <a href="https://creditsense.co.nz/apply/CFS15/?method=standard">https://creditsense.co.nz/apply/CFS15/?method=standard</a>