



1300 722 744
info@eftcapital.com.au
www.eftcapital.com.au
5/38 Dominions Road,
Ashmore, QLD, 4214
Credit License Number
389222

Applicant's Details *You may request hardship assistance verbally or in writing. EFT Capital will assess your request and provide a response within 21 days, as required by the National Credit Code.*

Loan number:		Date of Birth:	
Family Name:		Given Name:	
Address:			
Marital Status:		Occupation:	
Work Phone #:		Home Phone #:	
Dependents:			
Have you applied for financial hardship assistance with EFT Capital		<input type="checkbox"/> Yes	<input type="checkbox"/> No

Employment

Are you current employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer:	
Employers Address:	
Employment status	<input type="checkbox"/> Casual <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Contract
Employer Contact:	
Length of Employment	

Description of Financial Hardship

Please describe your situation and circumstances that explain your financial hardship. We will try to support and assist you as much as possible and be understanding of your circumstances. Supporting you through difficult times is important to us and our long-term relationship is something we value.



Description of your proposed Payment Arrangement during Financial Hardship

Please provide details of what you are able to pay during your period of Financial Hardship. If a repayment schedule is not possible at this then please advise us of this.

Financial details

Assets		Liabilities	
Current Assets		Current Liabilities	
Cash		Personal Loans	
Shares		Store Cards	
Investment		Credit Cards	
Trust Income		Student loans	
Other		Tax debt	
Fixed Assets		Long Term Liabilities	
Land			
Buildings		Notes Payable	
Improvements			
Equipment			
Furniture			
Motor Vehicles			
Other Assets		Other Liabilities	
TOTAL ASSETS		TOTAL LIABILITIES	

INCOME AND EXPENDITURE

INCOME	Weekly Amount	Other Income	Weekly Amount
Earnings			
Partner's earnings			
Tax credits			
Board from children			
Pensions/Other Benefits			
Income Support			
Child Benefit			
Maintenance			
Other (please state)			
TOTAL INCOME			

EXPENDITURE			
Rent		Clothes	
Mortgage/Secured loan		Pets	
Endowment policy		Laundry Costs	
Council Tax		TV License	
Water Rates		TV Rental	
Sewerage Rates		School Meals	
Food/Household Items		Travel Costs & Maintenance	
Electricity		Car insurance	
Gas		Car Tax	
House Insurance		Telephone	
Life insurance		Cigarettes	
Children's pocket money		Newspapers	
Prescriptions/Health Costs		Personal	
Other (please state)		Other (please state)	
TOTAL EXPENDITURE			
Income minus Expenditure			



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Declaration *By submitting this form, I consent to EFT Capital collecting sensitive information (such as health information or personal circumstances) that is reasonably necessary to assess my hardship application. EFT Capital will not disclose the reasons for my hardship to any Credit Reporting Body.*

I/We declare that the liabilities and income stated represent the total of my/our liabilities and income at the time of this declaration.

I/We declare that the estimate provide by me/us of our weekly living expenses is true and correct to the best of my/our knowledge at the time of this declaration.

I/We declare that all Please describe your situation and circumstances that explain your financial hardship. We will try to support and assist you as much as possible

Other information in this application from provided by me/us id true and correct.

Applicant Signature: _____

Date: _____