

Application for credit assistance

Faxed documents cannot be accepted

Important Notes - Please read before completing this application

This form is to be completed to enable Teachers Credit Union to consider a request for assistance related to financial hardship you are experiencing.

If you provide all the information requested on the form by the date shown below, we will get back to you with a decision on your application within 14 days.

For assistance in completing any section of this form, please call Credit Assistance on **13 12 21** 9am to 5pm, weekdays.

- You must complete all sections of this application and answer all questions in full.
- Supporting documentation is required for income and expenses.
- Please ensure this application and all relevant documentation is forwarded to this office prior to to avoid cancellation.

Checklist

- Have you fully answered all questions?
- Have you attached your last payslip/Centrelink statement?
- Have you attached all other relevant documentation? (where applicable)
- Have you enclosed a detailed letter explaining your circumstances?
- Have you signed the application?

Please return this form

In person to: 28-38 Powell Street, Homebush

By mail to: Teachers Credit Union, Reply Paid 7501, Silverwater NSW 2128

As we require your original signature(s), we cannot accept a faxed copy of this form.

Statement of financial position

As at Member no

Liabilities	Balance owing
Teachers Credit Union home loan	
Teachers Credit Union personal loan	
Other loans (who with?)	
Credit/store card/s (who with and limit?)	
Hire purchases/lease	
Other liabilities (please outline)	
TOTAL LIABILITIES	

Assets	Estimated value
Property at	
Motor vehicle (include make, rego, year)	
Shares/savings/investments (who with?)	
Other assets (outline details)	
TOTAL ASSETS	

Commitments (monthly)	
Mortgage	
Rent/board	
Loan repayments (total)	
Credit/store card repayments (total)	
Child support	
Rates	
Travel expenses	
Electricity/gas	
Education expenses	
Phone and internet	
Superannuation	
Motor vehicle insurance	
Health insurance	
Home and contents insurance	
General living expenses (food, clothing, personal)	
TOTAL COMMITMENTS	

Income (monthly)	
Salary (net after tax)	
Salary of spouse/partner (net after tax)	
Other employment	
Overtime	
Rent received	
Board received	
Pension/other benefits received	
Interest/dividends	
Other income	
TOTAL INCOME	

I/We understand that the information stated in this Application for credit assistance is true and correct in every particular and is a full and complete disclosure of my/our financial position.

Signature first account holder

Signature second account holder

Date