



Financial hardship application

Please fill out the below form and return to Westpac New Zealand Limited. You can return this via email to financial_solutions@westpac.co.nz; or via post to Financial Solutions, PO Box 934, Shortland Street, Auckland 1140; or through any Westpac New Zealand Branch.

BRANCHES ONLY: Please ensure you scan and email the completed form to financial_solutions@westpac.co.nz on day of receipt.

A. Personal Information of applicant

Name	FIRST	LAST	Date of birth	DD / MM / YYYY
Phone	Mobile	Email		
Preferred contact method	<input type="radio"/> Phone	<input type="radio"/> Mobile	<input type="radio"/> Email	
Preferred contact time	<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Any time	
Home Address	NUMBER & STREET	SUBURB		
TOWN/CITY	POSTCODE			
Occupation	Current employment status			
Dependants?	<input type="radio"/> Yes	<input type="radio"/> No	Ages	
Is this a joint application?	<input type="radio"/> Yes	<input type="radio"/> No		
If yes, please complete section B. If no, please proceed to section C.				

B. Personal information of secondary applicant

Name	FIRST	LAST	Date of birth	DD / MM / YYYY
Phone	Mobile	Email		
Preferred contact method	<input type="radio"/> Phone	<input type="radio"/> Mobile	<input type="radio"/> Email	
Preferred contact time	<input type="radio"/> Morning	<input type="radio"/> Afternoon	<input type="radio"/> Any time	
Home Address	NUMBER & STREET	SUBURB		
TOWN/CITY	POSTCODE			
Occupation	Current employment status			

C. Reason for applying

What has caused your current financial circumstances?

☐ Loss of job ☐ Reduced hours ☐ Health reason ☐ Accident ☐ Natural disaster

☐ End of relationship ☐ Bereavement ☐ Overcommitted ☐ Parental leave

☐ Other (please specify)

How is this impacting you financially?

Please complete the following sections to help us to assess your financial circumstances and what assistance we may be able to provide. Missing information may delay our response and decision.

D. Income

How much is coming in? (after tax)	1st Person	2nd Person	Weekly	Fortnightly	Monthly
Salary & wages			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Benefits (WINZ/IRD)			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child support			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self employed income			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rental/boarder			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

E. Assets

What do you own?	\$ Estimated value	Details
Property 1		Address:
Property 2		Address:
Motor vehicle 1		Make/Model/Year:
Motor vehicle 2		Make/Model/Year:
Investments & savings		Name of provider:
Superannuation & KiwiSaver		Name of provider:

F. Expenses

How much is going out?	\$ Expenses			Weekly	Fortnightly	Monthly
Accommodation (Rent/Board)				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Insurance				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Rates				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Power/Gas				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Water				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Phone/Mobile/Internet				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child care/education				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Child Support				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical costs				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other expenses (paid TV, gym memberships, donations etc)				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-Westpac Loan amount/credit facility/overdraft	Provider	Repayments	Frequency	Balance	Limit	
DESCRIPTION		\$		\$	\$	
DESCRIPTION		\$		\$	\$	
DESCRIPTION		\$		\$	\$	
Non-Westpac Credit card/store card	Provider	Repayments	Frequency	Balance	Limit	
DESCRIPTION		\$		\$	\$	
DESCRIPTION		\$		\$	\$	
DESCRIPTION		\$		\$	\$	
Other (Hire purchase, student loans, tax, etc)	Provider	Repayments	Frequency	Balance	Limit	
DESCRIPTION		\$		\$	\$	
DESCRIPTION		\$		\$	\$	

- ☐ I/We agree to receive all disclosures in relation to this application and any subsequent financial hardship assistance via email at the email address provided in this application form.
- ☐ I/We agree for Westpac to perform a Credit Check on my/our behalf.
- ☐ I/We confirm the details provided are true and correct to the best of my/our knowledge.
- ☐ By completing this financial hardship application form I/we acknowledge and agree that I'm/we're permitting Westpac to collect, store, use and share my/our personal information in accordance with Westpac's Privacy Policy. This information will be used only for the purposes of this application.

Signature 1

Signature 2

Date DD / MM / YYYY

Date DD / MM / YYYY

What's next? We will be in touch within 5 working days of receiving your application.

We're here to help.

If you have any questions, please call **0800 772 771** (+64 9 375 9919 from overseas) weekdays 8am - 5pm.

If you have concerns about your finances, MoneyTalks provides free, independent, and confidential budgeting advice. You can contact them on **0800 345 123** or at [moneytalks.co.nz](https://www.moneytalks.co.nz).