



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 Phone Mobile Email

Preferred contact time Morning Afternoon Any time

Home Address NUMBER & STREET _____ SUBURB _____

TOWN/CITY _____ POSTCODE _____

Occupation _____ Current employment status _____

Dependants? Yes No Ages _____

Is this a joint application? Yes 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 Phone Mobile Email

Preferred contact time Morning Afternoon 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.