Important

This form is used to assess whether you are experiencing financial hardship and what support may be appropriate. If recovery action is underway and you ask for hardship support, recovery action must be placed on hold while your application is assessed and you are notified of the outcome.

Financial hardship support may include:

1. **Pausing debt recovery activity** *while a hardship application is being assessed.*
2. **Payment plans** *that allow the debt to be paid by instalments over time.*
3. **Reduced payment arrangements** *based on your financial capacity.*
4. **Temporary payment deferrals** *where repayments are suspended for a period.*
5. **Extended repayment periods** *to lower the amount of each payment.*
6. **Suspending legal or enforcement action** *while hardship arrangements are in place.*
7. **Partial debt waivers or settlements** *in appropriate circumstances.*
8. **Debt release (waiver)** *where an insurer determines the debt should be released.*

Please tell us what support you are seeking or any other information you want us to consider:

_____
_____
_____
_____
_____

Matter details	
Matter / claim reference	
Insurer client	
Amount being sought	$
Have you appointed a representative?	☐ Yes ☐ No
Representative name and organisation	
Representative contact details	

1. Assistance and accessibility

☐ I need help completing this form	☐ I would like to communicate through a representative
☐ I need an interpreter	☐ I need communication adjustments due to vulnerability, illness, disability or mental health impacts

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Support options and contact preferences	
Preferred contact method	☐ Phone ☐ Email ☐ Post ☐ Representative
National Relay Service	If you are deaf or have a hearing or speech impairment, you may use the National Relay Service.
TIS National	If you need an interpreter, TIS National may be contacted on 131 450.
National Debt Helpline	Free financial counselling support is available on 1800 007 007 or ndh.org.au.

2. Applicant details

Personal details	
Title	☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Mx ☐ Other: _____
Full name	
Date of birth	
Residential address	Number/Street/Suburb/State/Postcode
Postal address	Complete only if different to residential address
Phone	
Email	
Preferred contact time	

3. Consent and privacy notice

Privacy and sensitive information notice

We will only request information that is reasonably necessary to assess your financial hardship application. Some information you provide may be sensitive information, including health, mental health, family violence, disability, banking or Centrelink information. By submitting this form, you consent to us collecting, using and disclosing relevant information for the purpose of assessing and managing your financial hardship request, including sharing relevant information with the insurer client, authorised representatives, collection agents or solicitors where necessary and appropriate.

☐ I consent to the collection and use of my information for hardship assessment	☐ I consent to relevant information being shared with the insurer/client for the purpose of assessment
☐ I consent to Procare communicating with my nominated representative, if any	☐ I understand I should only provide information relevant to my hardship application

4. Change of details

Updated personal details	
Has your name changed?	☐ Yes ☐ No. If yes, attach supporting evidence such as marriage certificate, change of name certificate or equivalent.
Has your address changed?	☐ Yes ☐ No. If yes, attach supporting evidence such as lease, recent bill or driver licence showing the updated address.
Updated details	

5. Financial dependants

Name	Relationship to you	Age	Financially dependent?

6. Assets, income and expenses

Assets held by you, your partner and dependants		
Item	**Weekly amount**	**Evidence attached**
Bank accounts / savings	$	☐ Yes ☐ No
Motor vehicle/s	$	☐ Yes ☐ No
Property or land	$	☐ Yes ☐ No
Shares / investments	$	☐ Yes ☐ No
Other assets	$	☐ Yes ☐ No
Total assets	$	☐ Yes ☐ No

Weekly income		
Item	**Weekly amount**	**Evidence attached**
Your income	$	☐ Yes ☐ No

Partner income	$	☐ Yes ☐ No
Centrelink / government benefits	$	☐ Yes ☐ No
Child support	$	☐ Yes ☐ No
Other regular income	$	☐ Yes ☐ No
Total weekly income	$	☐ Yes ☐ No

Reasonable weekly expenses		
Item	**Weekly amount**	**Evidence attached**
Rent / board / mortgage	$	☐ Yes ☐ No
Food and household essentials	$	☐ Yes ☐ No
Utilities: gas / electricity / water	$	☐ Yes ☐ No
Phone and internet	$	☐ Yes ☐ No
Vehicle: fuel / registration / insurance	$	☐ Yes ☐ No
Public transport	$	☐ Yes ☐ No
Personal loan repayments	$	☐ Yes ☐ No
Credit card minimum repayments	$	☐ Yes ☐ No
Childcare / child support	$	☐ Yes ☐ No
School costs	$	☐ Yes ☐ No
Medical / dental / pharmacy	$	☐ Yes ☐ No
Insurance premiums	$	☐ Yes ☐ No
Pet / veterinary expenses	$	☐ Yes ☐ No
Other essential expenses	$	☐ Yes ☐ No
Total weekly expenses	$	☐ Yes ☐ No

7. Evidence checklist

☐ Recent payslips or income statement	☐ Centrelink statement less than 3 months old
☐ Bank statements	☐ Medical certificate or treating practitioner letter if relevant

☐ Evidence of unemployment or reduced work hours	☐ Evidence of family violence or safety impacts if relevant
☐ Bills, arrears notices or essential expense evidence	☐ Other relevant evidence

8. Circumstances and support requested

Hardship circumstances	
Reason for hardship	☐ Reduced income ☐ Unemployment ☐ Illness/injury ☐ Mental health impacts ☐ Family violence ☐ Disaster/event impacts ☐ Other
When did hardship start?	
Is the hardship temporary or ongoing?	☐ Temporary ☐ Ongoing ☐ Unsure
Support requested	☐ Payment plan ☐ Reduced lump sum ☐ Deferral ☐ Extended repayment timeframe ☐ Debt waiver/release request ☐ Review of recovery action ☐ Other
Proposed affordable payment	$ per week/fortnight/month
Additional information	

9. Bank details

Account details, if required for assessment or payment	
Name of financial institution	
Branch	
BSB	
Account number	
Account name	

10. Declaration

Applicant declaration

I declare that the information provided is true and correct to the best of my knowledge. I understand that Procare and/or the insurer client may request further information that is reasonably necessary to assess this application. I understand that if further information is requested, I will normally have 21 calendar days to provide it unless another timeframe is agreed.

Signatures	
Applicant signature	
Date	
Representative signature, if applicable	
Date	