



**Credit Assistance Application** STATEMENT OF FINANCIAL POSITION - Personal Details

Current Residential address:

Suburb: State: Post code:

Time at this address: Years: Months:

Current Postal address:

Suburb: State: Post code:

Previous Residential address:

Suburb: State: Post code:

Time at this address: Years: Months:

**NAME AND ADDRESS OF FRIEND OR RELATIVE NOT LIVING WITH YOU**

Name:

Address:

Suburb: State: Post code:

Phone Number: Status: (friend or relative)

**EMPLOYMENT INFORMATION - MEMBER 1 (PAYSLIP INCLUDED)**

Employer's Name:

Employer's Address:

Suburb: State: Post code:

Employer's Phone Number: Length of service. Years: Months:

Occupation:

Previous Employer:

Occupation: Length of service: Years Months:

**EMPLOYMENT INFORMATION - MEMBER 1 (PAYSLIP INCLUDED)**

Employer's Name:

Employer's Address:

Suburb: State: Post code:

Employer's Phone Number: Length of service. Years: Months:

Occupation:

Previous Employer:

Occupation: Length of service: Years Months:

**If currently unemployed, please give details of prospects and time frames for future employment:**

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**INCOME - MEMBER 1 (PAYSLIP OR CENTRELINK STATEMENT INCLUDED)**

Weekly  Fortnightly  Monthly

Net income base \$
Overtime allowance \$
Other income \$
Total income \$

Details of other income:  Weekly  Fortnightly  Monthly


**INCOME - MEMBER 2 (PAYSLIP OR CENTRELINK STATEMENT INCLUDED)**

Weekly  Fortnightly  Monthly

Net income base \$
Overtime allowance \$
Other income \$
Total income \$

Details of other income:  Weekly  Fortnightly  Monthly


**LIABILITIES / ASSETS / EXPENSES - (LETTERS AND DOCUMENTATION INCLUDED)**

**MORTGAGE:**

Mortgage Creditors name:
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Address of mortgaged property:
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Mortgage Payment :  Weekly  Fortnightly  Monthly

Does anyone contribute to paying this liability? (e.g. Spouse / Partner)  Yes  No

Are you on a reduced payment arrangement?  Yes  No

If so what are the arrangement details?
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Market value of property \$
Mortgage balance \$
Mortgage payment \$
Current mortgage arrears \$

**RENT:**

Real Estate Agent's name:
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Rental address:
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Rental Paid  Weekly  Fortnightly  Monthly

Does anyone contribute to paying this liability? (e.g. Spouse / Partner)  Yes  No

Are you on a reduced payment arrangement?  Yes  No

If so what are the arrangement details?
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Rental amount \$
Current rental arrears \$

**PERSONAL LOANS:**

**LOAN 1:**

P/L Creditors name:	Balance \$
Payment : <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Repayment amount \$
	Current arrears \$
Is this loan secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Market value of security \$
If so what is the security?	
Are you on a reduced payment arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Reduced payment amount \$
Does anyone contribute to paying this liability? (e.g. Spouse / Partner) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes: -----	

**LOAN 2:**

P/L Creditors name:	Balance \$
Payment : <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Repayment amount \$
	Current arrears \$
Is this loan secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Market value of security \$
If so what is the security?	
Are you on a reduced payment arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Reduced payment amount \$
Does anyone contribute to paying this liability? (e.g. Spouse / Partner) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes: -----	

**LOAN 3:**

P/L Creditors name:	Balance \$
Payment : <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Repayment amount \$
	Current arrears \$
Is this loan secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Market value of security \$
If so what is the security?	
Are you on a reduced payment arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so what is the arrangement?
Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Reduced payment amount \$
Does anyone contribute to paying this liability? (e.g. Spouse / Partner) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Notes: -----	

**CREDIT CARDS / OVERDRAFT:****CARD 1:**

Card providers name:	Current Debt Balance \$
	Debt Balance Limit \$
Payment : <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Payment amount \$
	Current arrears \$
Is this credit facility secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Market value of security \$

If so what is the security?

Are you on a reduced payment arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Reduced payment amount \$
Does anyone contribute to paying this liability? (e.g. Spouse / Partner) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes: \_\_\_\_\_

**CARD 2:**

Card providers name:	Current Debt Balance \$
	Debt Balance Limit \$
Payment : <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Payment amount \$
	Current arrears \$
Is this credit facility secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Market value of security \$

If so what is the security?

Are you on a reduced payment arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Reduced payment amount \$
Does anyone contribute to paying this liability? (e.g. Spouse / Partner) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes: \_\_\_\_\_

**CARD 3:**

Card providers name:	Current Debt Balance \$
	Debt Balance Limit \$
Payment : <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Payment amount \$
	Current arrears \$
Is this credit facility secured? <input type="checkbox"/> Yes <input type="checkbox"/> No	Market value of security \$

If so what is the security?

Are you on a reduced payment arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Payment: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly	Reduced payment amount \$
Does anyone contribute to paying this liability? (e.g. Spouse / Partner) <input type="checkbox"/> Yes <input type="checkbox"/> No	

Notes: \_\_\_\_\_

**OTHER DEBTS:**Creditor's name: Details: Payment :  Weekly  Fortnightly  MonthlyIs this loan secured?  Yes  NoIf so what is the security? Are you on a reduced payment arrangement?  Yes  NoPayment:  Weekly  Fortnightly  MonthlyDoes anyone contribute to paying this liability?  
(e.g. Spouse / Partner)  Yes  NoNotes: **EXPENSES:**
 Weekly  Fortnightly  Monthly  
 Weekly  Fortnightly  Monthly  
 Weekly  Fortnightly  Monthly

Details of other expenses:

Does anyone contribute to paying this liability?  
(e.g. Spouse / Partner) Yes  No
  
  

**ALTERNATIVE ARRANGEMENT:**Offer to repay Unity Bank loan:  Weekly  Fortnightly  MonthlyDetails: 
  


I/we agree that the information collected by the Bank will not be divulged to an unrelated third party. I/We certify that all information given in this statement is true and correct.

Signature Member 1

Name: 

Date: 00/00/0000

Signature Member 2

Name: 

Date: 00/00/0000