

## Lenders Mortgage Insurance; debt recovery financial hardship

Reference (policy number/claim number/other reference)

Please complete all sections.

### Applicant *(If there are more than two applicants, please complete an additional application.)*

	Surname	Given name(s)		
Applicant 1	<input type="text"/>	<input type="text"/>		
Applicant 2	<input type="text"/>	<input type="text"/>		
Postal address	<input type="text"/>		State <input type="text"/>	Postcode <input type="text"/>
Preferred contact number	<input type="text"/>	Email <input type="text"/>	<input type="text"/>	

*We will use this email address for all written communication unless you advise us that you want to receive contact by post.*

	Name	Age
Dependants	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Do you want to nominate a representative to handle your application on your behalf?  No  Yes

If 'Yes', name

Preferred contact number

Email

### Hardship details

#### Circumstances of hardship

Please explain the reason for your application

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

#### Nature of assistance

What assistance would you like Helia to consider?

- **Extension of due date for payment.** If so, when will you be able to make payment?
- **Paying in instalments.** What can you afford, how often and over which period?
- **Paying a reduced lump sum.** What can you afford?
- **Postponing one or more instalments.** When will you be able to start/re-start making payment?
- **Other** (including a combination of the above options or a possible waiver of the debt).

Please provide details of what you are seeking

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

## Employment details

Employed Yes No Type: Self employed Full-time Part-time Casual Contractor

### Employer 1

Name		Occupation	
Name of contact person		Telephone	
Salary per month	\$	(please attach a copy of the most recent payslip)	

### Employer 2

Name		Occupation	
Name of contact person		Telephone	
Salary per month	\$	(please attach a copy of the most recent payslip)	

### Employer 3

Name		Occupation	
Name of contact person		Telephone	
Salary per month	\$	(please attach a copy of the most recent payslip)	

## Financial information

### Income you receive per month apart from salary

Centrelink (please attach a copy of the most recent Centrelink statement) \$

Other (such as rent, investment). *Details of other sources of income*

	\$
	\$
	\$

### Expenses you pay per month

Rent and/or mortgage payments	\$	Child support	\$
Other loan payments	\$	Motor vehicle expenses (petrol, insurance, lease payments)	\$
Credit card payments	\$	Living costs (telephone, food, clothing, public transport etc.)	\$
Utilities	\$		

Other costs (such as school fees, hospital/medical costs, insurance etc.) *Details of other costs*

	\$
	\$

### Assets

Real estate (house/land/unit and address of property)

	\$
--	----

Motor vehicle(s) (make and year model)

	\$
--	----

Bank/Credit Union accounts (give details)

	\$
	\$
	\$

Other assets

Boat	\$
Caravan	\$
Motorbike	\$
Furniture & personal	\$
Other	\$

Investments (type - shares, debentures etc)

	\$
	\$
	\$

Total Assets	\$
--------------	----

Liabilities			Vehicle finance (lender, type of loan)		
	Amount owing	Monthly repayment		Amount owing	Monthly repayment
Mortgage (name of lender)	\$	\$		\$	\$
Personal loan (lender, type of loan)	\$	\$	Other liabilities		
	\$	\$	Taxation	\$	\$
	\$	\$	Private/Family loans	\$	\$
	\$	\$	Legal (e.g. guarantee)	\$	\$
Credit cards (issuer e.g. Amex)	\$	\$	Other (give details)	\$	\$
	\$	\$		\$	\$
	\$	\$			
	\$	\$	Total Liabilities	\$	\$
			Surplus/Deficiency of Assets over Liabilities	\$	

## Privacy consent notice

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information, such as health information, that's relevant to us assessing this application. You can view our Privacy Policy at <https://helia.com.au/privacy-policy> you can request a copy from us.

By giving us personal information you consent to us collecting, disclosing, storing and using personal information in accordance with our Privacy Policy. If you give us someone else's personal information you confirm that you've obtained their consent to do so.

If you don't provide all of the personal information we've requested, we may be unable to assess this application.

## Finalising your application

Please send your completed application form with your supporting documents to [RecoveriesAU@helia.com.au](mailto:RecoveriesAU@helia.com.au), making sure you have blacked out or removed any government identifiers like your tax file number. We will send you a confirmation that we have received your application.

Please let us know if you do not think it is reasonable to provide any of the information we request for us to assess your hardship application to allow us to understand your concerns.

We will tell you in writing of our decision about whether to give you Financial Hardship support within 21 Calendar Days after we receive your application, unless we have asked you to provide us with more information.

If we need more information from you before we can make our decision, then we will tell you the information we need as early as possible and we will be specific about the further information we need. We will also provide you a further 21 days to provide should this be required.

If we do ask you for more information and you provide all information we requested, then within 21 Calendar Days of receiving it we will tell you in writing, our decision about whether to give you Financial Hardship support. If you do not provide all information we requested within 21 Calendar Days (or by a later date we agree to), then within 7 Calendar Days of that deadline passing, we will tell you in writing, our decision about whether to give you Financial Hardship support.

If you require independent assistance then there are free services available through Financial Counselling Australia (FCA) ([financialcounsellingaustralia.org.au](http://financialcounsellingaustralia.org.au)) or the National Debt Helpline 1800 007 007 for a referral to a not for profit, free financial counselling.

If you require further information on the General Insurance Code of Practice (the Code) including the Financial Hardship requirements in the Code this can be accessed at the Code of Practice website ([codeofpractice.com.au/](http://codeofpractice.com.au/))

**Please contact us if you require any further information or if you require assistance in finalising your application by:**

Email: [RecoveriesAU@helia.com.au](mailto:RecoveriesAU@helia.com.au)

Phone: 1300 661 118

Website: <https://helia.com.au/contact-us>

## Declaration

I/We declare that the information provided is true and correct.

Date