Unforeseen Hardship Application Form



All sections need to be completed

If you're experiencing unforeseen hardship, it's important that you complete this application form as soon as possible and provide as much detail as you can. If you have any questions, you can call us on 0800 231 233, email customersupport@tsb.co.nz or stop by your local branch - we're happy to help.

Your details							
First name(s)				First name(s)			
Surname				Surname			
Phone				Phone			
Email				Email			
Occupation				Occupation			
Employment	Full time	Part time	Not employed	Employment	Full time	Part time	Not employed
Loan number (if	known) 1	5 3 9					
Reason for app	lying						
(PLEASE TICK ONE)	Illness	Injury	Loss of employme	nt End of a re	elationship	Other (plea	se specify)

Please explain what led to your recent unforeseen hardship, how this is impacting your current financial situation, and how TSB can help. We'll use this information when assessing your application.

MORE SPACE IS AVAILABLE ON PAGE THREE IF REQUIRED.

Requested help

Have you made an unforeseen hardship request from TSB in the past 12 months: Yes No How can TSB help?

Extend the term of your loan, which will reduce the amount of your regular payments.

Postpone payments for a specified period.

Both of the above (extend the term of the loan and postpone payments for a specified period).

Please provide details of how long you require assistance for and how this assistance will help you:

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Full name



Date

Income information				
Do you qualify for any of the following:				
ACC payments	Ye	es l	No	
Redundancy payment	Ye	es l	No	
Insurance payments either loan, income or medical	Ye	es l	No	
WINZ financial assistance	Ye	es l	No	
If yes, please supply documentation and information	n to support	this.		
Has your income changed?	Ye	es l	No	
If yes, please provide evidence of this i.e., letter of reetc.	dundancy or	letter f	from your employer, medical	certificate, ACC lette
Next steps Once all the information needed for your application application form, we'll assess the information provide are processed within 20 working days, provided all to life at any time you have further questions, or if you recare and Support team on 0800 231 233 or email contents.	ded. If we nee the information emember def	ed any f on has tails tha	further information, we'll get i been supplied. at may be relevant, please coi	n touch. Applications
 Declaration I/We declare that each of us: Has read this document and fully answered all complete. Confirm no relevant information has been with Isn't an undischarged bankrupt, or currently subscience. Consent to TSB retaining the details supplied, are processed. 	neld. Dject to any pi	roceed	ings under the Insolvency Act	
Borrowers				
Full name	Signature			Date

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Signature

Checklist



Please provide all relevant documents:

Evidence your income has changed i.e letter of redundancy or letter from your employer, medical certificate, ACC letter.

The last 90 days of statements for all credit/store accounts.

The last 90 days of statements for all other bank accounts and loans not held at TSB.

WINZ financial assistance letter.

Completed Statement of Financial Position.

Additional information

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Statement of Financial Position



Name(s)

No. of individuals dependent on this financial position Adults Children Children's ages

If household income and expenditure is not pooled for household financial obligations, please complete a separate Statement of Financial Position for each borrower.

Assets and Liabilities

Assets

House/Property	Value	Savings/Investments	Value
Address	\$	Held with	\$
Address	\$	Held with	\$
Address	\$	KiwiSaver	\$
Motor vehicles		Superannuation	\$
Number of vehicles	\$	Shares/Bonds	\$
		Other	\$
		Other	\$
Total Assets			\$
Please list all banks where trans	sactional accounts are held:		
Held with	Main Bank	Held with	Main Bank
Held with	Main Bank	Held with	Main Bank

Liabilities

This includes the full amount of any loan(s) that you are legally liable for either jointly or individually, such as any loan(s) you are a guarantor for, any loan(s) from family or friends, etc.

Home loan(s)	Owing:		Other lending	Owing:	Limit:
Held with	\$		Hire purchase	\$	\$
Held with	\$		Buy Now Pay Later	\$	\$
Held with	\$		Overdrafts	\$	\$
Personal loan(s)	Owing:	Limit:	Credit card(s)	Owing:	Limit:
Held with	\$	\$	Held with	\$	\$
Held with	\$	\$	Held with	\$	\$
Student loan	\$	\$	Held with	\$	\$
Other	\$	\$	Held with	\$	\$
Total Liabilities				\$	\$

If you have a credit card

Do you intend on keeping this card?	Yes	No
Do you pay your credit card closing balance in full every month?	Yes	No
THE CLOSING BALANCE ON YOUR CREDIT CARD ACCOUNT INCLUDES PURCHASES, CASH ADVANCES, FEES, BALANCE TRANSFERS AND INTEREST FROM THE PRIOR STATEMENT PERIOD.		

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Statement of Financial Position



Income & Expenditure

Income

You must provide details of every source of income (including any business income) earned that exceeds \$7,500 per annum

Primary applicant income				Valu	e	Frequency
Annual gross salary				\$		
Net income			\$			
Self employed net income			\$			
KiwiSaver contribution						
3%	4%	6%	8%	10%	n/a	

Joint applicant income				Valu	e	Frequency
Annu	al gros	s salary	,	\$		
Net income			\$			
Self employed net income			\$			
KiwiSaver contribution			ion			
3%	4%	6%	8%	10%	n/a	

Other income	Value	Frequency
ACC	\$	
Allowances	\$	
Benefits	\$	
Board income	\$	
Bonuses	\$	
Business income	\$	
Child support	\$	

Other income	Value	Frequency
Commission	\$	
Off shore income	\$	
Rental income	\$	
Superannuation	\$	
Working for families	\$	
Other	\$	
Other	\$	

Expenditure

Loan and card payments	Value	Frequency
Total home loan payments	\$	
Personal loan payments	\$	
Student loan payments	\$	
Hire purchase payments	\$	
Buy Now Pay Later payments	\$	
Other loan payments	\$	
Insurance	Value	Frequency
House	\$	
Contents	\$	
Vehicles	\$	
Health/Life	\$	
Other payments	Value	Frequency
Rent/Board	\$	
Child support	\$	
Rates/Water rates	\$	

Other payments	Value	Frequency
Body corporate fees	\$	
Childcare & daycare	\$	
Leasehold fees	\$	
School fees	\$	
Groceries	\$	
Dining out/Takeaways	\$	
Utilities (e.g. electricity and gas)	\$	
Transport (e.g. petrol, private/public transport, vehicle maintenance)	\$	
Personal expenses (e.g. clothing & footwear, personal care for yourself & dependents)	\$	
Medical expenses	\$	
Telecommunication (e.g. internet and phone)	\$	
Discretionary living expenses (e.g. entertainment, travel, pet care and hobbies etc.	\$	

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Statement of Financial Position



Supporting information

Are you aware of any changes that could significantly impact your household income, expenses, or liabilities in the next 12 months?	Yes	No
If you answered yes, please provide details:		
If all household income and expenditure is not pooled for household financial obligations, please specify the % split.	%	

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