

Credit assistance application

This form is to be completed to enable Teachers Mutual Bank to consider a request for assistance related to financial hardship you are experiencing. If you provide all the information requested on the form by the date shown below, we will get back to you with a decision on your application within 14 days.

For assistance in completing any section of this form, please call Credit Assistance on 13 12 21 9am to 5pm, weekdays.

▶ You must complete all sections of this application and answer all questions in full.

▶ Supporting documentation is required for income and expenses.

▶ Please ensure this application and all relevant documentation is forwarded to this office prior to

Date

What are your personal details?

First account holder details

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other		Member no	
First names							Surname	
Residential address								
Suburb					State			Postcode
Postal address (if different from above)								
Suburb					State			Postcode
Home phone				Work phone			Mobile phone	
Email								
Date of birth				Age				Occupation
Name of employer								
Age of dependant children	years		years		years			

Second account holder details (if applicable)

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other		Member no	
First names							Surname	
Residential address								
Suburb					State			Postcode
Postal address (if different from above)								
Suburb					State			Postcode
Home phone				Work phone			Mobile phone	
Email								
Date of birth				Age				Occupation
Name of employer								
Age of dependant children	years		years		years			

Commitments (monthly)	
Mortgage	
Rent/board	
Loan repayments (total)	
Credit/store card repayments (total)	
Child support	
Rates	
Travel expenses	
Electricity/gas	
Education expenses	
Phone and internet	
Superannuation	
Motor vehicle insurance	
Health insurance	
Home and contents insurance	
General living expenses (food, clothing, personal)	
Total commitments	

Income (monthly)	
Salary (net after tax)	
Salary of spouse/partner (net after tax)	
Other employment	
Overtime	
Rent received	
Board received	
Pension/other benefits received	
Interest/dividends	
Other income	
Total income	

Please sign below in black pen only

I/We understand that the information stated in this Credit assistance application is true and correct in every particular and is a full and complete disclosure of my/our financial position.

First account holder


Signature Date

Second account holder

Signature Date

Please attach:
Your last payslip/Centrelink statement
All other relevant documentation (where applicable)

Returning this form

 Teachers Mutual Bank, Reply Paid 7501, Silverwater NSW 2128

Faxed or scanned documents cannot be accepted