



HARDSHIP APPLICATION FORM

SECTION 1 - Applicant to complete		
Rank	Given Name	Surname
PMKeyS ID	Unit	
Date of Birth	Date of Enlistment	Separation Date (if applicable)
Marital Status	Number of Dependants (specify age)	
Mobile Phone No	Email Address	
Home Address		
Is this your own home?		
Amount Requested		
Explain the full circumstances leading to this application (Attach other documents to support your case)		

SENSITIVE - PERSONAL

Fortnightly Income and Expenses			
Income Per Fortnight	\$	Expenses per Fortnight	\$
Member Income		Tax	
Partner Income		Superannuation	
Centrelink Payments		Rent	
Rent Allowance		Childcare	
DVA Pension		Child Support payments	
Other Income		Food	
		Utilities	
		Telephone/Internet	
		Health Fund	
		Vehicle/Transport expenses	
		Rates	
		Medical expenses	
		Entertainment	
		Other Expenses	
Total Income per Fortnight		Total Expenses per Fortnight	

Financial Liabilities – Mortgages/Loans/Credit Cards/Afterpay		
Details	Amount Outstanding \$	Fortnightly Payments \$
Total Liabilities		

Financial Assets	
Details	Value \$
Home	
Savings Accounts	
Investment Properties	
Vehicles	
Other Significant Assets	
Total Assets	

Privacy Act 1988

I agree that the Fund may give information about me to a credit reporting agency for the following purpose:

- a. to obtain a consumer credit report about me.

I agree that the Fund may exchange information about me with those credit providers either named by me or named in a consumer credit report issued by a credit reporting agency for the following purpose:

- a. to assess this application for financial assistance.

I understand that the information exchanged can include anything about my creditworthiness, credit standing, credit history or credit capacity and that credit providers are allowed to exchange this information under the Privacy Act 1988.

I hereby give my permission for Fund staff to access my pay, personnel and/or any other Defence related record considered necessary by the Fund in order to consider this application.

DECLARATION: I do solemnly declare that the information detailed in this application is to the best of my knowledge and belief true in every particular.

Signature of Applicant

Date

SECTION 2 - Chaplain comments

Include comments regarding Defence and other agency support.

This application is Recommended/Not Recommended

Signature of Chaplain

Date

SECTION 3 – Trustees Decision	
Approved/Not Approved	
Amount Approved	
Date	
Date Advised	
Date Paid	