



# Personal Financial Summary

## PERSONAL DETAILS

Full Name : \_\_\_\_\_

Contact Number : \_\_\_\_\_

Email Address : \_\_\_\_\_

Residential Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Products Selected for Financial Assistance

☐ Credit Card

Please provide your Account Number below for identification purposes

Account Number : \_\_\_\_\_

Hardship Reason : \_\_\_\_\_

\_\_\_\_\_

## INCOME DETAILS

Employment Status / Source of Income

▼

Personal Monthly Income (After Tax)

Frequency

▼

Other Household Monthly Income (After Tax)

## EXPENSE DETAILS (PLEASE PROVIDE DETAILS OF YOUR TOTAL MONTHLY HOUSEHOLD EXPENSES)

Type of Expense	Monthly Expense	Type of Expense	Monthly Expense
Mortgage / Investment	<div></div>	Food / Groceries	<div></div>
Rent	<div></div>	Utilities (Electricity, Gas, Water, Rates)	<div></div>
Credit Card/s	<div></div>	Mobile / Telephone / Internet	<div></div>
Personal Loan/s	<div></div>	Travel / Fuel	<div></div>
Vehicle Loan/s	<div></div>	Medical / Health Fund	<div></div>
School fees	<div></div>	Insurance (Property, Content, Vehicle)	<div></div>
Entertainment / Subscriptions	<div></div>	Body Corporate / Strata fees	<div></div>
		Other Expenses	<div></div>
		Total Expenses	<div></div>



## ASSETS AND LIABILITIES - HOME LOANS AND INVESTMENTS

Assets			Amount Owing	Total Value of Property
Residential Property	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>
Investment Properties	<input type="radio"/> Yes	<input type="radio"/> No	<input type="text"/>	<input type="text"/>

## INCOME AND EXPENSES SUMMARY

Surplus / Defici

**ARRANGEMENT TO PAY** (If you are suffering financial difficulty and would like to propose a payment arrangement, please fill out the below. Otherwise, please leave blank.)

Description	Proposed Amount	Frequency	First Payment Date
Arrangement to Pay	<input type="text"/>	<input type="text" value="v"/>	<input type="text" value="(DD/MM/YYYY)"/>

**Additional Information:** Provide any information you would like us to take into consideration when reviewing this request.

**Important Information:** If you have been paying for credit card insurance, you may be eligible to make a claim with the insurer. Your credit card statement will indicate the name of the insurer you need to contact. A credit card insurance policy wouldn't preclude you from applying for financial hardship assistance if you still require it.

I declare that the particulars in this statement and accompanying documents are true and correct in every detail, disclosing income derived from all sources. I understand that provision of false or misleading information could result in cancellation of any agreements and the initiation of legal action for debt recovery as can failure to make payments that are owing on any official arrangement. I consent to the use and collection of any sensitive information that has been disclosed in this form.

Customer's Name

Customer's Signature

Date (DD/MM/YYYY)

Please return your completed form via email, mail or upload online. To upload online, log in to your account at [paypal.com/au/signin](https://paypal.com/au/signin), select 'PayPal Rewards Card', then go to 'My Statements' and 'Manage Documents'.

Team	Email Address	Mailing Address	Phone
Credit Cards	<a href="mailto:hardships@paypal-credit.com.au">hardships@paypal-credit.com.au</a>	PO Box 3453, Sydney, NSW 2001	1800 318 185 (9am to 9pm AEST)

PayPal Rewards Card is issued by National Australia Bank Limited (ABN 12 004 044 937, AFSL and Australian Credit Licence 230686) ("NAB"). NAB has acquired the business relating to these products from Citigroup Pty Ltd (ABN 88 004 325 080, AFSL and Australian Credit Licence 238098) ("Citi") and has appointed Citi to assist to administer the products.