



# Commercial Credit Services Group



## Statement of Financial Position Individual

Any information contained in this statement is confidential. If you intend to complete the form using a mobile device, please ensure you save the file first, before opening and inputting your details. Please ensure all relevant information is included, as missing details may affect the validity of this document and any related arrangements.

### Applicant Details

Reference Number	<input type="text"/>	Date of Birth	<input type="text"/>
Full Name	<input type="text"/>		
Address	<input type="text"/>		
Email Address	<input type="text"/>		
Contact Number Home	<input type="text"/>	Mobile	<input type="text"/>

### Household & Dependant Details

Household	Single	<input type="text"/>	Couple	<input type="text"/>	Family/Shared	<input type="text"/>	Retired	<input type="text"/>
	Number of Dependants	<input type="text"/>	Age of Dependants	<input type="text"/>				
Housing	Own-Mortgage	<input type="text"/>	Own - No Mortgage	<input type="text"/>	Rent	<input type="text"/>	Board	<input type="text"/>
	Social Housing	<input type="text"/>	Other - Specify	<input type="text"/>				
Are you in arrears on Rent/Mortgage?	No	<input type="text"/>	Yes	<input type="text"/>				
	Weeks/Months	<input type="text"/>			Amount	\$	<input type="text"/>	

### Employment & Income Details

Employment Status	Full-time	<input type="text"/>	Part-time	<input type="text"/>	Casual	<input type="text"/>	Self Employed	<input type="text"/>
	Contractor	<input type="text"/>	Unemployed	<input type="text"/>	Student	<input type="text"/>	Retired	<input type="text"/>
	Carer	<input type="text"/>	Other Specify	<input type="text"/>				
Employer/Business Name	<input type="text"/>							
Occupation	<input type="text"/>			Length of Employment	<input type="text"/>			
Employers Address	<input type="text"/>							
Income Frequency	Weekly	<input type="text"/>	Fortnightly	<input type="text"/>	Monthly	<input type="text"/>	Other Specify	<input type="text"/>

Net Income - Monthly (after Tax)

Wages/ Salary	\$	Partners Income	\$	Business Drawings	\$
Total Monthly Net Income			\$		

Government Payments- Monthly (if any)

Tick all that apply

JobSeeker		Youth Allowance		Parenting Payment		Age Pension	
Disability Pension		Carer Payment		Family Tax Benefit		Rent Assistance	
Other Specify							
Total Benefits			\$				

Other Income - Monthly

Child Support/ Maintenance	\$	Investment Income/ Dividends	\$
Boarders / Rent from others	\$	Other Specify	\$
Total Other Income		\$	

Regular Living Expenses- Monthly

Rent/ Mortgage	\$	Rates/Body Corporate	\$	Electricity/ Gas	\$
Water	\$	Phone	\$	Internet	\$
Groceries	\$	Takeaway	\$	Personal/ Household	\$
Fuel	\$	Vehicle Rego	\$	Vehicle Insurance	\$
Vehicle Maintenance	\$	Parking/ Tolls	\$	Public Transport	\$
Home/Contents Insurance	\$	Health Insurance	\$	Life/Income Insurance	\$
Medical Appointments	\$	Medications	\$	Therapy/ Allied Health	\$
Childcare Fees	\$	School Fees	\$	Child Support/ Maintenance	\$
Credit Card Balances	\$	Personal Loan/s	\$	Vehicle Loan/s	\$
Buy Now Pay Later	\$	Fines	\$	ATO	\$
Entertainment/ Recreation	\$	Subscriptions Streaming	\$	Pets	\$
Other Specify	\$				
Total Regular Living Expenses			\$		

Debts & Liabilities

Creditor				Type						
Balance	\$		Repayment	\$		Arrears	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Creditor				Type						
Balance	\$		Repayment	\$		Arrears	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Creditor				Type						
Balance	\$		Repayment	\$		Arrears	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Creditor				Type						
Balance	\$		Repayment	\$		Arrears	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Creditor				Type						
Balance	\$		Repayment	\$		Arrears	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Assets

Property Specify		Value	\$		Secured?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Vehicle/s Specify		Value	\$		Secured?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Savings (Bank) Specify		Value	\$		Secured?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Shares/Investments Specify		Value	\$		Secured?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Tools/Equipment Specify		Value	\$		Secured?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other Valuable Specify		Value	\$		Secured?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Hardship Reason & Circumstances

	Unemployed		Reduced Employment		Reduced Income		Investment/ Business Loss	
	Carer Responsibilities		Illness		Workplace Injury		Injury	
	Relationship Breakdown		Natural Disaster		Over Committed		Prison	
	Other: (Please Specify)							
	When did this Start?	Date						
Expected Duration	Less than 1 Month		1-3 Months		3-6 Months		6-12 Months	
	Over 12 Months		Unknown		Other Specify			
	Brief Details Optional							
Supporting Docs Provided	Payslips		Bank Statements		Centrelink Summary		Medical Letter	
	Termination/ ROE		Rental Ledger		Other Specify			

Your Proposal - What you can afford?

I'm requesting (tick all that apply)	I can pay \$		Starting		Per -W		F		M	
	Reduced payments		For		Months		Weeks			
	Payment Pause		For		Months		Weeks			
	Other: (Please Specify)									

Consent & Declarations

<input type="checkbox"/>	I declare the information provided is true and correct to the best of my knowledge.
<input type="checkbox"/>	I understand this information will be used to assess my hardship request and to manage my account in line with the privacy policy.
<input type="checkbox"/>	I confirm all relevant information is included and understand that missing details may impact the document's validity or related arrangements.
<input type="checkbox"/>	I authorise you to discuss my account with my support person or financial counsellor listed below:

Name			
Company (if applicable)			
Phone			
Email			
Signature		Date	

**Supporting Documents Checklist** (attach what you can)



**Last 60 days of Bank Statements**



**Last 2-4 Payslips or Centrelink Income Statement**



**Utility bills (if applicable)**



**Rental Ledger/Mortgage Statement (if applicable)**



**Medical/employer letter (if applicable)**