

Hardship Application Form



**COMMUNITY
FINANCIAL SERVICES**

Customer Details

First name

Last Name

2nd Borrower First Name (If applicable)

2nd Borrower Last Name (If applicable)

Contract Number (Can be found on your CFS
Consumer Credit Contract, or 6-monthly statement)

Phone Number (Mobile/Home)

Phone Number (Work/Other)

Email

Impacted by the COVID-19 virus financially?

- Yes
- No

What has changed?

- Unemployment / Redundancy
- Separation
- Reduction in income
- Illness / injury to you
- Illness / injury in the family
- Death in the family
- Other

How can we help you?

- Reduce the amount that I have to pay each month
- Stop repayments for an agreed time
- Combine the two options stated above
- Other

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Please tell us how your financial situation has changed.

Please complete in full and email to customercare@cfsfinance.co.nz