Hardship Application Form



Customer Details		
First name		
Last Name		
2 nd Borrower First Name (If applicable)		
2 nd 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		
you to assess your application.	eligible for, but we will need a little more information from	
What has changed in your circumstances to cause hardship since your loan application.		
2. How would you like us to assist?		
eg. reduce payment for a period, hold pay	ment, restructure your loan, etc?	
3. What are you doing to help improve your current situation? eg. Have you engaged in the services of a financial mentor/budget advisor?		

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the link - https://creditsense.co.nz/q/cuem



4.	Flease outline your main expenses and amounts such as rent, rood, petrol, power etc.	
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5.	Do you have any dependents in your care?	
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6.	To assist with your application, we will require you to provide 3 months bank statements using	

Please email all this information to the email hardship@cfsfinance.co.nz and the team will be in touch with you.