

# Personal Financial Summary

## PERSONAL DETAILS

Full Name	: _____	Products Selected for Financial Assistance
Contact Number	: _____	<input type="radio"/> Credit Card
Email Address	: _____	Please provide your Account number below for identification purposes
Residential Address	: _____	Account Number : _____
_____		Hardship Reason : _____
_____		

## INCOME DETAILS

Employment Status / Source of Income	<input type="text" value=""/>	Personal Monthly Income (After Tax)	<input type="text" value=""/>
Frequency	<input type="text" value=""/>	Other Household Monthly Income (After Tax)	<input type="text" value=""/>

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

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

