

**FINANCIAL HARDSHIP ASSISTANCE FORM**

*The Financial Hardship Assistance is provided to customers who are facing some form of hardship that has an impact on the household income to repay monthly mortgage repayments.*

*.*

**A. Customer Information**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Customer (s)** | **Customer 1** | **Customer 2** | **Customer 3** | **Customer 4** |
| First Name:  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Surname:  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Other Names: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Date of Birth: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| TIN No.: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Marital Status:  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Employer: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Occupation: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Gender:  | Female | Choose an item. | Choose an item. | Choose an item. |
| FNPF Number  | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Postal Address: | N/A | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Email Address: | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Contact (Home): | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Phone Contact (Work): | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**B. Property / Loan Account Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Account Number: | Click or tap here to enter text. | MPI  | Yes |
| Survey Reference: | Click or tap here to enter text. | Property Location: | Click or tap here to enter text. |

**C. Hardship Details *(Please select as applicable)***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  Single Mother | [ ]  Widowed | [ ]  Separated | [ ]  Retired | [ ]  Physically Impaired  | [ ]  Lost Employment prior to Covid-19 |

**D. Hardship Assistance *[Order of Assistance as listed]***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| [ ]  Impact on Household Income (assist under COVID-19 debt relief) | [ ]  Restructure Loan term up to 65 years (ease repayment)  | [ ]  Interest & Other charges repayment only (three months)  | [ ]  Freeze account for three months  | [ ]  Ease repayment (Ground Rent payable by self) |

**Documents Required**

|  |
| --- |
| [ ]  Completed Form |
| [ ]  Statutory Declaration *(if single mother, widowed, separated, retired, physically impaired or impact on Household Income in one way or another)* |
| [ ]  Ability to pay after the assistance (payslip or equivalent as required).  |

**E: Applicant(s) Declaration**

 *I / We confirm that I / we have read and understood the conditions stated therein and declare that all the information provided is true and correct.*

Signed: …………………………………………………………. Date: Click or tap to enter a date.

**PLACING YOUR NAME BELOW CONSTITUTES YOUR ELECTRONIC SIGNATURE.**

|  |  |  |  |
| --- | --- | --- | --- |
| Customer 1: | Click or tap here to enter text. | Place: | Click or tap here to enter text. |
| Customer 2: | Click or tap here to enter text. | Place: | Click or tap here to enter text. |
| Customer 3: | Click or tap here to enter text. | Place: | Click or tap here to enter text. |
| Customer 4: | Click or tap here to enter text. | Place: | Click or tap here to enter text. |

***Important Notice:***

***Any person obtaining assistance from Housing Authority who willfully fails to disclose any material information within his/her knowledge or willfully makes a statement which he/she knows to be false or does not believe to be true, shall be guilty of an offence and on conviction for a fine not exceeding $200 or imprisonment for a term not exceeding six months, or both such fine and imprisonment- Section 28 of Housing Act (cap 267)***