

## Financial Hardship Application Form

### **Account Holder Details**

Full Name:

Mailing Address:

Contact Number:

Email Address:

Date of Birth:

### **Authorised Representative Details**

*[to be completed if an Authorised Representative is completing the form on the Account Holders behalf]*

Full Name:

Street Address:

Suburb:  State:  Postcode:

Mailing Address:

Contact Number:

Email Address:

Date of Birth:

### **Account Details**

NeoGrids Account Number:

Serviced Provided by NeoGrids: Electricity ☐ Hot Water ☐ Other ☐

Premise Street Address:

Suburb:  State:

Postcode:

### **Financial Hardship Details**

Please specify the reason for financial hardship:

*(Please check all that apply and provide additional details as needed)*

☐ Loss of Employment

☐ Reduction in Income

☐ Medical Expenses

☐ Unexpected Expenses

☐ Other (Please specify):

Summary of Hardship:

*(Please provide a brief explanation of your financial hardship situation)*

### **Financial Information**

Please provide below estimated **monthly** income figures:

➤ Employment \$\_\_\_\_\_

➤ Government Assistance \$\_\_\_\_\_

➤ Other (Please specify) \$\_\_\_\_\_

Please provide below estimated **monthly** expense figures:

➤ Rent/Mortgage \$\_\_\_\_\_

➤ Utilities \$\_\_\_\_\_

➤ Groceries \$\_\_\_\_\_

➤ Medical \$\_\_\_\_\_

➤ Other *(Please specify)* \$\_\_\_\_\_

Total Monthly Income: \$ \_\_\_\_\_

Total Monthly Expenses: \$ \_\_\_\_\_

### **Requested Assistance**

Type of Assistance Requested:

*(Please check all that apply)*

☐ Payment Extension

☐ Payment Plan

☐ Reduced Payments

☐ Other (Please specify):

Proposed Payment Plan:

*(If applicable, please provide details of the payment plan you are proposing with suggested dates and amounts)*

### **Supporting Documentation**

Please attach any supporting documentation that can help us assess your application:

*(Please check below documents which you have attached)*

☐ Proof of Income (e.g., pay slips, bank statements - sensitive information can be redacted)

☐ Medical Certificate

☐ Death Certificate (if death in family has occurred)

☐ Unemployment Documentation

☐ Other (Please specify):

Has financial hardship been discussed with our Customer Service Team prior to completing this form?    Yes ☐        No ☐        If yes, please specify date:

If yes, what was the outcome?

### **Declaration**

I declare that the information provided in this form is true and accurate to the best of my knowledge.

Signature:

Date:

DD / MM / YYYY

### **Submission Instructions**

Email:    support@neogrids.com

Mail:    NeoGrids Customer Support

Level 19, 180 Lonsdale Street,

Melbourne VIC 3000

### **NeoGrids Office Use Only**

Received By:

Date Received:

Reference Number:

Action Taken: