

# HARDSHIP REQUEST FORM

**PURPOSE:** To be completed by renters applying for hardship provisions under the CEHL Hardship Policy (refer HARDSHIP POLICY <https://cehl.com.au/policies-procedures>)

## COMPLETE ALL DETAILS:

1. First name:

2. Last name:

3. Preferred name (if different from above):

4. Address:

5. Contact number (mobile):

6. Contact email:

7. Please provide details of your financial hardship that is affecting your ability to pay rent

8 How long do you expect to be experiencing Financial Hardship? :

- less than 3 months
- 3 to 6 months
- 6 to 12 months
- Other

1. Please provide a brief explanation on how the hardship has impacted your ability to pay rent.

8. What actions have you taken to minimise the impact of hardship?

## DECLARATION

By signing this form, I declare that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in my application being denied.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward the completed form to [tenancy@cehl.com.au](mailto:tenancy@cehl.com.au) along with any supporting documentation.

## OFFICE USE ONLY:

1. Finance Team Recommendation:

Approve hardship provision, include and caveats or period applicable:

Deny hardship provision (reason):

Additional information required

Assessment Date:

Name and Signature (Finance Officer):

## APPROVAL SECTION

### DECISION

Approve hardship provision, include and caveats or period applicable:

Deny hardship provision (reason):

Decision Date:

Name and Signature: