



COVID-19 Assistance Application

Member Number

Personal Loan

Mortgage

Prime Borrower

FIRST NAMES	LAST NAME
CURRENT ADDRESS	PHONE NUMBER

Employment Details (proof required)

NAME OF EMPLOYER	ADDRESS
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Co Borrower

FIRST NAMES	LAST NAME
CURRENT ADDRESS	PHONE NUMBER

Employment Details (proof required)

NAME OF EMPLOYER	ADDRESS
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Loan support

I/We would like to apply for:

Interest only for a 12 month period (at the end of the 12 month interest only period, your loan will automatically revert back to principle and interest for the remainder of the loan term)

6 month repayment deferral- applies to mortgages only (interest will still be added to your loan, which means your loan balance will increase)

For further information about the options above please refer to firstcu.co.nz

Assistance required

I/We are applying for financial assistance due to (please choose one):

Reduced household income FROM W/F/M To W/F/M

Reduced Hours From PER WEEK To PER WEEK

Made redundant EFFECTIVE FROM

DO YOU HAVE LOAN PROTECTION INSURANCE? Yes No DID YOU RECEIVE A REDUNDANCY PAYMENT? Yes No

Any other reason (please explain)

Declaration

I/We hereby certify that the information provided is true and correct as at

DATE

PRIME BORROWER	CO BORROWER
SIGNATURE	SIGNATURE

SEND YOUR COMPLETED APPLICATION AND ANY SUPPORTING DOCUMENTS TO covid-19@firstcu.co.nz

OFFICE USE ONLY

Received _____ Approved by _____

Collection Officer Notes _____

Member Advised of decision? Yes

Confirmation letter sent to member? Yes