



# COVID-19 Interest Only Application

Member Number

Account Number

## 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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## 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](mailto: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