

Tru Blu Collections

PO Box 80
 CASULA MALL NSW 2170
 Tel: 02 9600 9914

(A) STATEMENT OF FINANCIAL POSITION

Account Holders Names :
 Residential Address :
 Number Dependents : (Excluding Self)
 Occupation :
 Employers Name :
 Employers Address :
 Employers Phone No :

(B)

Spouse Name :
 Spouses Employer Name :

(C) INCOME SOURCE

Income Frequency	WEEKLY	FORTNIGHTLY	MONTHLY
ACCOUNT HOLDER WAGE (NET)		\$	_____
SPOUSE WAGE (NET)		\$	_____
GOVERNMENT BENEFITS		\$	_____
OTHER INCOME		\$	_____
	SUB TOTAL	\$	

(D) MONTHLY EXPENDITURE

LIVING EXPENSES

FOOD	:	\$	_____
ELECTRICITY	:	\$	_____
GAS	:	\$	_____
TELEPHONE	:	\$	_____
LEGAL OBLIGATIONS	:	\$	_____
LAND & WATER RATES	:	\$	_____
TRANSPORT	:	\$	_____
RENT	:	\$	_____
MORTGAGE REPAYMENTS	:	\$	_____
	SUB TOTAL	\$	

HIRE PURCHASE, CREDIT CARDS, PERSONAL LOANS

(Institution)	(Type Account)	(Balance)	(Repayments)
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

TOTAL EXPENDITURE (D) \$ _____

SURPLUS / DEFECIT (C-D) \$ _____

(E)

ASSETS

CURRENT VALUE

RESIDENTIAL PROPERTY \$ _____
 INVESTMENT PROPERTY \$ _____
 OTHER LAND \$ _____

HOUSEHOLD FURNISHINGS \$ _____
 OTHER (Assets, Stocks, Shares, Boat) \$ _____

MOTOR VEHICLES

(MAKE)	(MODEL)	(YEAR)	
_____ / _____ / _____			\$ _____
_____ / _____ / _____			\$ _____

AMOUNTS OWED TO ACCOUNT HOLDER \$ _____

BANK / CREDIT UNION / BUILDING SOCIETY – ACCOUNT DETAILS

(INSTITUTION)	(TYPE OF ACCOUNT)	(ACCOUNT No.)	(BALANCE)
_____ / _____ / # _____			\$ _____
_____ / _____ / # _____			\$ _____
_____ / _____ / # _____			\$ _____

(F)

INSTALLMENT OFFER

Payment Frequency **WEEKLY** **FORTNIGHTLY** **MONTHLY**

I offer to repay the debt owing at a rate of \$ _____ (p.w / p.f / p.m),
 commencing ____/____/____. Arrangement to be reviewed ____/____/____.

DECLARATION

I declare that the information in this statement and accompanying documents are true and correct, in every detail disclosing income derived from all sources. I understand that provision of false or misleading information could result in the cancellation of any agreements and the initiation of legal action for debt recovery, as can failure to make payments that are owing on any official arrangement.

Signature _____

Print Name _____

Date _____/_____/_____

Please provide proof of any SOCIAL SECURITY BENEFITS received.
If any business interest, please provide BALANCE SHEETS for the last 2 years.