

APPLICANT DETAILS

	1 st Applicant	2 nd Applicant
Title		
First name		
Middle names		
Surname		
Previous surname & date of change		
Current Address		
Date of Birth		
Telephone numbers - Home		
Mobile		
Work		
Email address		
Relationship to other applicant		
Marital Status		
Nationality		
National Insurance number		
Do you have any children/ dependants	YES NO	YES NO
Dependants names and date of birth		
Date moved into your current address		
Current residential status(renting/owner/family)		
Previous address if less than 3 years – please provide dates moved in and out for all addresses in last 3 years Please also state if owner/renting or with family at each of previous addresses.		
Rent payable (if applicable) and current landlord name, address, and phone number (if via agent, please give agent details).		

OTHER ADDRESSES from last 3 years with dates and residential status

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HEALTH DETAILS

	1 st Applicant	2 nd Applicant
Are you in good health?		
Have you smoked in the last 12 months		

CURRENT MORTGAGE DETAILS

Who's name is the mortgage in?	App 1	App 2	Joint	
Lender				Monthly payment £
Amount of Loan outstanding	£			Term remaining
Account number				Interest rate
Are you a named borrower on any other mortgage	YES	NO	Details If Yes:	
Do you own any other properties eg. buy to let	YES	NO	Details If Yes:	

OCCUPATION DETAILS

	1 st Applicant	2 nd Applicant
Occupation status (Employed/Self Employed/ Retired)		
Current employer		
Current employer address		
Occupation / Job Title		
On what basis? perm/temporary/Agency worker etc		
Hours worked per week		
If contract worker, specify end of term of contract		
Current employment start date		
Details of probationary period if any		
Your expected retirement age	Years Old	Years Old
Sick pay from employer if you are unable to work (eg 3 months full pay, then 3 months half pay, or None		

If current employment is less than 1 year, please give details of your previous occupation(s) in notes at end of form

INCOME DETAILS

	1 st Applicant	2 nd Applicant
If employed:		
Basic salary p.a.	£	£
Guaranteed additional p.a. (overtime, bonus, shift etc.)	£	£
Regular additional p.a. (overtime, bonus etc.)	£	£
Other earned income (please specify)	£	£

If self-employed:		
Net profit – most recent year	£	£
Net profit – previous year	£	£
Accountants name		
Accountants firm		
Accountants email address		

If Company Director with more than 25% shareholding:		
Current Salary	£	£
Previous year's Salary	£	£
Most recent years Dividends taken	£	£
Previous years Dividends taken	£	£

Do you have any other income - tax credits/child benefit – please specify which type and amount for each type of benefit	£	£
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CREDIT HISTORY

	1st applicant		2nd applicant	
Have you ever had a mortgage, or a loan application refused?	YES	NO	YES	NO
Have you ever had a judgment for debt, or a loan default registered against you?	YES	NO	YES	NO
Have you ever been declared bankrupt or made an arrangement with your creditors?	YES	NO	YES	NO
Have you ever failed to keep up your payments under any previous or current, mortgage, rental or loan agreement?	YES	NO	YES	NO

FINANCIAL COMMITMENTS

loans/credit cards/HP/store cards and student loans Please note, even if they are to be repaid please list them here.

App 1 or 2	Company Name	Type (loan/credit card)	Amount outstanding	Payment pm	Being repaid IN FULL?

DEDUCTIONS FROM SALARY – eg childcare, pension, save as you earn, share schemes etc

App 1 or 2	Type	Amount deducted	Will this continue YES/NO

WORK BENEFITS

	1 st Applicant	2 nd Applicant
How long are you paid if you are off work long term		
Does your employer provide a death in service benefit	£	£
Does your employer provide critical illness cover	£	£

	1 st Applicant		2 nd Applicant	
Do you have any personal pensions?	YES	NO	YES	NO
Do you have any previous workplace pensions?	YES	NO	YES	NO
Do you have a valid will?	YES	NO	YES	NO

CURRENT INSURANCES HELD

Please indicate which of the following you have;

	Amount of cover	Monthly cost	Provider	Which of you covered	Renewal date/ years left
Life cover					
Critical illness cover					
Income protection					
Buildings Insurance					
Contents insurance					
Mortgage Payment Protection					

CURRENT ACCOUNT DETAILS

	1 st Applicant	2 nd Applicant
Bank / Building Society		
Sort Code		
Account Number		
Years held		

BUDGET PLANNER

Monthly expenditure	£ per month	Monthly expenditure	£ per month
COMMITTED EXPENDITURE		BASIC QUALITY OF LIVING	
Mortgage or rent		Clothing	
Other loans		Large household goods (e.g. furniture, appliances)	
Credit card repayments		Personal goods (e.g. toiletries)	
Hire purchase agreements		Recreational (TV, sports, non-essential travel etc)	
Interest only mortgage repayment strategy		Childcare	
BASIC ESSENTIAL EXPENDITURE		OTHER (please specify)	
Housekeeping (food, cleaning, clothes washing)		Other insurances (car, life, pet, travel etc)	
Utilities – Gas, Electricity, other heating			
Utilities - Water			
Phone & Internet			
Council tax			
Home insurance			
Ground rent & service charge for leasehold properties			
Essential travel (including to & from work/school)			