

Personal Details

	Applicant 1	Applicant 2 (if applicable)
Title	<input type="text"/>	<input type="text"/>
Forename	<input type="text"/>	<input type="text"/>
Middle name	<input type="text"/>	<input type="text"/>
Surname	<input type="text"/>	<input type="text"/>
Maiden Name (if applicable)	<input type="text"/>	<input type="text"/>
Mother's Maiden Name	<input type="text"/>	<input type="text"/>
Gender	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Place of birth	<input type="text"/>	<input type="text"/>
Marital status	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Are you a smoker?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Adverse medical history	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes please give details:	<input type="text"/>	<input type="text"/>
Residential status e.g. owner, family, tenant.	<input type="text"/>	<input type="text"/>
<i>If renting:</i>		
Amount of rent per month	<input type="text"/>	<input type="text"/>
Name of Landlord	<input type="text"/>	<input type="text"/>
Address of Landlord Line 1	<input type="text"/>	<input type="text"/>
Address of Landlord Line 2	<input type="text"/>	<input type="text"/>
Contact Number	<input type="text"/>	<input type="text"/>
Current Address (3 Year history)		
Address	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date moved in	<input type="text"/>	<input type="text"/>

Previous Address

Address Line 1	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date moved in	<input type="text"/>	<input type="text"/>
Residential status	<input type="text"/>	<input type="text"/>

Previous Address

Address Line 1	<input type="text"/>	<input type="text"/>
Town	<input type="text"/>	<input type="text"/>
County	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date moved in	<input type="text"/>	<input type="text"/>
Residential status	<input type="text"/>	<input type="text"/>

Contact details

Telephone	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Preferred method of contact	<input type="text"/>	<input type="text"/>

Dependants

	Name of child	Date of Birth	Dependant on Applicant 1	Dependant on applicant 2
Dependant 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Dependant 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Income

	Applicant 1		Applicant 2 (if applicable)	
Occupation	<input type="text"/>		<input type="text"/>	
Employment status	<input type="checkbox"/> Employed	<input type="checkbox"/> Self employed	<input type="checkbox"/> Employed	<input type="checkbox"/> Self employed
	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary
	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time

Income

Applicant 1

Applicant 2 (if applicable)

Name of employer

Address of employer

Address

Town

County

Postcode

Start Date

Employer telephone number

If Self Employed

Accountant name

Accountant address

Annual Salary

Additional income

Net monthly income

Sick pay benefits?

Yes

No

Yes

No

If Yes, how many full weeks of pay:

Death in service?

If Yes, specify amount of cover

Monthly pensions reductions

Yes

No

Yes

No

If Yes, please give details:

State Benefits

Monthly Allowance

Child Benefit

Universal Credit

Disability Living Allowance

Other benefits

Any other income reductions

Yes

No

Yes

No

If Yes, please give details:

National insurance number

Intended retirement age

Bank Name

Length of time account held

Assets

	Applicant 1	Applicant 2 (if applicable)
Pensions	<input type="text"/>	<input type="text"/>
Amount	<input type="text"/>	<input type="text"/>
Name of management	<input type="text"/>	<input type="text"/>
Monthly contributions	<input type="text"/>	<input type="text"/>
Life insurance	<input type="text"/>	<input type="text"/>
Provider	<input type="text"/>	<input type="text"/>
Policy type	<input type="text"/>	<input type="text"/>
Amount of cover	<input type="text"/>	<input type="text"/>
Monthly premiums	<input type="text"/>	<input type="text"/>
Home insurance	<input type="text"/>	<input type="text"/>
Provider	<input type="text"/>	<input type="text"/>
Policy Type	<input type="text"/>	<input type="text"/>
Monthly premiums	<input type="text"/>	<input type="text"/>
End date	<input type="text"/>	<input type="text"/>
Claims in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please give details:	<input type="text"/>	<input type="text"/>
Income Protection Policies	<input type="text"/>	<input type="text"/>
Provider	<input type="text"/>	<input type="text"/>
Monthly Premium	<input type="text"/>	<input type="text"/>
Monthly Benefit	<input type="text"/>	<input type="text"/>

Expenditure Breakdown

Council Tax	<input type="text"/>	<input type="text"/>
Gas	<input type="text"/>	<input type="text"/>
Electric	<input type="text"/>	<input type="text"/>
Water	<input type="text"/>	<input type="text"/>
Broadband and/or TV license	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Groceries	<input type="text"/>	<input type="text"/>
Clothing	<input type="text"/>	<input type="text"/>

Expenditure Breakdown

	Applicant 1	Applicant 2 (if applicable)
Childcare/Maintenance	<input type="text"/>	<input type="text"/>
Travel expenses	<input type="text"/>	<input type="text"/>
Petrol	<input type="text"/>	<input type="text"/>
Vehicle insurance	<input type="text"/>	<input type="text"/>
Public transport	<input type="text"/>	<input type="text"/>
Social	<input type="text"/>	<input type="text"/>

Credit Commitments

Credit commitment type (Credit cards/Loan/Finance Agreement)

Credit Type	<input type="text"/>	<input type="text"/>
Lender	<input type="text"/>	<input type="text"/>
Remaining balance	<input type="text"/>	<input type="text"/>
Monthly payments	<input type="text"/>	<input type="text"/>
Current APR	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>
Credit Type	<input type="text"/>	<input type="text"/>
Lender	<input type="text"/>	<input type="text"/>
Remaining balance	<input type="text"/>	<input type="text"/>
Monthly payments	<input type="text"/>	<input type="text"/>
Current APR	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>
Credit Type	<input type="text"/>	<input type="text"/>
Lender	<input type="text"/>	<input type="text"/>
Remaining balance	<input type="text"/>	<input type="text"/>
Monthly payments	<input type="text"/>	<input type="text"/>
Current APR	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>
Credit Type	<input type="text"/>	<input type="text"/>
Lender	<input type="text"/>	<input type="text"/>
Remaining balance	<input type="text"/>	<input type="text"/>

Monthly payments	<input type="text"/>	<input type="text"/>
Current APR	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>
Credit Type	<input type="text"/>	<input type="text"/>
Lender	<input type="text"/>	<input type="text"/>
Remaining balance	<input type="text"/>	<input type="text"/>
Monthly payments	<input type="text"/>	<input type="text"/>
Current APR	<input type="text"/>	<input type="text"/>
Purpose	<input type="text"/>	<input type="text"/>

Protection Views

Check importance of certain areas that could potentially affect your ability to pay your mortgage RATE 1 (High importance) down to 5 (Low importance)

Pay off your mortgage if you passed away	<input type="text"/>	<input type="text"/>
Provide financial security for partner & children if you passed away	<input type="text"/>	<input type="text"/>
Receive a lump sum or monthly income if you were ever diagnosed with a serious illness? TOP 5 Claims Heart attack/disease Cancer Kidney failure Stroke Coronary artery bypass	<input type="text"/>	
Cover your mortgage payments or income if you were made redundant	<input type="text"/>	
Cover your mortgage payments or income if you couldn't work because of an accident or long term illness	<input type="text"/>	
Cover the contents in your home against theft / fire damage / accidental / loss out of the home	<input type="text"/>	

Requirements

Address of proposed Mortgage if known	<input type="text"/>	
Address Town	<input type="text"/>	
County	<input type="text"/>	
Postcode	<input type="text"/>	
Purchase Price / Property Value	<input type="text"/>	
Loan amount required	<input type="text"/>	
Tenure	<input type="text"/>	

Type of mortgage required:

Purchase

Re mortgage

Residential

Buy to Let

Property type

Detached

Semi detached

End Terraced

Bungalow

Flat

Mid terraced

Year built

Number of bedrooms

If flat please advise:

Ground rent and service charge

Years remaining on lease

Floor your flat sits on

Existing Mortgage Details

Property value:

Outstanding Mortgage balance:

Monthly payment:

Original purchase price:

Mortgage lender:

Current rate of interest:

Existing Product:

Variable

Fixed

Discount

Capped

LIBOR

Best rate tracker

Deal expiry date:

Requirements

Estate Agent contact name & address

Contact name

Address Line 1

Town

County

Postcode

Contact number

Additional Notes:

