

Mortgage inquiry form

Case Name	Applicant 1		Date
	Applicant 2		
LTV (%)			
Lender			
Deal			

Purpose of mortgage		
First Time Buyer :	Home Mover:	Let-to-Buy:
Secured Loan :	Buy-to-Let:	Commercial:
Purchase :	Re-mortgage:	Further Advance:

New Mortgage Details:	
Market Value (if RTB):	
Any discount:	
Purchase Price / Valuation	
Deposit:	
Loan required:	
Payment method:	
Interest Only:	
Capital & Interest:	
Any time constraints:	
Source of deposit:	
Term:	

Company Application Details	
Company Name	
Company Registration Number:	
Sic Code:	

Reg Office Address:		Trad Office Address:	
Postcode:		Postcode:	
Directors:		Shareholders:	

Please check with Companies House and Company Check, print out and attach.

Fact Find

1. Contact Details			
		Applicant 1	Applicant 2
Title:			
Forenames:			
Surname:			
Maiden name / previous name:			
Marital status:			
Nationality			
Home telephone:			
Mobile number:			
E-mail address:			
Current address:			
	Postcode:		Postcode:
Date moved in:			
PREVIOUS ADDRESS HISTORY			
(If under 3 years at current address)			
	From:	Until:	From:

2. Personal Details									
		Applicant 1				Applicant 2			
Date of birth:				Age:				Age:	
Dependents:		Number: <input type="text"/>		Dep Age: <input type="text"/>		Number: <input type="text"/>		Dep Age: <input type="text"/>	
Expected retirement age:		<input type="text"/>				<input type="text"/>			
Permanent right to reside in UK:		Yes: <input type="text"/> No: <input type="text"/>				Yes: <input type="text"/> No: <input type="text"/>			
How long have you had UK residency:		Years: <input type="text"/>				Years: <input type="text"/>			
Expiry Date of Visa:		<input type="text"/>				<input type="text"/>			
Town/Place of Birth:		<input type="text"/>				<input type="text"/>			
Residential status:		Owner: <input type="text"/> Tenant: <input type="text"/>				Owner: <input type="text"/> Tenant: <input type="text"/>			
		With family: <input type="text"/>				With family: <input type="text"/>			
Are you on the electoral role:		Yes: <input type="text"/> No: <input type="text"/>				Yes: <input type="text"/> No: <input type="text"/>			

3. Employed / Self-employed

If self-employed, please fill out sections 4 and 13.

	Applicant 1	Applicant 2
Employed or Self-employed:		
National Insurance No:		
Occupation:		
Work telephone:		
Name of company:		
Company Address:		
Postcode:		
Date started:		
Contract / probation period if any:		
Previous Occupation if <1 years:		
Previous employment dates:	From: <input type="text"/> Until: <input type="text"/>	From: <input type="text"/> Until: <input type="text"/>
Basic income per annum:		
Overtime / bonus per annum:		

Enter name and Address of previous employer in additional notes section.

4. Self-employment Income

	Applicant 1	Applicant 2
How many years accounts available:	Number of years: <input type="text"/>	Number of years: <input type="text"/>
Net profit y/e_____:		
Net Profit Prev yr 1_____:		
Net Profit Prev yr 2_____:		
Company Director Sharholding:	<input type="text"/> %	<input type="text"/> %
Sal / Divi y/e_____:	S <input type="text"/> D <input type="text"/>	S <input type="text"/> D <input type="text"/>
Sal/Divi p/y 1_____:	S <input type="text"/> D <input type="text"/>	S <input type="text"/> D <input type="text"/>
Sale/Divi p/y 2_____:	S <input type="text"/> D <input type="text"/>	S <input type="text"/> D <input type="text"/>

5. Credit History

	Applicant 1	Applicant 2
Mortgage arrears:	No: <input type="text"/> Yes: <input type="text"/> Months: <input type="text"/>	No: <input type="text"/> Yes: <input type="text"/> Months: <input type="text"/>
Defaults	No: <input type="text"/> Yes: <input type="text"/> Number: <input type="text"/>	No: <input type="text"/> Yes: <input type="text"/> Number: <input type="text"/>
CCJ's:	No: <input type="text"/> Yes: <input type="text"/> Number: <input type="text"/>	No: <input type="text"/> Yes: <input type="text"/> Number: <input type="text"/>
Bankruptcy / IVA:	No: <input type="text"/> Yes: <input type="text"/>	No: <input type="text"/> Yes: <input type="text"/>

If YES to any of the above put details in additional notes section.

6. Existing Commitments

Current commitments: credit cards, personal loans, hire purchase etc

App 1/2 or joint	Company name	Commitment type	Start date	End date	Amount outstanding	Monthly repayments	Redeemed prior to or on completion?	Credit Limit

7. Current Mortgage Details

Your Main Residence

Lender details	Applicant 1	Applicant 2
Name of Lender:		
Mortgage account number:		
Date mortgage taken out:		
Mortgage term remaining: Years:		Years:
Will this mortgage be redeemed on completion of the new mortgage?		
No: <input type="checkbox"/> Yes: <input type="checkbox"/>	No: <input type="checkbox"/> Yes: <input type="checkbox"/>	

Existing mortgage details

Amount of mortgage outstanding:		
Monthly repayments:		
ERC end date and amount:		
Mortgage payments are:	Int Only <input type="checkbox"/> Capital & Interest <input type="checkbox"/>	Int Only <input type="checkbox"/> Capital & Interest <input type="checkbox"/>

Existing property details

Original date of purchase:		
Original purchase price:		
Current property value:		
Additional Charges:	Secured Loan	Further Advance

Details inc Lender, Amount, monthly payment, start date any ERC's		
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8: Property Portfolio
Summary

Buy to let property address (not residential)	Property type	Year Purc	Current value	Rent	Mort	Owner	Current lender	Balance O/s
Totals:								

9. Tenancy Details (if renting)

	Applicant 1	Applicant 2
Landlords name:		
Landlords address:		
Postcode:		
Amount of rent paid per month:		

10. Property to be Mortgaged

Address of property to be mortgaged:	
	Postcode:

Tenure details

Tenure of property		Years left on lease:	
Is property to be let:	Yes:	No:	Ground rent:
Expected rental income:		Service charge:	

Property description

All properties should be checked via Google streetview and referred if necessary.

House/Flat/Maisonette:		Year built:		New Build (Y/N)	
Terraced /Semi-detached/Detached:					
Ex-local authority:	Yes:	No:	FOR FLATS ONLY		
Standard Construction:	Yes:	No:	Floors in building:		
Commercial, Next to or Above:	Yes:	No:	Floor flat is on:		
No. of Receptions:		No. of Beds:		Balcony Access:	Yes / No
No of Kitchens:		No. of Baths:		Lift in Block:	Yes / No
Garage:		Parking:		% Privately Owned:	
Annexe/ additional rooms:	Yes:	No:	Size of Flat:		
If Let HMO:	Yes:	No:	% of Flying Freehold:		

11. Estate Agent Details

Address of selling agent:	
	Postcode:
Contact Name:	
Contact Number:	

Email Address:

Access for surveyor

Contact name:

Telephone number:

12. Solicitors Details

Name of Solicitors firm:

Name of Solicitor acting:

Solicitors address:

Telephone number:

Fax number:

Email address:

Postcode:

All new solicitors must be checked with the Law society and a print out attached.

13. Accountants Details

If self-employed please give your Accountants contact details.

Name of accountants firm:

Name of Accountant acting:

Accountants address:

Postcode:

Telephone number:

Fax number:

Qualifications:

Registered with HMRC:

Directly / Via Accountant

Directly / Via Accountant

Check the Accountants qualification with the appropriate board membership print and attach.

14. Bank Details		Main Bank details for Direct Debit	
		Applicant 1	Applicant 2
Name of bank:			
Bank address:			
	Postcode:		Postcode:
Bank sort code:			
Account number:			
Account holders name(s):			

15. Other Bankers		Name of banks for accounts held elsewhere	
		Applicant 1	Applicant 2
Bank 1:			
Bank 2:			
Bank 3:			
Bank 4:			

16. Additional Services	
We can offer competitive quotes on buildings insurance. Would you like us to give you a quote for these services?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
We can offer competitive quotes on Life Cover insurance. Would you like us to give you a quote for these services?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
We can offer competitive quotes on Life Cover and Critical Illness insurance. Would you like us to give you a quote for these services?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>
Details in additional notes eg Height, Weight, Medical Conditions	

17. Additional Notes

