

FACTFIND

Private & Confidential

A mortgage is one of the largest financial purchases you will make. We believe it is important you receive advice to help you select a mortgage that fits your needs and is relevant to your personal circumstances.

APPLICANT DETAILS

	First Applicant	Second Applicant
Full name: Surname Forename (s)		
Date of birth (dd/mm/yyyy)	Smoker? Y/N	Smoker? Y/N
Relationship to other Applicant		
Dependants	Y/N Ages	Y/N Ages
Current residential status	Owner/Tenant/LWP/Other	Owner/Tenant/LWP/Other
Current address		
	Postcode	Postcode
If renting, how much do you pay?	£	£
Are you on the electoral roll there?	Y/N	Y/N
Length of time at current address	Yrs Mths	Yrs Mths
Previous address if less than 3 years (detail other addresses on separate pages if necessary)		
	Postcode	Postcode
Telephone numbers	Mobile Home Work	Mobile Home Work
Email Address		
Each applicant is to tick as applicable	First Time Buyer <input type="checkbox"/> Mover <input type="checkbox"/> Re-mortgaging <input type="checkbox"/> Right to Buy <input type="checkbox"/> Shared Ownership Scheme <input type="checkbox"/> Further advance <input type="checkbox"/>	First Time Buyer <input type="checkbox"/> Mover <input type="checkbox"/> Re-mortgaging <input type="checkbox"/> Right to Buy <input type="checkbox"/> Shared Ownership Scheme <input type="checkbox"/> Further advance <input type="checkbox"/>
Are there any foreseeable changes to your circumstances? If Yes, what are they?	Y/N	Y/N
What is your occupation?		
Employment status - are you? If 'other' give details	Employed / self-employed / contract worker / pensioner / other	Employed / self-employed / contract worker / pensioner / other
On what basis? If 'other' give details	Permanent / temporary / contract / other	Permanent / temporary / contract / other
Time in current employment	Yrs Mths	Yrs Mths
Details of probation period, if any		
If employed less than 1 year – detail your previous occupation, employer and dates of employment	Prev Occ Prev Emp From To	Prev Occ Prev Emp From To
Were you a member of an occupational Scheme?	Y/N	Y/N

Your expected retirement age		
If employed:		
Basic salary p.a.	£	£
Guaranteed additional p.a. (overtime, bonus, etc.)	£	£
Regular additional p.a. (overtime, bonus, etc.)	£	£
Other Income (please specify)	£	£
If self-employed - number of year's accounts available		
Net profit last year	£	£
Previous year	£	£
Year before that	£	£
Details of any other income (e.g. pensions, rental, investment, state benefits, allowances)	£	£

FINANCIAL DETAILS

Please provide further details on the continuation sheet if necessary

Do you have any credit cards? Total amounts outstanding	Y/N £	Y/N £
Do you repay the full amount each month?	Y/N	Y/N
Do you have any hire purchase, loans or rental agreements? If 'Yes', how many?	Y/N	Y/N
Regular repayment amount(s) Amounts outstanding	£ per month	£ per month
Number of months remaining	£ per month	£ per month
Are any of the above amounts outstanding to be added to the mortgage advance?	Y/N	Y/N
If 'Yes', provide details:-	£ bal.outstanding £ mthly payments	£ bal.outstanding £ mthly payments
Have you ever had a mortgage or a loan application refused?	Y/N Please provide full details?	Y/N Please provide full details?
Have you ever has a judgment for a debt or a loan default registered against you?	Y/N Please provide full details?	Y/N Please provide full details?
Have you ever been declared bankrupt or made an arrangement with your creditors?	Y/N Please provide full details?	Y/N Please provide full details?
Have you ever failed to keep up your payments under any previous or current mortgage, rental or loan agreement?	Y/N Please provide full details?	Y/N Please provide full details?
Are you making any maintenance or alimony payments? Are the Payments enforced by the Child Support Agency?	Y/N Y/N	Y/N Y/N

MONTHLY BUDGET PLAN

In order to make our recommendations are affordable for you, we need to know income and fixed out goings and any other expenditure.

Net Monthly Income:		
Employment income after tax + NI or Drawings	£	
Investment income	£	£
Maintenance	£	£
Pension Income	£	£
PHI Income	£	£
Rental Income	£	£
Other Income	£	£
Total Net Income	£	£
Source of other income		
Monthly outgoings:		
Current mortgage/rent/board	£	£
Life assurances and pension	£	£
Other insurances e.g. household, car	£	£
Essential Household Expenditure	£	£
Loans (incl. credit cards)	£	£
Utilities (e.g. gas, telephone, tax)	£	£
Travel to work	£	£
Regular savings	£	£
Other fixed regular expenditure	£	£
Total Fixed Expenditure for month	£	£
Disposable Income (Net Income) – (Expenditure)	£	£
Taking into account the above, how much do you feel comfortable paying monthly for your mortgage and/ or financial planning?		
	£	£

CURRENT MORTGAGE DETAILS

Lender and Account Number If renting, how much do you pay?		
Amount of Loan outstanding	£	£
Term remaining	Years	Years
Repayment method	Interest Only/ C&I/Repayment	Interest Only/ C&I/Repayment
Current rate and amount	% £ per month	% £ per month
Interest rate type If 2/3 or 4 applies - when does rate end?	1. Variable/ 2. Discount/ 3. Capped/ 4. Fixed/ 5. Tracker/ 6. Libor/ 7. Flexible	1. Variable/ 2. Discount/ 3. Capped/ 4. Fixed/ 5. Tracker/ 6. Libor/ 7. Flexible
If selling, what is the sale price?	£	£
Are there any penalties if you transfer or repay your existing mortgage now? If 'Yes', how much are they?	Interest Y/N Cashback Y/N	Interest Y/N Cashback Y/N
Are you prepared to pay any penalties if you transfer / repay your current mortgage?	Y/N	Y/N
Are your current mortgage terms portable to a new property?	Y/N	Y/N

PROPERTY TO BE MORTGAGED

Will this be the only property you own or have a mortgage on? If 'No', please explain		
Address of property to be mortgaged:		
Price of the property being purchased	£	Estimated value £
How much do you want to borrow?	£	Over what term? Years
Does this include the addition of fees?	Y/N	If 'Yes', how much is to be added? £
Property type: Freehold/ Leasehold/ Feuhold	House/Bungalow/Flat/Maisonette	
Do you have the funds available to complete this transaction?	Y/N	
Amount of funds available	£	
Source of funds available		
Is the vendor / builder paying your deposit?	Y/N	
If you are purchasing under Right to Buy legislation: a) estimated value	£	
b) are you borrowing more than the purchase price?	Y/N	
If 'Yes', please provide approximate cost and brief details	£	
If you are buying on a Shared Ownership scheme: percentage of property to be purchased	%	
b) Which Shared Ownership body are you buying from?		
Are any home improvements planned? If 'Yes', please provide brief details and approximate costs	Y/N	

ADDITIONAL NOTES

EXISTING PROTECTION POLICIES

It is important to examine what arrangements have been made to ensure your family will be provided for financially should anything happen to you i.e. death, critical illness, long-term sickness etc.

Do you have any of the following: Life Assurance, critical illness, PHI or endowment policies? **Y/N**

If “yes”, please provide the following details, attaching completed copy (copies) of this page where more than 4 policies.

	Policy 1	Policy 2	Policy 3	Policy 4
Policyholder(s)				
Insurance Company / Provider				
Policy number				
Type of policy				
Reason for policy				
Date effected				
Maturity date / remaining term				
Sum assured	£	£	£	£
Deferred period (PHI)				
Premium (month/year)	£	£	£	£
Is critical illness cover included in any part of the above policies?	Y/N	Y/N	Y/N	Y/N
Does the policy pay out on critical illness and death?	Y/N	Y/N	Y/N	Y/N
Would you like to transfer The agency of these policies?	Y/N	Y/N	Y/N	Y/N
Is the policy in trust? If “yes”, please give beneficiaries names.	Y/N	Y/N	Y/N	Y/N
Type of trust				
Was the policy issued on special terms? If “yes”, please give details.	Y/N	Y/N	Y/N	Y/N

ADDITIONAL NOTES

SHORTFALLS AND OBJECTIVES

The Repayment of Mortgages and other Debts – In the event of your death, how will your spouse/partner and children (if applicable) be able to repay your mortgage and other debts?

Has a need been identified?		
Amount required		
Term		
Is a specific recommendation being made? If “no”, please state why		

Critical Illness Protection – In the event that you were suffer a life threatening illness: such as a stroke, cancer, heart attack or even permanent disablement, how would you, your spouse/ partner and children (if applicable) be able to maintain your / their current standard of living?

Has a need been identified?		
Amount required		
Term		
Is a specific recommendation being made? If “no”, please state why		

Permanent Health Insurance (Including ASU) – What would happen to you or your spouse/ partner or children (if applicable) if you were not receiving an income due to illness or redundancy?

Has a need been identified?		
Amount required		
Term		
Is a specific recommendation being made? If “no”, please state why		

Family Protection – In the event that you were to die whilst your spouse/ partner and children (if applicable) are financial dependent upon you, how would they be able to maintain their existing standard of living?

Has a need been identified?		
Amount required		
Term		
Is a specific recommendation being made? If “no”, please state why		

General Insurance

Has a need been identified?		
Amount required		
Term		
Is a specific recommendation being made? If “no”, please state why		

CLIENT DECLARATIONS

DO NOT SIGN THIS DECLARATION UNLESS YOU ARE ENTIRELY SATISFIED. IF YOU HAVE ANY QUESTIONS OR ARE NOT SATISFIED WITH ANY ASPECT, ASK YOUR MORTGAGE ADVISER FOR ASSISTANCE BEFORE SIGNING THIS OR ANY OTHER MORTGAGE FORMS.

I/We confirm that I/we have received:

	Initial	Date
Terms of Business Letter		
Initial Disclosure Document		
Business Card		

I/We agree that this Factfind is a true record of my/our discussions with the mortgage adviser and that this information is true to the best of my/our knowledge. I/We accept that this Factfind relates only to mortgage and insurance advice and is not a Factfind for investment advice regulated under the Financial Services Act.

I/We confirm that the personal and confidential information provided by me/us can be disclosed by the mortgage adviser for the purposes of arranging a mortgage on my/our behalf and that I/we have read this completed Factfind before signing below.

First Applicant's signature

Second Applicant's signature

Date

Date

I confirm that the applicant(s) read and agreed the information recorded before signing above and that I have offered them a copy of this Factfind.

You have the right of access to information we hold about you on our records (we reserve the right to charge an administration fee). If there is anything incorrect or inaccurate you have the right to have it amended.

Adviser's Name (print):

Adviser's signature:

Date:

YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON YOUR MORTGAGE