

Please complete all sections, deleting or ticking as necessary, and use the box on page 6 if you need extra space.
Please remember that non-disclosure of relevant financial information on a loan application can be treated as fraud.

1. YOUR PERSONAL DETAILS		
	1st Applicant	2nd Applicant (if Joint application)
SURNAME		
FULL FORENAME(S)		
TITLE	MR / MRS / MS / MISS / OTHER:	MR / MRS / MS / MISS / OTHER:
Have you ever used another name?		
MOTHER'S MAIDEN NAME		
E-MAIL ADDRESS <i>(for confidential information)</i>		
TELEPHONE NUMBERS Home: Work: Mobile:		
HOME ADDRESS Postcode:		
RESIDENTIAL STATUS	Owner / Tenant / With Parents / Other <i>(please state):</i>	Owner / Tenant / With Parents / Other <i>(please state):</i>
If Tenant, how much rent do you pay?	£ per week / month	£ per week / month
DATE YOU MOVED TO THIS ADDRESS/...../...../...../.....
If less than 3 years ago, please give previous address(es) and dates you were there for the past three years. <i>(Use space below, if necessary)</i>		
ARE YOU ON ELECTORAL ROLE HERE?	YES / NO	YES / NO
CATEGORY OF APPLICANT <i>(Each applicant should tick or circle all that apply)</i>	<input type="checkbox"/> Moving House <input type="checkbox"/> First time buyer <input type="checkbox"/> Remortgaging <input type="checkbox"/> Right to buy <input type="checkbox"/> Buying to Let <input type="checkbox"/> Letting to Buy <input type="checkbox"/> Other:	<input type="checkbox"/> Moving House <input type="checkbox"/> First time buyer <input type="checkbox"/> Remortgaging <input type="checkbox"/> Right to buy <input type="checkbox"/> Buying to Let <input type="checkbox"/> Letting to Buy <input type="checkbox"/> Other:
DATE OF BIRTH/...../19...../...../19.....
RELATIONSHIP TO OTHER APPLICANT		
SMOKER	YES / NO	YES / NO
MARITAL STATUS		
NATIONALITY		
ANY FINANCIAL DEPENDANTS? <i>(If YES, please detail)</i>	YES / NO	YES / NO
NATIONAL INSURANCE NUMBER		
DO YOU FORESEE ANY CHANGES TO YOUR CIRCUMSTANCES? <i>(e.g. retire)</i> <i>If YES please explain</i>	YES / NO	YES / NO

Adviser notes

2. YOUR WORK AND INCOME

	1 st Applicant	2 nd Applicant
EMPLOYMENT STATUS <i>(please tick all that apply)</i>	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Houseperson <input type="checkbox"/> Other:	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Part-time <input type="checkbox"/> Houseperson <input type="checkbox"/> Other:
JOB TITLE		
BUSINESS NAME		
BUSINESS ADDRESS		
POSTCODE		
CURRENT EMPLOYMENT START DATE	Day: Month: Year:	Day: Month: Year:
ARE YOU IN PROBATION	YES / NO	YES / NO
EXPECTED RETIREMENT AGE		
If employed less than 3 years, please detail your previous occupations, employers & dates <i>(continue in box on page 6 if necessary)</i>		
If EMPLOYED	<u>Annually</u>	<u>Annually</u>
Your Basic Salary	£	£
Guaranteed extra earnings <i>(overtime/bonus/etc)</i>	£	£
Regular additional earnings <i>(overtime/bonus/etc)</i>	£	£
Other payments/earnings <i>(please detail)</i>	£	£
If SELF-EMPLOYED		
No. of years accounts available
Business Year End date
Net profit last year	£	£
Previous year	£	£
Year before that	£	£
ANY OTHER INCOME? <i>(e.g. 2nd job, pension, investment, state benefits, maintenance – PLEASE STATE WHAT)</i>	£	£
	£	£
	£	£
NET MONTHLY INCOME (A)	£	£
MONTHLY OUTGOINGS (B) (from Section 4.8)	£	£
NET DISPOSABLE INCOME (A - B)	£	£

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3. YOUR FINANCIAL DETAILS

	1 st Applicant	2 nd Applicant
BANK ACCOUNT Sort code: Account number: How long have you had it?:		
DO YOU USE A BANK OVERDRAFT FACILITY? HIGHEST AMOUNT USED IN PAST 3 MONTHS	YES / NO £	YES / NO £
CREDIT CARDS – how many do you have?		
ALL DEBTS [1] Type: Name of Provider: Current balance & Monthly payment: Term remaining: ----- [2] Type: Name of Provider: Current balance & Monthly payment: Term remaining: ----- [3] Type: Name of Provider: Current balance & Monthly payment: Term remaining: -----	c-card/loan/other: £..... £.....per month years months ----- c-card/loan/other: £..... £.....per month years months ----- c-card/loan/other: £..... £.....per month years months ----- c-card/loan/other: £..... £.....per month years months -----	c-card/loan/other:..... £..... £.....per month years months ----- c-card/loan/other: £..... £.....per month years months ----- c-card/loan/other: £..... £.....per month years months ----- c-card/loan/other: £..... £.....per month years months -----
<i>(More space in box on pages 6 for debts)</i>		
Are any of these outstanding debts to be REPAID on mortgage completion? <i>If YES, which one(s) & how much?</i>	YES / NO	YES / NO
HAVE YOU EVER (1) had any CCJs registered against you? (2) been bankrupt? (3) made an arrangement with a creditor? (4) failed to keep up your payments under any mortgage, loan or rental agreement? <i>If YES please provide full details</i>	YES / NO YES / NO YES / NO YES / NO	YES / NO YES / NO YES / NO YES / NO
Please state any other facts relevant to your credit rating		
IN THE EVENT OF SERIOUS ILLNESS OR UNEMPLOYMENT..... 1. Could you afford your financial outgoings? 2. Would you still receive regular income? <i>If YES: How much? Where from?</i> £ per month 3. Do you have unemployment insurance? <i>If YES, please give details of cover:</i>	YES / NO YES / NO £ per month YES / NO	YES / NO YES / NO £ per month YES / NO
DO YOU HAVE ANY ENDOWMENT POLICIES? <i>If YES, please provide: Sum assured: Monthly premium: Maturity Date: Estimated Maturity Value:</i>	YES / NO £ £/...../20.... £	YES / NO £ £/...../20.... £
DO YOU HAVE ANY OTHER LIFE OR HEALTH INSURANCES? <i>If YES, please provide: - POLICY 1 Insurer's Name: Cover provided: Monthly premium: End Date:</i> ----- POLICY 2 <i>Insurer's Name: Cover provided: Monthly premium: End Date:</i> ----- <i>(Use extra space below, if needed)</i>	YES / NO ----- -----	YES / NO ----- -----

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4. YOUR CURRENT MONTHLY EXPENDITURE

Description	Amount £	Supporting information
4.1: Household & Communications		
Council Tax		
Utilities (<i>Electricity, Gas, Water etc</i>)		
Telephone & Internet		
TV & Satellite		
Ground Rent		
Service charge		
Other (<i>please state</i>)		
Other (<i>please state</i>)		
Total £		
4.2: Housekeeping		
Food, Drink & Tobacco		
Clothing & Footwear		
Pets		
Medical/Glasses/Dental		
Other (<i>please state</i>)		
Total £		
4.3: Childcare/Education		
School/College/University Fees		
Childcare/Babysitting		
Other (<i>please state</i>)		
Total £		
4.4: Car & Travel		
Vehicle Tax/Insurance		
Vehicle Maintenance		
Fuel		
Public Transport		
Travel Season Ticket		
Other (<i>please state</i>)		
Total £		
4.5: Insurance & Investments		
Buildings & Contents		
Life Assurance policies		
Endowment policies		
Private Pension		
AVC/Company Pension Contributions		
Household Insurances (<i>Gas, Electric, Pet, Water, Boiler, etc</i>)		
Other (<i>please state</i>)		
Total £		
4.6: Maintenance/CSA		
Maintenance to ex-partner		
CSA payments		
Other (<i>please state</i>)		
4.7 TOTAL REGULAR MONTHLY EXPENDITURE	£	

Adviser notes

5. YOUR CURRENT MORTGAGE(S) DETAILS (if any)

	1 st Applicant	2 nd Applicant
CURRENT LENDER		
ACCOUNT NUMBER		
BALANCE OUTSTANDING	£	£
TERM REMAINING	years months	years months
REPAYMENT METHOD <i>If Interest-only, how will you pay off this loan?</i>	Repayment <u>OR</u> Interest Only	Repayment <u>OR</u> Interest Only
CURRENT INTEREST RATE	%	%
MONTHLY REPAYMENTS	£	£
INTEREST RATE TYPE <i>If a special rate applies, when does it end?</i>	1. Variable 2. Discount 3. Capped 4. Fixed 5. Other:/...../.....	1. Variable 2. Discount 3. Capped 4. Fixed 5. Other:/...../.....
ARE THERE ANY PENALTIES OR CHARGES IF YOU REDEEM THIS MORTGAGE? <i>If YES How much are they? When do they expire? Are you prepared to pay them?</i>	NO/YES £...../...../..... NO/YES	NO/YES £...../...../..... NO / YES
IF SELLING A HOUSE – FOR HOW MUCH?	£	£
IF YOU WILL LET CURRENT HOUSE, HOW MUCH FOR?	£..... a month	£..... a month

6. PROPOSED PROPERTY AND MORTGAGE

TYPE OF MORTGAGE WANTED <i>(clearly indicate one of each option)</i>	1. New mortgage <u>OR</u> Remortgage 2. For your own home <u>OR</u> for a Buy To Let property 3. Repayment <u>OR</u> Interest only	
If Interest-Only you must provide evidence of a credible mortgage repayment strategy - what is yours?	<i>[e.g. endowments, investments, pension lump sum, bonuses, sale of property]</i>	
PROPERTY ADDRESS & POSTCODE <i>(if you are remortgaging the house you live in, just write SAME AS ABOVE)</i>		
PROPERTY DETAILS <i>Type: If a HOUSE or BUNGALOW, is it: If a FLAT, on which floor is it: If a FLAT, is it purpose built or converted: When was it built: Number of Bedrooms & Reception rooms: Standard brick and tile construction? Was property built by a Local Authority?</i>	HOUSE / BUNGALOW / FLAT / MAISONETTE/ OTHER describe:..... DETACHED / SEMI-DETACHED / TERRACED HOW MANY FLOORS IN THE BUILDING bedrooms reception rooms YES / NO <i>(If NO please give more details)</i> YES / NO	
TENURE	FREEHOLD OR LEASEHOLD with years left	
PROPERTY VALUE	£	
IF BUY TO LET, WHAT IS RENTAL VALUE?	£ a month	
WHERE WILL THE DEPOSIT COME FROM? <i>(change or delete as appropriate)</i>	£..... from a loan from: £..... from a gift from: £..... from proceeds of previous property sale £..... from savings £..... Other, please give details:	
TOTAL MORTGAGE REQUIRED & TERM	£ over years and months	
Do you envisage needing a further advance	NO / YES for home improvements or:	
If the end date is past your retirement age, how will you pay for the mortgage after you have retired?		
WILL THIS BE YOUR ONLY PROPERTY? <i>If NO, please explain:</i>	YES / NO	YES / NO
VALUATION – You will need a valuation, but you should consider a better survey (at extra cost). Please indicate what type you want:	<input type="checkbox"/> Basic valuation <input type="checkbox"/> Homebuyers report <input type="checkbox"/> Structural survey	<input type="checkbox"/> Basic valuation <input type="checkbox"/> Homebuyers report <input type="checkbox"/> Structural survey

Adviser notes

7. OTHER PEOPLE INVOLVED IN THIS PROCESS *(where applicable)*

SOLICITOR	Firm name: Contact name: Address: Telephone:	Email:	Fax:
ESTATE AGENT	Firm name: Contact name: Address: Telephone:	Email:	Fax:
ACCOUNTANT	Firm name: Contact name: Address: Telephone:	Email:	Fax:
LANDLORD	Name: Address: Telephone:	Email:	Fax:
Please give full names of all occupiers aged 17 or over living with you but with no interest in the property?	Full Name:	DOB:	
	Full Name:	DOB:	
Anyone else involved that we need to be aware of?			

Please use this area if you need more space for answers (or add another sheet)

8. KEY INFORMATION ABOUT YOUR MORTGAGE PREFERENCES

In order to give you a high standard of service, Formula needs to understand your requirements, objectives and attitude to various risks. This will help us provide you with a mortgage that fits your needs and circumstances.

7.1	Might your income or expenditure change significantly in the foreseeable future? <i>If "YES" please give: Approximate Timescale / Amount / Reason:</i>	YES / NO
7.2	Do you have any plans to pay off some or all of your new mortgage in the near future (say in the next 7 years)? <i>If "YES" please give: Approximate Timescale / Amount / Reason:</i>	YES / NO
7.3	Are you likely to move home again within the foreseeable future? <i>If "YES" would this involve a LARGER or SMALLER mortgage? (Please delete to suit)</i>	YES / NO LARGER SMALLER
7.4	Please indicate if the following features are important to you	
	<ul style="list-style-type: none"> • Fixed mortgage costs for a specific period: 2 / 3 / 4 / 5 years, or years <i>(please specify)</i> • A discount on your mortgage repayments in the early years • No early redemption penalty on full or part capital repayment <u>at any time</u> • Speed of mortgage completion • Ability to offset your mortgage against a deposit account • Free legal fees • Free valuation fee (or fee refunded) 	YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO YES / NO
7.5	To assess your attitude to risk of paying off your mortgage	
	<ul style="list-style-type: none"> • Could you afford the mortgage if the interest rate rises? • Do you want to be completely sure that your mortgage will be repaid at the end of the term? [<i>If "YES" you should only consider a full Repayment mortgage.</i>] • Would you be comfortable relying on your mortgage being repaid by your future earnings, or from the proceeds of an investment product such as an ISA or endowment policy? <i>[If "NO" you should only consider a full Repayment mortgage.]</i> 	YES / NO YES / NO YES / NO
FORMULA LTD STRONGLY RECOMMENDS THAT YOU BE FULLY INSURED FOR RISKS SUCH AS PREMATURE DEATH, CRITICAL ILLNESS, LONG-TERM DISABILITY, AND UNEMPLOYMENT, ANY OF WHICH COULD LEAVE YOU UNABLE TO REPAY ALL OR PART OF YOUR MORTGAGE COMMITMENTS		
7.6	Would you like payment protection insurance for accident, sickness and unemployment? If "YES": - How much repayment cover do you require? - Do you want the benefit payment to be in excess of the mortgage repayment? - Is the cover to be for joint applicants or a single applicant?	YES / NO £ YES / NO SINGLE/JOINT
7.7	Would you like a quotation for Buildings and/or Contents insurance?	YES / NO
7.8	Would you like advice on any other insurances, such as Life, Critical illness, Income Protection or Private Medical? <i>(Formula is fully independent on these, too)</i>	YES / NO

Please use this area to write any questions, comments or further requirements for your Formula adviser

