



Understanding you and your Mortgage & Protection Needs

Please complete with as much information as possible and return to sofia@pennyhouse.co.uk

THE MORTGAGE PROCESS

- Complete and send us this form
- Receive a quote from us (to include any broker fees payable for the application)
- Confirm your authority to proceed to us
- Chose your solicitors
- We apply for the mortgage
- You receive a decision in principle
- Your property is valued by the mortgage surveyors
- You and your solicitors receive a copy of your mortgage offer
- Solicitors complete your legal paperwork
- Complete on your purchase or re-mortgage

We can recommend solicitors and arrange your home insurance

Date of fact find		Face to face meeting	<input type="checkbox"/>
		Non face to face meeting	<input type="checkbox"/>

Client 1 name		
Address		
		Preferred
Email address		<input type="checkbox"/>
Home telephone		<input type="checkbox"/>
Mobile telephone		<input type="checkbox"/>
Work telephone		<input type="checkbox"/>
Best contact time		

Client 2 name		
Address		
		Preferred
Email address		<input type="checkbox"/>
Home telephone		<input type="checkbox"/>
Mobile telephone		<input type="checkbox"/>
Work telephone		<input type="checkbox"/>
Best contact time		

Your expectations and perceptions

<p>What can I help you with?</p> <p>Purpose</p> <p>Property estimated value</p> <p>Loan amount</p> <p>Deposit</p> <p>Term</p> <p>Repayment type</p> <p>Product type</p> <p>Features required</p> <p>Other specifics</p>	
<p>What is really important to you and why?</p> <p>Repayment type</p> <p>Product type</p> <p>Features required</p> <p>Regular overpayments</p> <p>Other specifics</p>	
<p>What future changes to your circumstances are you aware of?</p> <p>Income</p> <p>Expenditure</p> <p>Employment</p> <p>Family</p> <p>Travel</p> <p>Windfall / lump sum</p>	

Current address	Client 1
House number and street	
Town/city	
County	
Postcode	
How long have you lived at this address? (Complete Previous address if less than 3 years. Additional notes on pg25)	
Residential status	

Client 2

Previous address	Client 1
House number and street	
Town/city	
County	
Postcode	
Occupancy type	
Date you moved into your previous address	
How long did you live at this address?	

Client 2

Address of property to be mortgaged	Client 1
House number and street	
Town / City	
County	
Postcode	

Client 2

Employments	Client 1
National Insurance number	
Tax office details	
County	
Employment status	Employed <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Contractor <input type="checkbox"/> Agency <input type="checkbox"/> Student <input type="checkbox"/> House person <input type="checkbox"/>
Full time or part time	Full Time <input type="checkbox"/> - Part Time <input type="checkbox"/>
Occupation	
Main occupation	Yes <input type="checkbox"/> - No <input type="checkbox"/>
On probation	Yes <input type="checkbox"/> - No <input type="checkbox"/>

Client 2
Employed <input type="checkbox"/> Self employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Contractor <input type="checkbox"/> Agency <input type="checkbox"/> Student <input type="checkbox"/> House person <input type="checkbox"/>
Full Time <input type="checkbox"/> - Part Time <input type="checkbox"/>
Yes <input type="checkbox"/> - No <input type="checkbox"/>
Yes <input type="checkbox"/> - No <input type="checkbox"/>

Probation end date		
Preferred retirement date		
Employer name		
Nature of business		
Employer address		
Start date		
Length of service		

Employed	Client 1	Client 2
Gross annual income from main employment		
Regular overtime		
Guaranteed bonus		
Regular bonus		
Commission		
Allowances		

Deductions from pay slips	Client 1	Client 2
	Monthly deduction amount	
Pension		
Childcare vouchers		
Student loan		
Union fees/charities		
Other		

Other details

Other / previous employment	Client 1	Client 2
Full-time or part-time	Full time <input type="checkbox"/> - Part Time <input type="checkbox"/>	Full Time <input type="checkbox"/> - Part time <input type="checkbox"/>
Occupation		
Main occupation	Yes <input type="checkbox"/> - No <input type="checkbox"/>	Yes <input type="checkbox"/> - No <input type="checkbox"/>
On probation	Yes <input type="checkbox"/> - No <input type="checkbox"/>	Yes <input type="checkbox"/> - No <input type="checkbox"/>

Probation end date	
Preferred retirement date	
Employer name	
Nature of business	
Employer address	
Start date	
Length of service	

Other income		Client 1
State benefits		
Pension income		
Maintenance		
Rental income		
Other relevant income		
Total annual gross amount		

Client 2	

Self-employed or more than 15% shareholding in company	Client 1
Business name	
What is the nature of your business/occupation	
Year established	
Partner/Sole trader/Ltd co	
What % of the shares in this business do you own?	
How long have you owned/part owned this business?	

Client 2	

Controlling director/PAYE	Client 1
Gross annual income/salary	
Dividends	

Client 2	

Self-employed	Client 1
Share of net profit & period ending	
Share of net profit & period ending	
Share of net profit & latest period ending	
SA302 HMRC confirmed total income	

Client 2	

Client 1	
Total NET monthly verified income from all sources	

Client 2	

Is there anything else that should be taken into account in respect of your income (including specific self-employed details)?

Existing financial commitments

	Mortgage 1	Mortgage 2
Who owns it?	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Other <input type="checkbox"/>	Client 1 <input type="checkbox"/> Client 2 <input type="checkbox"/> Other <input type="checkbox"/>
Is this the main mortgage for your current address?	Yes <input type="checkbox"/> - No <input type="checkbox"/>	Yes <input type="checkbox"/> - No <input type="checkbox"/>
Is this a buy to let mortgage	Yes <input type="checkbox"/> - No <input type="checkbox"/>	Yes <input type="checkbox"/> - No <input type="checkbox"/>
Mortgage lender		
Mortgage account number		
Product type		
Interest rate		
Product end date		
Outstanding balance		
Repayment basis	Repayment <input type="checkbox"/> Interest only <input type="checkbox"/> Part and part <input type="checkbox"/>	Repayment <input type="checkbox"/> Interest only <input type="checkbox"/> Part and part <input type="checkbox"/>
Start date		
Mortgage end date		
Outstanding mortgage term		
Current monthly payment		
Mortgage to be repaid?	Yes <input type="checkbox"/> - No <input type="checkbox"/>	Yes <input type="checkbox"/> - No <input type="checkbox"/>
If yes, do penalties apply to the mortgage?	Yes <input type="checkbox"/> - No <input type="checkbox"/>	Yes <input type="checkbox"/> - No <input type="checkbox"/>
Penalty amount		
Expiry date		

For professional landlords please attach full details, this can be a spreadsheet or other listing.

Mortgage expenditure

Record in this section all net monthly expenditure (not deducted from salaries at source)

Red = Essential Black = Non-essential

Please indicate if new mortgage costs are exact or estimated.

Monthly costs (£)	Current	New mortgage	Exact?	Estimated?
Rent (including shared ownership & service charges)			<input type="checkbox"/>	<input type="checkbox"/>
Main residential mortgage			<input type="checkbox"/>	<input type="checkbox"/>
Buy to lets			<input type="checkbox"/>	<input type="checkbox"/>
Council tax			<input type="checkbox"/>	<input type="checkbox"/>
Water			<input type="checkbox"/>	<input type="checkbox"/>
Gas/electricity			<input type="checkbox"/>	<input type="checkbox"/>
Oil/propane/solid fuel			<input type="checkbox"/>	<input type="checkbox"/>
Land line/broadband			<input type="checkbox"/>	<input type="checkbox"/>
Mobile phones			<input type="checkbox"/>	<input type="checkbox"/>
Sky/TV package/TV licence			<input type="checkbox"/>	<input type="checkbox"/>
Food/grocery shop			<input type="checkbox"/>	<input type="checkbox"/>
Travel costs to work and school			<input type="checkbox"/>	<input type="checkbox"/>
Window cleaning			<input type="checkbox"/>	<input type="checkbox"/>
Appliance servicing/warranties			<input type="checkbox"/>	<input type="checkbox"/>
Gas/utility insurance/contracts			<input type="checkbox"/>	<input type="checkbox"/>
Holidays/travel			<input type="checkbox"/>	<input type="checkbox"/>
Childcare			<input type="checkbox"/>	<input type="checkbox"/>
Maintenance			<input type="checkbox"/>	<input type="checkbox"/>
Petrol/diesel			<input type="checkbox"/>	<input type="checkbox"/>
Car insurance/road tax			<input type="checkbox"/>	<input type="checkbox"/>
Vehicle maintenance			<input type="checkbox"/>	<input type="checkbox"/>
Buildings & contents			<input type="checkbox"/>	<input type="checkbox"/>
Life cover/PMI/dental plans			<input type="checkbox"/>	<input type="checkbox"/>
Deposit accounts			<input type="checkbox"/>	<input type="checkbox"/>
ISAs/other savings			<input type="checkbox"/>	<input type="checkbox"/>
Endowments/pensions			<input type="checkbox"/>	<input type="checkbox"/>
Gym memberships/sports/hobbies			<input type="checkbox"/>	<input type="checkbox"/>
Theatre/cinema			<input type="checkbox"/>	<input type="checkbox"/>
Eating out, drinking & smoking			<input type="checkbox"/>	<input type="checkbox"/>
Birthdays, anniversaries & Christmas			<input type="checkbox"/>	<input type="checkbox"/>
Clothes			<input type="checkbox"/>	<input type="checkbox"/>
Pets			<input type="checkbox"/>	<input type="checkbox"/>
Hairdressers, barbers, manicures etc.			<input type="checkbox"/>	<input type="checkbox"/>
Regular prescriptions			<input type="checkbox"/>	<input type="checkbox"/>
Catalogue payments			<input type="checkbox"/>	<input type="checkbox"/>
Student loans/tuition cost			<input type="checkbox"/>	<input type="checkbox"/>

Ongoing credit commitments			<input type="checkbox"/>	<input type="checkbox"/>
Charity donations			<input type="checkbox"/>	<input type="checkbox"/>
Union fees			<input type="checkbox"/>	<input type="checkbox"/>
Pay-Day loans			<input type="checkbox"/>	<input type="checkbox"/>
House maintenance			<input type="checkbox"/>	<input type="checkbox"/>
Other			<input type="checkbox"/>	<input type="checkbox"/>
Monthly emergency fund			<input type="checkbox"/>	<input type="checkbox"/>

Total essential monthly outgoings		
Total non-essential monthly outgoings		
Total outgoings		

Net income	£	Outgoings	£
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How would you cope if your mortgage repayment next month went up by £100 or £200? How would you afford this increase?

How would it affect you if your mortgage repayment changed several times a year? Could you afford this?

Do you want certainty about the amount of mortgage repayment for a period of time? If so, how much and for how long?

Protecting you and your home

How are you planning to protect your home and your possessions?	Buildings (compulsory)	<input type="checkbox"/>
	Contents	<input type="checkbox"/>
	Other	<input type="checkbox"/>

How are you planning to protect your income that funds your mortgage and lifestyle costs?	Fully	<input type="checkbox"/>
	Partially	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>

How are you planning to repay your mortgage if you become ill or die?	Fully	<input type="checkbox"/>
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	Partially	<input type="checkbox"/>
	Don't know	<input type="checkbox"/>

Property to be mortgaged

Name of lender (if remortgage):			
Account number(if remortgage):			
Contact number for the lender (if remortgage):			
Description of property;	House <input type="checkbox"/> - Bungalow <input type="checkbox"/> - Flat / maisonette <input type="checkbox"/>		
Description of property;	Detached <input type="checkbox"/> - Semi-detached <input type="checkbox"/> - Terraced <input type="checkbox"/>		
If property is a flat or maisonette:	Purpose built <input type="checkbox"/> - Converted <input type="checkbox"/> - Over commercial <input type="checkbox"/>		
Total number of units in block:			
Number of floors in the block:			
Year of construction:			
Is there lift access	Yes <input type="checkbox"/> - No <input type="checkbox"/>		
Enter number of:	Floors:	Basements:	Receptions:
	Bedrooms:	Kitchens:	Bathrooms:
	Toilets:	Garages:	Parking spaces:
Tenure	Leasehold <input type="checkbox"/> - Freehold <input type="checkbox"/>		

If leasehold then please complete the following

Unexpired lease term	Service charge £	Ground rent £
Feudal	Chief rent £	

Please answer all questions and write 'N/A' if not applicable.

Council tax	£
If the property is under 10 years old, what rebuilding guarantees are in place, NHBC etc.?	
Are there any unusual aspects to the property (outbuildings, gardens over 1 acre etc.)	
Will the property be your primary residence?	Yes <input type="checkbox"/> - No <input type="checkbox"/>
If no, please confirm use of property	
Do you intend to let the property?	Yes <input type="checkbox"/> - No <input type="checkbox"/>
If buy-to-let, will property be occupied by the owner or an immediate family member?	Yes <input type="checkbox"/> - No <input type="checkbox"/>
On buy-to-let: What is the likely rental income and proposed tenancy?	£
Proposed tenancy	AST <input type="checkbox"/> - Corporate <input type="checkbox"/> - Other <input type="checkbox"/>
Are the tenants in occupation?	Yes <input type="checkbox"/> - No <input type="checkbox"/>
If yes, date commenced and end date	
Will you carry out any business in the property or outbuildings?	
Is the property, currently or has it been, owned by a local authority, the MOD or a housing association?	Yes <input type="checkbox"/> - No <input type="checkbox"/>
Name of the vendor	
State arrangements for the valuer to gain access to the property and contact number	

Please answer the following if you are re-mortgaging a property

Original date of purchase	
Original purchase price	£
Current mortgage outstanding	£

What are the funds from the re-mortgage being used for?

Repay existing mortgage	£
Home improvements	£
Cover early repayment costs	£

Purchase of second property	£
Consolidation of debt	£
Other (please specify)	£
Other - Describe	£

Adverse credit details

	Client 1	Client 2
<p>Have you missed more than 2 consecutive credit card or store card payments in the last 3 years?</p> <p style="text-align: right;">Details</p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>
<p>Are you currently or have you ever been in arrears with your rent, mortgage payments or other loans?</p> <p style="text-align: right;">Details</p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>
<p>Have you been bankrupt?</p> <p style="text-align: right;">Details</p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>
<p>Have you ever had a County Court Judgement (CCJ) against you?</p> <p style="text-align: right;">Details</p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>
<p>Have you ever made arrangements with creditors (Individual Voluntary Agreement)?</p> <p style="text-align: right;">Details</p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>
<p>Have you been declined a mortgage on any property in the last 5 years?</p> <p style="text-align: right;">Details</p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> - No <input type="checkbox"/></p>

Remaining term		
Sum assured	£	
Purpose of policy	Lifestyle protection <input type="checkbox"/> Mortgage protection <input type="checkbox"/>	
Premium & frequency	£	per
Renewal date		
Details of critical illness conditions covered		

	£	
	Lifestyle protection <input type="checkbox"/> Mortgage protection <input type="checkbox"/>	
	£	per

Existing mortgage payment protection or ASU policies

Mortgage payment protection or ASU policies	Policy 1	
Owner	Client 1 <input type="checkbox"/> - Client 2 <input type="checkbox"/> - Joint <input type="checkbox"/>	
Policy type	Disability <input type="checkbox"/> Unemployment <input type="checkbox"/> Both <input type="checkbox"/>	
Provider		
Policy number		
Benefit amount/frequency		
Benefit period		
Deferred period		
Benefit 2 amount/frequency		
Benefit period 2		
Deferred period 2		
Premium & frequency	£	per
Renewal date		
Purpose	Lifestyle <input type="checkbox"/> Mortgage <input type="checkbox"/> Both <input type="checkbox"/>	

Policy 2	
Client 1 <input type="checkbox"/> - Client 2 <input type="checkbox"/> - Joint <input type="checkbox"/>	
Disability <input type="checkbox"/> Unemployment <input type="checkbox"/> Both <input type="checkbox"/>	
£	per
Lifestyle <input type="checkbox"/> Mortgage <input type="checkbox"/> Both <input type="checkbox"/>	

Existing private medical insurance policies

Private medical insurance	Policy 1	
Owner	Client 1 <input type="checkbox"/> - Client 2 <input type="checkbox"/> - Joint <input type="checkbox"/>	
Cover type	Family <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Single parent <input type="checkbox"/>	
Employee benefit or private cover?	Employee <input type="checkbox"/> - Private <input type="checkbox"/>	
Provider		
Premium & frequency	£	per
Renewal date		

Policy 2	
Client 1 <input type="checkbox"/> - Client 2 <input type="checkbox"/> - Joint <input type="checkbox"/>	
Family <input type="checkbox"/> Single <input type="checkbox"/> Joint <input type="checkbox"/> Single parent <input type="checkbox"/>	
Employee <input type="checkbox"/> - Private <input type="checkbox"/>	
£	per

Existing income protection policies

Income protection policies		Policy 1	
Owner	Client 1 <input type="checkbox"/> - Client 2 <input type="checkbox"/>		
	Income protection	<input type="checkbox"/>	
	Group income protection	<input type="checkbox"/>	
	Employers benefit	<input type="checkbox"/>	
	Multi benefit	<input type="checkbox"/>	
Provider			
Policy number			
Start date			
Benefit 1 amount			
Deferred period	weeks		
Benefit 2 amount			
Deferred period	weeks		
Benefits indexed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Waiver of premium included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Frequency of benefit payments			
Benefits payable for	Term in years Until age		
Premium & frequency	£		per
Renewal date			
Purpose	Lifestyle	<input type="checkbox"/>	
	Mortgage	<input type="checkbox"/>	

Policy 2			
Client 1 <input type="checkbox"/> - Client 2 <input type="checkbox"/>			
		Income protection	<input type="checkbox"/>
		Group income protection	<input type="checkbox"/>
		Employers benefit	<input type="checkbox"/>
		Multi benefit	<input type="checkbox"/>
Provider			
Policy number			
Start date			
Benefit 1 amount			
		weeks	
Benefit 2 amount			
		weeks	
Benefits indexed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Waiver of premium included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Frequency of benefit payments			
Benefits payable for	Term in years Until age		
Premium & frequency	£		per
Renewal date			
Purpose	Lifestyle	<input type="checkbox"/>	
	Mortgage	<input type="checkbox"/>	

Existing buildings & contents policies

Buildings & contents		Policy 1	
Cover type	Buildings <input type="checkbox"/> - Contents <input type="checkbox"/>		
Property usage	Main residence	<input type="checkbox"/>	
	Buy to let	<input type="checkbox"/>	
	Overseas property	<input type="checkbox"/>	
	UK holiday home	<input type="checkbox"/>	
	Unoccupied	<input type="checkbox"/>	
Accidental damage cover included?	Yes <input type="checkbox"/> - No <input type="checkbox"/>		
Cover amount	£		
Provider			
Policy number			
Premium & frequency	£		per
Renewal date			

Policy 2			
Buildings <input type="checkbox"/> - Contents <input type="checkbox"/>			
		Main residence	<input type="checkbox"/>
		Buy to let	<input type="checkbox"/>
		Overseas property	<input type="checkbox"/>
		UK holiday home	<input type="checkbox"/>
		Unoccupied	<input type="checkbox"/>
Yes <input type="checkbox"/> - No <input type="checkbox"/>			
		£	
Provider			
Policy number			
Start date			
Benefit 1 amount			
		£	
Benefit 2 amount			
		£	
Benefits indexed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Waiver of premium included?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Frequency of benefit payments			
Benefits payable for	Term in years Until age		
Premium & frequency	£		per
Renewal date			
Purpose	Lifestyle	<input type="checkbox"/>	
	Mortgage	<input type="checkbox"/>	

Existing protection & lump sum arrangements from policies and work benefits

Your lump sum policies and protection in the event of death - amount	Client 1	Client 2
Life assurance		
Mortgage protection		
Pension funds on death		
State benefits		
Death in service		
Sub total		

Your income producing policies in the event of death - amount	Client 1	Client 2
Family income benefit		

	Buildings insurance	Contents insurance
Insurance policy providers		

Total available to you from your savings and investments	Client 1	Client 2
ISA		
Stocks and shares		
Bank/building society		
Other		
Sub total		

Total income available to you in the event of being unable to work	Client 1	Client 2
Monthly sick pay from employer		
How long paid for?		
Income protection policies		
How long is the deferred period/s?		
Accident, sickness & unemployment policies		
State benefits (ESA)		
Other		
Sub total		

Total lump sums available in the event of suffering a serious or critical illness	Client 1	Client 2	
	Critical illness policies		
	Other cash		
	Sub total		

Existing pensions

	Client 1	Client 2
	Pension 1	Pension 1
Description		
Provider		
Value		
Monthly contribution		
Retirement age		

	Pension 2	Pension 2
Description		
Provider		
Value		
Monthly contribution		
Retirement age		

	Pension 3	Pension 3
Description		
Provider		
Value		
Monthly contribution		
Retirement age		

Purpose of pensions

