

**Income and Expenditure**

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| **Client(s) details** | **Applicant 1** | **Applicant 2**  |
| Title |  |  |
| Forename(s) |  |  |
| Surname |  |  |
| Previous name (date changed) |  |  |
| Known as  |  |  |
| Date of birth |  |  |
| Nationality |  |  |
| Address |  |  |
| Date moved in  |  |  |
| Please provide three years’ address history here or in the notes section  |  |  |
| Telephone number |  |  |
| Email address |  |  |
| UK domiciled and tax resident | YES/NO | YES/NO |
| Marital Status | Single/married/separated/divorced/widowed\* | Single/married/separated/divorced/widowed\* |
| Relationship to other applicant  | Spouse/partner/sibling/parent/child/business partner/other\* | Spouse/partner/sibling/parent/child/business partner/other\* |

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| **Dependant name** | **Dependant date of birth**  | **Whose?** |
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**Notes**

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| **Credit History** | **Applicant 1** | **Applicant 2** |
| Have you ever had a mortgage or loan application refused? | Yes/No\*DateDetails | Yes/No\*DateDetails |
| Have you ever had a judgement for a debt or a loan default registered against you? | Yes/No\*DateAmount Company | Yes/No\*DateAmount Company |
| Have you ever been declared bankrupt or made an arrangement with creditors? | Yes/No\*DateDetails | Yes/No\*DateDetails |
| Have you ever failed to keep up payments under any previous or current mortgage, rental or loan agreement? | Yes/No\*Date Details | Yes/No\*Date Details |

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| **Monthly Income**  | **Applicant 1** | **Applicant 2** |
| Employment Status | Employed/self employed/Ltd Company/retired/house person/zero hours | Employed/self employed/Ltd Company/retired/house person/zero hours |
| Hours worked per week |  |  |
| Job Title/Occupation |  |  |
| Employer’s name and address/name of business if self employed |  |  |
| Is this job permanent? | YES/NO | YES/NO |
| Start Date (if within last 3 years please provide previous job in notes section) |  |  |
| Monthly Gross Earned Basic Income |  |  |
| Self employed Net Profit  | Latest yearPrevious YearPrevious Year | Latest yearPrevious YearPrevious Year |
| Limited Company Net Profit  | Latest yearPrevious YearPrevious Year | Latest yearPrevious YearPrevious Year |
| Dividends | Latest yearPrevious YearPrevious Year | Latest yearPrevious YearPrevious Year |
| Overtime/commission/bonus/car allowance (guaranteed) |  |  |
| Overtime/commission/bonus (regular) |  |  |
| Second job gross income |  |  |
| Rental income |  |  |
| Pension income |  |  |
| Investment income |  |  |
| Tax credits/child benefit  |  |  |
| Other state benefits |  |  |
| Child/Spousal Maintenance  |  Court ordered? YES/NO |  Court ordered? YES/NO |
| **Total Gross Monthly Income** |  |  |
| **Total Net Monthly Income**  |  |  |
| **Monthly Expenditure** | **Applicant 1** | **Applicant 2** | **Joint** | **Changes after completion** |
| Current mortgage payment/rent  |  |  |  |  |
| Council tax  |  |  |  |  |
| Gas |  |  |  |  |
| Electricity |  |  |  |  |
| Other fuel |  |  |  |  |
| Water |  |  |  |  |
| Phone |  |  |  |  |
| TV/internet |  |  |  |  |
| Property maintenance/service charge/ground rent |  |  |  |  |
| Buildings/contents insurance  |  |  |  |  |
| Household  | Applicant 1 | Applicant 2 | Joint | Changes after completion |
| Food |  |  |  |  |
| Clothes |  |  |  |  |
| Travel costs (work) |  |  |  |  |
| Car tax/insurance  |  |  |  |  |
| Private health insurance  |  |  |  |  |
| Leisure (gym, eating out)  |  |  |  |  |
| Hobbies |  |  |  |  |
| Pets |  |  |  |  |
| Holidays  |  |  |  |  |
| Charity/church donations |  |  |  |  |
| School/college fees |  |  |  |  |
| Child/Spousal maintenance |  |  |  |  |
| Child Care  |  |  |  |  |
| Total pension contributions (please give details on separate sheet below) out of salary **yes/no** |  |  |  |  |
| Total life insurance premiums (please give details on below) |  |  |  |  |
| Total loans/credit/HP (please give details below) |  |  |  |  |
| **Total Expenditure:** |  |  |  |  |
| **Surplus** (net income minus expenditure): |  |  |  |  |

**ASSETS**

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| --- | --- | --- | --- |
| **Type (e.g. property, savings account, investment)** | **Date Acquired**  | **Cost**  | **Current Value**  |
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**EXISTING MORTGAGES**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Lender | Property Address | Type(e.g. residential BTL) | Original Purchase Price  | Amount Borrowed | Amount Outstanding | MonthlyRepaymentAmount | Start Date | End Date | Being repaid on mortgage completion? |
|  |  |  |  |  |  |  |  |  | yes/no |
|  |  |  |  |  |  |  |  |  | yes/no |
|  |  |  |  |  |  |  |  |  | yes/no |
|  |  |  |  |  |  |  |  |  | yes/no |

**LOANS/HIRE PURCHASE/CAR LEASE/STUDENT LOAN/CREDIT CARDS/SECOND CHARGE ETC.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Whose? | Lender | Type(e.g. loan, CC)  | Amount Borrowed (loan) /Credit Limit (CC) | Amount Outstanding | MonthlyRepayment Amount | Start Date | End Date | Being repaid on mortgage completion? |
|  |  |  |  |  |  |  |  | yes/no (if so, then how?) |
|  |  |  |  |  |  |  |  | yes/no |
|  |  |  |  |  |  |  |  | yes/no |

**LIFE INSURANCE POLICIES**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Whose? | Provider | Policy Type | Policy Number | Sum Assured | MonthlyPremium | Start ate | Maturity Date (if applicable) |
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**PENSION CONTRIBUTIONS**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Whose? | Provider | Policy Type (e.g. personal pension, Workplace pension, company pension) | Policy Number | ContributionEmployee | ContributionEmployer | Start Date | Maturity date (if applicable) |
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| **Additional Information** | **Applicant 1** | **Applicant 2** |
| Might your income change significantly within the foreseeable future? (If yes, likely timescale, amount and how?) |  |  |
| Might your expenditure change significantly within the foreseeable future? (If yes, likely timescale, amount and why?) |  |  |
| Are you likely to move home within the next 5 years? (Other than this transaction)? (If yes, likely timescale) |  |  |
| Do you have any plans to make regular overpayments or a lump sum reduction to the mortgage in the foreseeable future? (If yes, likely timescale, how much and how?) |  |  |
| Would your mortgage(s) and debt(s) be cleared if you were to die or suffer from a critical illness?  |  |  |
| In the event of serious illness will you still receive any regular income? (If yes, how much and for how long?) |  |  |
| Sick Pay  |  |  |
| Rental Income  |  |  |
| Savings |  |  |
| Family Help |  |  |
| Could you continue paying your financial commitments? (If yes, for how long and how?)  |  |  |
| What would be the impact on you? |  |  |
| Do you have critical illness insurance? |  |  |
| Would you and your dependants be able to maintain your standard of living if you were to die or unable to work due to illness or accident?  |  |  |
| Are you a smoker? |  |  |
| Do you have a valid will?  |  |  |
| Do you wish to add the lender’s arrangement fee to the loan? (You understand that by doing so it increases your mortgage payment and means that you will pay interest on the amount) | YES/NO\* | YES/NO\* |
| Which bank account do you wish to use to make your mortgage payments? | Sort code:Account number:Account name:  |  |
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| **Notes** |

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