

IF THERE ARE MORE THAN 2 APPLICANTS PLEASE COMPLETE THIS FORM TWICE AND ENSURE THERE IS AN INCOME & EXPENDITURE FORM FOR EACH HOUSEHOLD

Intermediary details

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------|
| Company name : | | Consultant/Advisor name: | |
| Telephone contact number: | | Email Address: | |
| FCA number: | Directly Authorised <input type="checkbox"/> | Appointed Representative <input type="checkbox"/> | |
| Network/Mortgage club: | | | |
| Application is Advised (All residential & CBTL cases must be on an advised basis) <input type="checkbox"/> | | | |
| How was the sale made? Face to Face <input type="checkbox"/> Telephone <input type="checkbox"/> Internet <input type="checkbox"/> Post <input type="checkbox"/> Intermediary <input type="checkbox"/> Other <input type="checkbox"/> | | | |
| Will you be collecting your fees directly from client Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Your Broker Fee: £ | Paid: Up front <input type="checkbox"/> | On Offer <input type="checkbox"/> | On Completion <input type="checkbox"/> Add to Loan (if possible) <input type="checkbox"/> |

Intermediary Declaration

I confirm that all applicants, the security property and the loan details conform to Mortgage lending guidelines. Yes No

Credit decisions and the prevention of fraud

Please tick the box to confirm that you have consent from your client(s) for credit searches to be conducted and that you have informed them of the consequences; that they authorize Promise Solutions, it's subsidiaries and their Finance Providers to disclose the information they have provided today, to credit reference agencies who will keep a visible record of the information and search made.

By proceeding you confirm that you have supplied your client(s) with a copy of 'A Guide to the use of your Personal Information' and Promise Solutions Privacy Policy and have their consent to the disclosure and use of their personal information in this way.

I have obtained the applicant(s) consent to proceed with the credit searches described above and informed them of the consequences

Signature :

Date:

Loan details

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------|---------------------------------------------------------------|
| Type of Mortgage: <input type="checkbox"/> Purchase <input type="checkbox"/> Remortgage <input type="checkbox"/> Right to Buy <input type="checkbox"/> Help to Buy <input type="checkbox"/> Shared Ownership <input type="checkbox"/> First Time Buyer | | | |
| Purchase price/estimated property value | | £ | |
| Loan amount Required £ | | Term (years) | |
| Product Required | Fixed Rate <input type="checkbox"/> _____ (Term) | Discount <input type="checkbox"/> | SVR <input type="checkbox"/> Tracker <input type="checkbox"/> |
| Source(s) of Deposit (purchase only) <input type="checkbox"/> Own Savings £ <input type="checkbox"/> Current Equity £ <input type="checkbox"/> Family Gift £ <input type="checkbox"/> Other £ | | | |
| Repayment type: Capital Repayment <input type="checkbox"/> Interest Only <input type="checkbox"/> Part and Part <input type="checkbox"/> | | | |
| If Interest Only what is the repayment strategy? E.g. Sale and downsize / Endowment/Investment: | | | |
| Existing Mortgage Lender: | | Amount Outstanding: £ | |
| Are there any other charges on the property? | | | |
| Lender: | | Amount Outstanding: £ | |
| Other: | | Amount Outstanding: £ | |
| Is the applicant an Ex-Pat ? Y <input type="checkbox"/> N <input type="checkbox"/> | | | |

| Personal details - Applicant 1 | | | | Personal details - Applicant 2 | | | |
|----------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|--------|----------------------------------------------------------|----------------------------------------------|----------------------------------------------------------|--------|
| Title (Mr/Mrs/Miss/Ms/Dr) | | | | Title (Mr/Mrs/Miss/Ms/Dr) | | | |
| First name | | | | First name | | | |
| Middle name(s) | | | | Middle name(s) | | | |
| Surname | | | | Surname | | | |
| Have you been known by any other name(s)? (maiden/alias) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Have you been known by any other name(s)? (maiden/alias) | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If yes, former name: | | | | If yes, former name: | | | |
| Date of birth | | N.I. No. | | Date of birth | | N.I. No. | |
| Expected retirement age | | | | Expected retirement age | | | |
| Marital status | | | | Marital status | | | |
| Number of dependents under 18 | | | | Number of dependents under 18 | | | |
| Number of dependents over 18 | | | | Number of dependents over 18 | | | |
| Nationality | | | | Nationality | | | |
| Rights to reside in the UK? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Rights to reside in the UK? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Current resident in the UK? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Current resident in the UK? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Length of residency in UK | | | | Length of residency in UK | | | |
| From birth? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | From birth? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| If no, please complete | | Years | Months | If no, please complete | | Years | Months |
| Do you currently hold a mortgage or own a property? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Do you currently hold a mortgage or own a property? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Current address Applicant 1 | | | | Current address Applicant 2 | | | |
| Address | | | | Address | | | |
| Postcode | | | | Postcode | | | |
| Contact No | | | | Contact No | | | |
| Email | | | | Email | | | |
| Residential status | Owner with a mortgage | <input type="checkbox"/> | | Residential status | Owner with a mortgage | <input type="checkbox"/> | |
| | Owner without a mortgage | <input type="checkbox"/> | | | Owner without a mortgage | <input type="checkbox"/> | |
| | Privately renting | <input type="checkbox"/> | | | Privately renting | <input type="checkbox"/> | |
| | Living with parents | <input type="checkbox"/> | | | Living with parents | <input type="checkbox"/> | |
| | Living with friends/relatives | <input type="checkbox"/> | | | Living with friends/relatives | <input type="checkbox"/> | |
| | Tied accommodation | <input type="checkbox"/> | | | Tied accommodation | <input type="checkbox"/> | |
| | Local authority renting/ housing association | <input type="checkbox"/> | | | Local authority renting/ housing association | <input type="checkbox"/> | |
| Time at address | | Years | Months | Time at address | | Years | Months |
| Previous address Applicant 1 | | | | Previous address Applicant 1 | | | |
| Address | | | | Address | | | |
| Postcode | | | | Postcode | | | |
| Time at address | | Years | Months | Time at address | | Years | Months |

INCOME DECLARATION: Are you aware of any changes to income that will affect ability to repay the mortgage? If yes Please give details in additional information

| | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|----------------------------------------------------|------------------------------|-----------------------------|
| Applicant 1 | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Applicant 2 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Employment - current employment - We require 3 years employment history – Please continue in additional info section If either applicant is a 25% or more share owner please complete the Self-Employed section | | | | | |
| Employed - applicant 1 | | | Employed - applicant 2 | | |
| Employment type (e.g. permanent, temporary) | | | Employment type (e.g. permanent, temporary) | | |
| Job title | | | Job title | | |
| Time with current employment/contract | | Years Months | Time with current employment/contract | | Years Months |
| Total Gross salary per annum | | £ | Total Gross salary per annum | | £ |
| Net Monthly salary | | £ | Net Monthly salary | | £ |
| Employer Name/Address | | | Employer Name/Address | | |
| | | | | | |
| Previous employment (Please continue in additional info if necessary) | | | | | |
| Employment type (e.g. permanent, temporary) | | | Employment type (e.g. permanent, temporary) | | |
| Job title | | | Job title | | |
| Time with previous employer | | Years Months | Time with previous employer | | Years Months |
| Employer Name/Address | | | Employer Name/Address | | |
| | | | | | |

| | | | | | |
|----------------------------------|-------------------------------------------------|-------------|----------------------------------|-------------------------------------------------|-------------|
| Self Employed Applicant 1 | | | Self Employed Applicant 2 | | |
| Name of Business | | | Name of Business | | |
| Type | Sole trader <input type="checkbox"/> | | Type | Sole trader <input type="checkbox"/> | |
| | Partner <input type="checkbox"/> | | | Partner <input type="checkbox"/> | |
| | Director <input type="checkbox"/> | | | Director <input type="checkbox"/> | |
| | Limited Company <input type="checkbox"/> | | | Limited Company <input type="checkbox"/> | |
| Date commenced trading | | | Date commenced trading | | |
| Last 2 years' net profit | £ | Year | Last 2 years' net profit | £ | Year |
| | £ | Year | | £ | Year |
| % share of business | | | % share of business | | |

| | | | | | |
|------------------------------------------------|----------------------------------------------|-----------------------------|------------------------------------------------|----------------------------------------------|-----------------------------|
| Other income Applicant 1 – Gross Annual | | | Other income Applicant 2 – Gross Annual | | |
| Other annual income? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Other annual income? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Source of other income | Maintenance | £ | Source of other income | Maintenance | £ |
| | Dividend | £ | | Dividend | £ |
| | Working/child tax credit | £ | | Working/child tax credit | £ |
| | Private/occupational pension | £ | | Private/occupational pension | £ |
| | Rental income net of mortgage payment | £ | | Rental income net of mortgage payment | £ |
| | Investment income | £ | | Investment income | £ |
| | Other | £ | | Other | £ |

Credit Profile

In the last 3 years has the applicant had any CCJ's or Defaults secured or unsecured arrears ? Yes No

| Applicant 1 or 2 | Type e.g. CCJ/Default/Mortgage or Secured Arrears/Unsecured | Date Registered / Missed | Amount | Date Satisfied/Paid |
|------------------|-------------------------------------------------------------|--------------------------|--------|---------------------|
| | | | | |
| | | | | |
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Debt Management Plan - Has either applicant been in or is currently in a DMP ? No Yes

Applicant 1 or 2? Date Registered / / Amount £ Date Satisfied / /

Bankruptcy/IVA – Has either applicant been declared Bankrupt/entered an IVA in the last 6 years? No Yes

Applicant 1 or 2? Date Registered / / Amount £ Date Discharged / /

Repossession

Has either applicant had a property repossessed in the last 6 years No Yes - Date / /

Convictions

Has either applicant been convicted of any offence, other than driving related offences, or have any pending court proceedings?-If yes please provide details in additional information No Yes

Explanation for adverse credit:

Current Outstanding Credit

| Applicant 1/2/3/4 | Company | Type e.g. Credit Card | Start Date | Term | Monthly Instalment | Arrears | Balance | To be repaid? |
|-------------------|---------|-----------------------|------------|------|--------------------|---------|---------|---------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |

Property details

Have you found a property? Yes (please complete the section below) No

Property address

Postcode Year built

Property jurisdiction England/Wales Scotland Ireland

Date of original purchase (remortgage only)

Type of property Semi detached house Maisonette
 Detached house Purpose built flat Number of floors in block
 Terraced house Converted flat Which floor is flat on
 End terrace Number of bedrooms

Type of sale Buying through estate agent Council RTB : Council Valuation £
 Buying from business Discounted Purchase Price £
 Private sale Shared Ownership: Y/ N
 Buying from builder What % is being purchased
 Buying from landlord as tenant Can app staircase to 100% ownership? Y / N
 Purchase from relative
 *If the property is a new build it will need to have an acceptable Warranty/Guarantee in place

Are you related to the vendor? Yes No

Tenure Freehold Leasehold - how many years are left on lease yrs

Is the property Ex-Local Authority? Y / N Anything unusual about the property/construction? Y/ N

Valuation Type: Standard Homebuyers Report

Will this be the main residence? Yes No

If no, will the property be occupied by immediate family?

Income & Expenditure

| A. Monthly Income | |
|---------------------------------------|---|
| Applicant 1 Net monthly Salary/Wages | £ |
| Applicant 2 Net monthly Salary /Wages | £ |
| Working Tax Credit | £ |
| Child Benefit | £ |
| Child Tax Credit | £ |
| Maintenance | £ |
| Private Pension | £ |
| State Pension | £ |
| Investment Income | £ |
| Other (please state) | £ |
| Other (please state) | £ |
| Other (please state) | £ |
| Other (please state) | £ |
| Other (please state) | £ |
| Other (please state) | £ |
| A. Total Monthly Income | £ |

| B. Basic Household Expenditure | |
|------------------------------------------------------------|---|
| Current Mortgage / Rent payment | £ |
| Shared Ownership Rent | £ |
| Ground rent / service charge | £ |
| Second mortgage or other secured loan | £ |
| Mortgage Repayment Vehicle/endowment | £ |
| Pension/Life Insurance | £ |
| Council Tax | £ |
| Gas, Electric, Heating Fuels | £ |
| Water | £ |
| Communication - Internet / Mobile phones/landline | £ |
| TV - Sky/cable /rental/license etc., | £ |
| Car Expenses – Fuel, tax and insurance | £ |
| Other Travel e.g Bus/Rail expenses | £ |
| Household insurance – Buildings/contents | £ |
| Housekeeping (food and Toiletries) | £ |
| Child minding / childcare/clubs etc., | £ |
| Maintenance payments | £ |
| Costs for medical/care assistance/prescriptions | £ |
| Clothing | £ |
| Entertainment & Recreation (incl., alcohol, smoking etc.,) | £ |
| Pets (food, vet bills, pet insurance) | |
| Other regular expenses not covered above | |
| | |
| | |
| Total Monthly Spend | £ |

| C. Dependents Please list anyone living in the property under the age of 16 | |
|--------------------------------------------------------------------------------|-------|
| Full name | D-O-B |
| | |
| | |
| | |
| Please list anyone living in the property over age of 16 | |
| Full name | D-O-B |
| | |
| | |
| | |

| | |
|-----------------------------------|--|
| How many cars in household | |
|-----------------------------------|--|

| D . Credit that will continue after completion of this mortgage e.g. Hire Purchase for car, Credit Cards | | |
|----------------------------------------------------------------------------------------------------------|--------------|-------------------|
| Creditor | Balance Owed | Monthly Repayment |
| 1 | £ | £ |
| 2 | £ | £ |
| 3 | £ | £ |
| 4 | £ | £ |
| 5 | £ | £ |
| 6 | £ | £ |
| D. Total monthly repayments | | £ 0.00 |

It is important to complete the items above as accurately as possible taking into consideration all of your average monthly expenditure. I/we confirm that the above information is a true reflection of our expenditure. I/we are not aware of any impending changes to my/our circumstances of income. If I/we become aware of any changes to our income prior to the loan completing, I/we will notify Promise Solutions.

Signed:

Signed :

Date

Date

Additional Information

If you need to enter any additional information to support this case please enter it here.

YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON A MORTGAGE OR ANY OTHER DEBT SECURED ON IT