

## Mortgage and Remortgage Questionnaire

## GENERAL DETAILS

	FIRST APPLICANT'S DETAILS	SECOND APPLICANT'S DETAILS
Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other:
Forename		
Middle Names		
Surname		
Home Tel.		
Work Tel.		
Mobile		
Email address		
Date of birth (D/M/Y)		
Nationality		
Current address		
Postcode		
Dates of this address	From: _____ To: _____	From: _____ To: _____
Residential Status	Owner <input type="checkbox"/> Renting <input type="checkbox"/> With relations <input type="checkbox"/>	Owner <input type="checkbox"/> Renting <input type="checkbox"/> With relations <input type="checkbox"/>
Please Note:	If you have not lived at this address for three years, please provide all previous addresses for the period. Please continue on another sheet of paper if required.	
Previous address 1		
Postcode		
Dates at this address	From: _____ To: _____	From: _____ To: _____
Residential status	Owner <input type="checkbox"/> Renting <input type="checkbox"/> With relations <input type="checkbox"/>	Owner <input type="checkbox"/> Renting <input type="checkbox"/> With relations <input type="checkbox"/>
Previous address 2		
Postcode		
Dates at this address	From: _____ To: _____	From: _____ To: _____
Residential status	Owner <input type="checkbox"/> Renting <input type="checkbox"/> With relations <input type="checkbox"/>	Owner <input type="checkbox"/> Renting <input type="checkbox"/> With relations <input type="checkbox"/>

## EMPLOYMENT DETAILS

	FIRST APPLICANT'S DETAILS	SECOND APPLICANT'S DETAILS
Basic income	£	£
Regular overtime	£	£
Bonus	£	£
Regular commission	£	£
Total income	£	£
Type of business		
Job title		
Name of employer		
Personnel Tel.No.		
Employment start date (D/M/Y)		
Type of contract	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Fixed <input type="checkbox"/>	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Fixed <input type="checkbox"/>
Self employed details		
Have you three years of accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Percentage share holding (%)		
Net profit	Year 1: £ Year 2: £ Year 3: £	Year 1: £ Year 2: £ Year 3: £

## PERSONAL DETAILS

	FIRST APPLICANT'S DETAILS	SECOND APPLICANT'S DETAILS
No. of dep. children		
Marital status	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/>
Purchasing status	1st time buyer <input type="checkbox"/> Home mover <input type="checkbox"/> Re-mortgage <input type="checkbox"/> Buy-2-let <input type="checkbox"/>	1st time buyer <input type="checkbox"/> Home mover <input type="checkbox"/> Re-mortgage <input type="checkbox"/> BTL <input type="checkbox"/>
Pension	Company <input type="checkbox"/> Personal <input type="checkbox"/>	Company <input type="checkbox"/> Personal <input type="checkbox"/>
Do you smoke	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you a cheque guarantee card	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. of other cards held	Credit <input type="checkbox"/> Store <input type="checkbox"/>	Credit <input type="checkbox"/> Store <input type="checkbox"/>
Have you had a mortgage application declined?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been arrears with any mortgage, tenancy, or other loan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## EXISTING PROPERTY

	FIRST APPLICANT'S DETAILS	SECOND APPLICANT'S DETAILS
Anticipated sale price/ Estimated value	£	£
Amount of existing mortgage	£	£
Lender		
Re-mortgage – date property purchased (D/M/Y)		
Balance outstanding	£	£
Current Payment		
To be redeemed on/before completion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## NEW PROPERTY DETAILS

### DETAILS OF PROPERTY TO BE MORTGAGED

Purchase price/Valuation	£
Term of mortgage (years)	
Is the property ex-local authority	Yes <input type="checkbox"/> No <input type="checkbox"/>
Source of deposit	Own resources <input type="checkbox"/> Gift <input type="checkbox"/> Equity <input type="checkbox"/>

Loan required	£
Is the property above commercial premises	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you be using a guarantor	Yes <input type="checkbox"/> No <input type="checkbox"/>

## COMMITMENTS

### REGULAR CREDIT COMMITMENTS (PER MONTH)

ALSO LIST ALL CREDIT AND STORE CARDS WITH CURRENT BALANCES

COMPANY	PURPOSE	APPLICANT			CURRENT BALANCE (£)	MONTHLY PAYMENT (£)	AGREEMENT END DATE	IS THE LOAN SECURED?	REPAID BEFORE COMPLETION?	FROM PROCEEDS OF ADVANCE?
		1	2	3						

### ADDITIONAL INFORMATION

## GENERAL OBJECTIVES

### GENERAL MORTGAGE RELATED OBJECTIVES

Please agree and specify your financial objectives by assigning a priority from 1 – 5 in the following areas:

(1 = High Priority, 5 = Low Priority).

Please make an entry for ALL areas.

	CLIENT	ADVISER
A. Financial Protection to only repay the mortgage in the event of death of either yourself or your partner.	<input type="checkbox"/>	<input type="checkbox"/>
B. Income to only meet mortgage payments if you are unable to work due to long term illness/disability.	<input type="checkbox"/>	<input type="checkbox"/>
C. Just the mortgage to be repaid by a lump sum, in the event of a critical illness.	<input type="checkbox"/>	<input type="checkbox"/>
D. Repaying the mortgage	<input type="checkbox"/>	<input type="checkbox"/>
E. Income to be protected in the short term in the event of accident, sickness and/or redundancy.	<input type="checkbox"/>	<input type="checkbox"/>

	CLIENT	ADVISER
F. Financial Protection to cover more than the mortgage in the event of the death of either yourself or your partner.	<input type="checkbox"/>	<input type="checkbox"/>
G. Income to be in excess of the mortgage payments if you are unable to work due to long term illness/disability.	<input type="checkbox"/>	<input type="checkbox"/>
H. Lump sum to be in excess of the mortgage in the event of a critical illness.	<input type="checkbox"/>	<input type="checkbox"/>
I. To be able to raise capital/(Re) Mortgage	<input type="checkbox"/>	<input type="checkbox"/>
J. To provide Private Health Care benefits (e.g. Bupa)	<input type="checkbox"/>	<input type="checkbox"/>
Any other specific objective(s)		

# INTEREST RATE RISK

## ATTITUDE TO MORTGAGE INTEREST RATE RISK

Please tick ONE of the following boxes that best describes the type of mortgage you would prefer e.g. fixed, discounted, capped etc.

- I/We would like to minimise payments as much as possible in the short term i.e 1 year
- I/We would like to keep payments as low as possible over the first 2 years (discounted)
- I/We would like to keep payments stable over the first 2 years (fixed)
- I/We would like to keep payments as low as possible over the first 3 years (discounted)
- I/We would like to keep payments stable over the first 3 years (fixed)
- I/We would like to keep payments stable over the longer term i.e 5 years or more (fixed)

Please tick AS MANY of the following boxes as apply – what else would you like us to consider when preparing our recommendations?

- If possible, I/We would like to know that our payments, although subject to changes in interest rate, would not rise above a certain level for a fixed period of time. (capped)
- I/We would like access to an initial cash sum (cash back)
- I/We would like to be able to reduce the capital debt free of charge at any time
  - Less than 10% of the original advance per annum
  - More than 10% of the original advance per annum
- I/We would like to keep the application costs as low as possible, even if the rate is a little higher as a result.

Please specify any additional requirements you would like us to consider

# INVESTMENT RISK

Please indicate your attitude to investment risk description best suited to you for each of the following:

### A. AVOIDING RISK (capital & interest)

I/We do not choose to link the final repayment of our mortgage loan to any means of investment. I/We require a guarantee that our mortgage will be repaid at the end of the term, on death and/or diagnosis of an eligible critical illness, subject to all payments having been made on time.

### B. CAUTIOUS (capital & interest)

I/We do not want to link the final repayment of our mortgage loan to any means of investment. I/We want the mortgage to be repaid at the end of the term, subject to all payments having been made on time. I/We are happy to accept that in the event of death or diagnosis of a critical illness our mortgage may not be cleared in full (or at all).

### C. BALANCED (interest only)

I/We want to link the final repayment of our mortgage debt to an arrangement that may invest in the following areas: Equities, Blue Chip companies, Government Stock, Fixed Interest investments and Property. I/We accept that neither the monies invested, or the returns expected, are guaranteed. I/We are prepared to accept the short term variability of these kinds of investments and the possibility that these investments may be insufficient to repay the mortgage. I/We want a guarantee that the mortgage will be repaid at the end of the term, on death and/or diagnosis of an eligible critical illness, subject to all payments having been made on time.

### D. SPECULATIVE (interest only)

I/We want to link the final repayment of our mortgage debt to an arrangement that may invest in the following areas: Equities, Blue Chip companies, Government Stock, Fixed Interest investments and Property. I/We accept that neither the monies invested, or the returns expected, are guaranteed. I/We are prepared to accept the short term variability of these kinds of investments and the possibility that these investments may be insufficient to repay the mortgage. I/We are happy to accept that in the event of death or diagnosis of a critical illness that the mortgage may not be cleared in full (or at all).

### E. VERY SPECULATIVE (interest only)

I/We do not want to link the final repayment of our mortgage loan to any means of investment. I/We want to make monthly payments of interest only, repaying the capital sum borrowed as and when we are able with lump sums from different sources. I/We are prepared to accept the high level of risk associated with this method of mortgage repayment. Should I/We die or be diagnosed with an eligible critical illness before the end of the term, the mortgage may not be cleared in full (or at all).

PLEASE TICK ONE BOX (EACH) ONLY

#### Client 1

- A  B  C  D  E

#### Client 2

- A  B  C  D  E

**NOTES**

The information given on this form will be held on Computer and is subject to the Data Protection Act. If we completed this form via a telephone interview we will send/fax the form to you at our earliest convenience. Please ensure that reflects your priorities and that information stated on it is correct - this is important as failure to do so may effect the advice we give. As a Mortgage Broker, we reserve the right to discuss this information with any lender, in order to determine the most appropriate product for your needs. The lenders may undertake enquiries with one or more credit reference agencies within the terms of the Data Protection and Consumer credit Acts. Credit reference agencies may keep record of any such enquiry and make this available to other enquirers. If you would prefer not to be credit searched, please advise us immediately.

FIRST APPLICANT'S SIGNATURE (If available) \_\_\_\_\_

ADVISER \_\_\_\_\_ SIGNATURE \_\_\_\_\_

SECOND APPLICANT'S SIGNATURE (If available) \_\_\_\_\_

DATE / / (AKP adviser to sign in all cases) \_\_\_\_\_