

Aspire Independent Financial Advisers Ltd

Buy To Let Mortgage Factfind

Consultant
Branch
Date

Personal Details

	First Applicant	Second Applicant
Title		
Forename(s)		
Middle Name(s)		
Surname		
Maiden/previous/alias – name(s) (if applicable)		
Marital Status (NB the mortgage and property should usually be in joint names of husband and wife if applicants are married)		
Nationality		
Relationship to other applicant (if not married)		
Are you a first-time buyer?		
If no, how many other properties do you own in total including your main residence?		
Have you smoked in the last 12 months?		
Length of time resident in the UK	Years Months	Years Months
Date of Birth (dd/mm/yy)		
Dependent children	Names	Dates of Birth
National Insurance number		
Expected retirement age		
Do you currently contribute to a pension?		
Do you currently have any life cover?		
Have you made a will? Please give brief details		

Current & Previous Housing

Current address		
Postcode		
Home Telephone number		
Work Telephone number		
Mobile Telephone number		
Email address		
Nature of Occupancy – are you:		
Date moved in (dd/mm/yy)		
Do you have any further sources of income? (i.e. rental properties, if yes – please detail in additional information section 9)		

Please give details of all previous addresses lived at in the last 3 years:

Previous address		
Postcode		
Occupied from: (mm/yy)		
Occupied to (mm/yy)		
Nature of occupancy		

Previous address		
Postcode		
Occupied from: (mm/yy)		
Occupied to (mm/yy)		
Nature of occupancy		

Previous address		
Postcode		
Occupied from: (mm/yy)		
Occupied to (mm/yy)		
Nature of occupancy		

Bank Details

	First Applicant	Second Applicant
Personal Bankers name		
Bank address		
Postcode		
How long have you held this account	Years Months	Years Months
Account number		
Sort Code number		
Do you hold a cheque guarantee card?		

Credit History

Have you ever:

	First Applicant	Second Applicant
Been refused credit for any reason?		
Had a mortgage application for this or any property turned down?		
Been involved in bankruptcy, voluntary arrangement or liquidation for debt?		
Had a County Court Judgement or Default registered against you?		
Had any mortgage arrears?		
Been party to a mortgage taken into possession on an enforced or voluntary basis?		
Been charged or convicted with any offence other than a driving offence?		

If you answered yes to any questions, please provide further information in additional details section.

Income and employment Details

Income (Employed)

Important note: if you hold shares in the company amounting to 20% or more, please complete the self-employed section below.

	First Applicant	Second Applicant
Name of current employer		
Address of current employer		
Postcode		
Telephone number of employer		
Fax number of employer		
Nature of business		
Position Held		
Permanent or contract		
Length of employment	Years Months	Years Months
Employee/Payroll number		
Basic salary/wage		
Guaranteed overtime/bonus		
Regular overtime		
Regular bonus/commission		
Total Income		

Previous Employment

Please provide details of previous employers for the last 3 years if you have spent less than 3 years with present employer:

Name of previous employer		
Address of previous employer		
Postcode		
Telephone number of employer		
Fax number of employer		
Nature of business		
Position Held		
Permanent or contract		
Length of employment	Years Months	Years Months

Name of previous employer		
Address of previous employer		
Postcode		
Telephone number of employer		
Fax number of employer		
Nature of business		
Position Held		
Permanent or contract		
Length of employment	Years Months	Years Months

Name of previous employer		
Address of previous employer		
Postcode		
Telephone number of employer		
Fax number of employer		
Nature of business		
Position Held		
Permanent or contract		
Length of employment	Years Months	Years Months

Income (Self Employed)

	First Applicant	Second Applicant
Name of your business		
Address of your business		
Postcode		
Telephone Number		
Fax number		
Nature of business		

How long established	Years Months	Years Months
How long in your ownership?	Years Months	Years Months
State whether sole proprietor; partner or other		
If shareholder or partner, state percentage owned	Held	Held
Applicants net share of profit	Amount Year	Amount Year
	Amount Year	Amount Year
	Amount Year	Amount Year
Accounts available		
If yes, please provide accountants details below		
If no, do you wish to certify your own income?		
I am happy to self-certify my gross income at		
Accountants Name		
Accountants Address		
Postcode		
Telephone Number		
Fax number		
Contact Name		
Accountants Qualification		

Property to be Mortgaged

Property address	
Postcode	
EXPECTED RENTAL	
Type of property	
Purchase price, if re-mortgage, price paid	
If re-mortgage, current estimated value	
Mortgage Required	
If re-mortgage, date of purchase	
Interest Only or Repayment (capital & interest)	
Mortgage deal selected (if known)	
Mortgage Term required	
Year property built	
What is the property built with	
What is the property roofed with	
Accommodation (please indicate number)	Bedrooms Living Rooms Kitchen W/Cs Bathrooms Garages
Is the property a listed building	
Is the property a new build	
If so what protection is it being sold	
Is property leasehold or freehold?	
Term of unexpired lease	
If Leasehold	Ground Rent Service Charge
If the property is a flat, is it above commercial premises	
If the property is a flat. how many stories are in the block?	
If the property is a flat, which floor is it on?	
Has the property ever been owned by a Local Authority/MOD/Housing Association/Social Housing/NIHE?	
Who should the valuer contact to obtain access to the property?	
Which type of valuation do you require	

Selling Agent's Details – Purchase Only

Name	
Address	
Postcode	
Telephone Number	
Fax Number	

Vendor's Details (if known) – Purchase only

Name	
Address	
Postcode	
Telephone Number	
Fax Number	

Your Solicitor's Details

Company Name	
Address	
Postcode	
Telephone Number	
Fax Number	
DX Number	
Solicitor's Name	

Direct Debit Details for Mortgage Payments

Full name of your bank/building society	
Address of your bank/building society	
Postcode	
Account number	
Name(s) of account holder(s)	
Sort Code number	
Preferred payment date	

Additional Details

Existing BTL properties

Property Address 1	
Property Value	
Mortgage Outstanding	
Lender	
Mortgage Account Number	
Date Purchased	
Rental	

Property Address 2	
Property Value	
Mortgage Outstanding	
Lender	
Mortgage Account Number	
Date Purchased	
Rental	

Property Address 3	
Property Value	
Mortgage Outstanding	
Lender	
Mortgage Account Number	
Date Purchased	
Rental	

Property Address 4	
Property Value	
Mortgage Outstanding	
Lender	
Mortgage Account Number	
Date Purchased	
Rental	

Property Address 5

Property Value	
Mortgage Outstanding	
Lender	
Mortgage Account Number	
Date Purchased	
Rental	

Property Address 6

Property Value	
Mortgage Outstanding	
Lender	
Mortgage Account Number	
Date Purchased	
Rental	

Property Address 7

Property Value	
Mortgage Outstanding	
Lender	
Mortgage Account Number	
Date Purchased	
Rental	

Property Address 8

Property Value	
Mortgage Outstanding	
Lender	
Mortgage Account Number	
Date Purchased	
Rental	

General Financial Objectives

Please specify your financial objectives by assigning a priority from 1 to 5 to the following need areas (1 = high priority, 5 = no priority)

	Family Security		Investment Planning
	Protection against Critical Illness		Long Term Savings
	Retirement planning		Long Term Healthcare
	Reducing your tax burden		Protecting your income
	Mitigating your inheritance tax liability	1	Mortgage/ Remortgage/ Raising capital
	Providing for your children's education		Other objective (detail in notes section)

Declaration & Client Consent

PLEASE READ AND CHECK THIS ENTIRE FORM BEFORE SIGNING.

I/We confirm that the information given and recorded on this form is correct, and understand that it shall form the basis for all advice offered.

I HAVE ALSO RECEIVED A CLIENT AGREEMENT AND BUSINESS CARD FROM MY FINANCIAL ADVISER.

I understand and consent to the above terms and I hereby authorise the transfer of information, as described above on a confidential basis when warranted between such third parties. I agree that the Terms of Business will come into effect from the date of issue. I agree that Aspire IFA Ltd may contact me from time to time to by post, fax, e-mail or telephone to update me on products or services that may be of interest.

Please tick this box if you do not consent to us or any company associated with us processing any such sensitive data.

Please tick this box if you do not wish for us or any company associated with us to contact you for marketing purposes by e-mail, telephone, post or SMS, please tick this box.

<input type="checkbox"/>	Payment of a fee
<input checked="" type="checkbox"/>	Payment by commission (or product charges)
<input type="checkbox"/>	Payment by a combination of commission and fee

Client Name(s)		
Client signature(s)		
Date		

Notes