

**MORTGAGE FACT FIND**

***To ensure that suitable advice is provided and recommendations are based on your current financial circumstances it is important that questions are answered as fully and accurately as possible.***

|  |  |  |
| --- | --- | --- |
|  | **First Client** | **Second Client** |
| **Name(s):** |  |  |
| **Address:** |  |  |
| **Postcode:** |  |  |
| **Email address:** |  |  |
| **Tel No:** |  |  |
| **Mobile No:** |  |  |
| **Other No:** |  |  |
| **Adviser:** | **Melvyn Wyatt** |
| **Date factfinding commenced:** |  |
| **Data Factfind completed:** |  |
| **Date of any updates:** |  |
| **Third party present**  |  |

**Client Details:**

|  |  |  |
| --- | --- | --- |
|  | FIRST CLIENT | SECOND CLIENT |
| Title |  |  |
| Surname |  |  |
| First Name |  |  |
| Previous Surname(if applicable) |  |  |
| Date of Birth |  |  |
| Age |  |  |
| Smoker |  |  |
| Relationship to other client |  |   |
| Dependants  | Name(s) Age Relationship Residence  |
| Are you, or are you connected to, a politically exposed person? |   |  |
| Current Residential Status |  |  |
| If renting, amount of rent paid |  |  |
| Are you on the electoral role at your current address |   |  |
| Length of time at current address |  |  |
| Previous Address (if less than 3 years, continue in notes section if more than one) |  |  |
| Postcode |  |  |

**Wills**

|  |  |  |
| --- | --- | --- |
|  | Client 1 | Client 2 |
| Does the client have a will? |   |  |
| When was it last reviewed? |  |  |
| Are there any special considerations to be taken into account? Details |  |

**(Lasting) Power of Attorney**

Do you have any arrangements in place N

Details:

**Occupation**

|  |  |  |
| --- | --- | --- |
| Current employer |  |  |
| Occupation / Job title |  |  |
| National Insurance No. |  |  |
| Employment statusIf “other” give details |  |  |
| If employed, on what basis? |  |  |
| Time in current employment |  |  |
| Details of probationary period |  |  |
| If contract, specify term of contract |  |  |
| Previous employer if less than 2 years, to include dates of employment (continue in additional notes section if more than one employer) |  |  |
| Anticipated retirement age |  |  |
| Are you currently in good health? If no, please provide details in notes section  |  |  |

**Income - Employee**

|  |  |  |
| --- | --- | --- |
| Basic annual income | £ | £ |
| Guaranteed overtime | £ | £ |
| Guaranteed bonuses | £ | £ |
| Non-guaranteed overtime | £ | £ |
| Non-guaranteed bonuses | £ | £ |
| Total gross income | £ | £ |
| **Total net income** | **£** | **£** |
| *Is this consistent with income converter table?* | **Y / N** | **Y / N** |

**Income - Self-Employed**

|  |  |  |
| --- | --- | --- |
| Number of years in business | Yrs Mths | Yrs Mths |
| Net profit last year | £ | £ |
| Net profit previous year | £ | £ |
| Net profit year before that | £ | £ |
| Are accounts available? | Y  | Y  |
| Are SA302’s available | Y  | Y  |

**Other Income**

|  |  |  |
| --- | --- | --- |
| Car allowance | £ | £ |
| Investment income | £ | £ |
| Rental income | £ | £ |
| Pension | £ | £ |
| State benefits (guaranteed) | £ | £ |
| State benefits (reviewable) | £ | £ |
| Maintenance Payments | £ | £ |
| Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | £ | £ |
| **Total other income** | **£** | **£** |

|  |  |  |
| --- | --- | --- |
| Bank Name |  |  |
| Sort Code |  |  |
| Account Number |  |  |
| How long with Bank |  |  |

**Existing Credit / Hire Purchase / Leasing Contracts / Acting as Guarantor**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Client1, 2 or joint | Type offinance | Financeprovider | Balance / Monthso/s | Monthlypayment | Purpose of credit / Guarantor | Secured | Repay withMortgage |
|  |  |  | £ | £ |  | Y / N | Y / N |
|  |  |  | £ | £ |  | Y / N | Y / N |
|  |  |  | £ | £ |  | Y / N | Y / N |
|  |  |  | £ | £ |  | Y / N | Y / N |
|  |  |  | £ | £ |  | Y / N | Y / N |
|  |  |  | £ | £ |  | Y / N | Y / N |

**Credit History**

|  |  |  |
| --- | --- | --- |
|  | FIRST CLIENT | SECOND CLIENT |
| Have you ever had a mortgage or loan application refused? |  |  |
| Have you ever had a judgement for (a guarantor) debt or loan default registered against you? |  |  |
| Have you ever been declared bankrupt? |  |  |
| Have you ever failed to keep up repayments under any previous or current mortgage? |  |  |
| Have you ever failed to keep up repayments under any previous or current rental or loan agreement? |  |  |
| If yes to any of the above, provide full details: |

**Assessment of Affordability**

|  |  |
| --- | --- |
| CURRENT OR EXPECTED FUTURE EXPENDITURE | AMOUNT – Monthly or Annual |
| Total of continuing loans/credit as above | £ |
| Council Tax | £  |
| Gas | £ |
| Electric  | £ |
| Water | £ |
| Other utilities / energy costs | £ |
| Property maintenance / ground rent | £ |
| Buildings & Contents insurance | £ |
| Family Food & household costs (toiletries, etc)  | £ |
| Child care costs | £ |
| Clothing  | £ |
| TV, Broadband & telephone costs including subscriptions services, licences, etc | £ |
| Mobile Phone costs | £ |
| Regular subscriptions ie. newspaper, magazine, films, health club, golf, tennis, football, etc | £ |
| Car costs (excluding leasing above) to include; Insurance, Services, MOT, road tax, general maintenance/repairs, etc | £ |
| Car fuel costs | £ |
| Transport – Train, tram, bus, etc | £ |
| Pets – food, insurance, grooming, etc | £ |
| Maintenance payments | £ |
| Regular school fees / contributions | £ |
| Other schooling costs ie. meals, uniform, outings, etc | £ |
| Insurances (other than B&C) ie, life, health, medical, dental, phone, etc | £ |
| Pension Contributions (non-salary deduction)  | £ |
| Regular savings | £ |
| Tobacco or related products | £ |
| Social costs ie. meals out, drinks, theatre, etc | £ |
| Holiday(s) | £ |
| Other (details) | £ |
| Other future expected (detail) | £ |
| **Total monthly expenditure** | **£** |
| **Net monthly income (from income section)** | **£** |
| **Net monthly disposable income (not including future mortgage costs)** | **£** |

**Assets**

|  |  |  |
| --- | --- | --- |
|  | FIRST CLIENT | SECOND CLIENT |
| Property | £ | £ |
| Any other assets\* | £ | £ |
| Total assets | £ | £ |

|  |  |
| --- | --- |
| \* details of other assets |  |

**Current Residential Mortgage**

|  |  |  |
| --- | --- | --- |
|  | FIRST CLIENT | SECOND CLIENT |
| Amount outstanding |  | £ |
| Term outstanding | Yrs mths | yrs mths |
| Repayment type (if interest only, state repayment method) |  |  |
| Lender |  |  |
| Current monthly payment and interest rate |  | £ % |
| Interest rate type |  |  |
| End date for interest rate type |  | / / |
| Are there any early repayment charges payable |  N | Y / N |
| If early repayment charges are payable, state figure | £ | £ |
| Are you prepared to pay the early repayment charges | Y / N | Y / N |
| Is the current mortgage portable to a new property | Y / N | Y / N |
| If the current property is being sold, what is the sale price | £ N/A | £ |
| Is the current mortgage repaid in the event of death | Y / N | Y / N |
| Is the current mortgage repaid in the event of critical illness | Y / N | Y / N |
| Is the current mortgage payment covered in the event of accident, sickness or redundancy | Y / N | Y / N |
| Is buildings & contents insurance in place | Y / N | Y / N |

**New Mortgage/Loan**

|  |  |
| --- | --- |
| Category of client |  |
| Reason for mortgage |  |
| Address of property to be mortgaged |  |
| Is this your primary residence? If no, provide full details |  |
| Price of property being purchased | £ |
| How much do you wish to borrow | £ |
| Amount of deposit | £ |
| Source of deposit |  |
| Do you wish to add any other outstanding debts to the amount |  |
| Preferred mortgage term and reason |  |
| Are funds available to pay fees in connection with mortgage |  |
| Are any home improvements plannedIf yes, provide details and approximate cost |  |
| If home improvements are not planned, confirm the reason for capital raising  |  |
| Does existing lender facilitate further advances | Y / N |
| If yes, was this option confirmed | Y / N |
| Reasons why client not pursuing  |  |

**Property to be Mortgaged**

|  |  |
| --- | --- |
| House type | Detached / semi-detached / terracedHouse / bungalow / flat-apartment /Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Property Tenure |  |
| If leasehold, how long is left on the lease |  |
| Number of bedrooms |  |
| Floors in the building |  |
| Year property was built |  |
| Has the property been extended |  |
| Is the property of a non-standard construction (ie. thatched roof, barn conversion etc) |  |

**Shared Ownership**

|  |  |
| --- | --- |
| What is the percentage to be purchased | % |
| Details of shared ownership body you are buying from |  |

|  |
| --- |
| NOTES |

**PROTECTION NEEDS**

**Life Assurance**

Do you have any existing arrangements to repay your mortgage in the event of death?

No

**Critical Illness**

Do you have any existing arrangements to repay your mortgage in the event of a critical illness?

No

**Income Protection**

Do you have any existing arrangements to cover your mortgage repayments and other living expenses in the event of an illness that meant you were off work and were not paid by your employer or you could not carry out your profession or trade?

No

**Accident, Sickness & Unemployment**

Do you have any short term arrangements (usually cover for 12/24 months) in place to cover or contribute towards your mortgage repayments?

 No

**Buildings & Contents**

Do you hold or will you be arranging suitable cover to protect the property, and where relevant, its contents?

 No

|  |
| --- |
| NOTES |

|  |
| --- |
| ADDITIONAL FACTFINDING NOTESAre any changes expected to the client(s) circumstances in the foreseeable future? |