

HMO Enquiry Form

APPLICATION DETAILS

Broker

Name: _____ Company: _____

Borrowing Entity: Personal Ltd Trust LLP PartnershipWhere lending is to a Ltd Co/LLP please provide name of company:

_____Purpose of Mortgage: Purchase Remortgage Transfer of Equity

Loan Details

Loan amount / LTV required: _____ Purpose of loan: _____

Product Requirements

Loan Term Required: _____

Repayment Type: Interest Only Repayment Rate Type Required: Fixed Rate Tracker/Variable

APPLICANT DETAILS

Applicant 1

Full Name: _____ Date of Birth: _____

Address
(3 years address history): _____

Personal Income (£): _____ Occupation: _____

Contact Tel. Number: _____

How many BTL properties owned? _____

How many commercial properties owned? _____

How many years letting experience? _____

Does applicant own a residential property? Yes NoResidential status Homeowner Tenant Living with Family

HMO Enquiry Form

APPLICANT DETAILS (continued)

Applicant 2

Full Name: _____ Date of Birth: _____

Address
(3 years address history): _____

Personal Income (£): _____ Occupation: _____

Contact Tel. Number: _____

How many BTL properties owned? _____

How many commercial properties owned? _____

How many years letting experience? _____

Does applicant own a residential property? Yes No

Residential status Homeowner Tenant Living with Family

EX-PAT

Applicant 1

Country of Residency: _____ Nationality: _____

Occupation: _____ Income (UK taxed and UK equivalent): _____

Number of UK Properties Owned: _____ Number of properties with mortgages for more than 12 months: _____

Applicant 2

Country of Residency: _____ Nationality: _____

Occupation: _____ Income (UK taxed and UK equivalent): _____

Number of UK Properties Owned: _____ Number of properties with mortgages for more than 12 months: _____

SECURITY DETAILS

Security Address: _____

Property Value: _____ Purchase Price: _____

Current Mortgage Balance (Remortgage): _____

Current Lender (Remortgage): _____ Current monthly mortgage payment: _____

How long owned (Remortgage): _____ How many bedrooms? _____

HMO licence in place?: Yes No Rental Income: _____

Currently let? Yes No Single or multiple ASTs? Single Multiple

HMO Enquiry Form

SECURITY DETAILS (continued)

Tenant type (working professionals, students, vulnerable tenants?) _____

Client ever resided in property? Yes No EPC Rating: _____

Tenant type (working professionals, DSS tenants, etc): _____

HMO type (Flat/House/Studio): _____

ADDITIONAL INFORMATION

Deposit source (Purchases): _____

Credit history – any CCJs/ Defaults/missed payments – if yes provide details:

Additional information – please provide any further details relating to the enquiry:

I confirm that the information contained within this application is true and correct to the best of my knowledge.
I have the client's authority to share this information.

I have advised the applicant(s) that a formal credit search may be carried out in their name(s) with credit reference agencies who will record details of the search and may create a financial association with those with whom they are linked financially. The applicant(s) has/have given authority to my company to instruct Charleston Financial to carry out a formal credit search and/or to instruct others to do so in connection with obtaining finance on their behalf.

If you do not have the applicants authority to carry out a credit search, please do not sign below. However you can still send the completed form back to us and we will provide indicative terms, which will be based on the assumption customer has clear credit, unless otherwise stated.

Signed by broker or applicant

Name: _____ Date: _____

Signature: _____