



JAMES | YOUNG
& ASSOCIATES

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.

Credit Searches

Unless you inform us otherwise, a formal credit search may be carried out in your name (s) with Credit Reference Agencies who will record details of the search and may create a financial association with those with whom you are linked financially. The mortgage lender will check details with fraud prevention agencies and if you have given false or inaccurate information and fraud is suspected, the mortgage lender will record this.

By completing this form, you agree that you have read, understood and agreed to the above credit search statement.

Signed Applicant 1 _____ Signed Applicant 2 _____

Print Name _____ Print Name _____

Date ____/____/____ Date ____/____/____

For and on behalf of James Young & Associates Ltd

Signed _____ Print Name _____

Date ____/____/____

Applicant Details

	Applicant 1	Applicant 2
Title		
Forename		
Middle Name		
Surname		
Date of Birth		
Maiden Name		
Marital Status		
National Insurance Number		
Nationality		
Dependents Full Names & DOB		
Do you have any affiliation with a Politically Exposed Person?		
Current Address & Postcode		
Residential Status (if renting please advise the amount)		
Date Moved In		
3 Years Address History		
Contact Details Mobile Email		

Employed Income

	Applicant 1	Applicant 2
Occupation		
Employers Name & Address		
Telephone Number		
Start Date		
Basic Salary		
Overtime + Frequency		
Bonus + Frequency		
Previous Employment Details if less than 12 months		

Self Employed Income

Sole Trader [] Partner [] Ltd Company Director []		
Business Name & Address		
Number of Years S.E		
3 Years Net Profit Figures		
20____ £		£
Most Recent Year First 20____ £		£
20____ £		£
Accountants Name & Address		

Other Income

Details of any other income received including Pension, Benefit or Maintenance incl. frequency		
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Financial History

Please give as much information as possible including dates, amounts and confirmation if now satisfied.

	Applicant 1	Applicant 2
Have you used the service of a Pay Day Loan or Door Step Loan?		
Any missed or late payments on any debts?		
Have you ever had a loan or mortgage refused?		
Have you ever had any CCJ's or Defaults?		
Have you ever entered into an IVA or Debt Management Plan?		
Have you ever been declared bankrupt?		
Explanation for any of the above i.e. life event		

Assets

	Applicant 1	Applicant 2
Cash		
Pension		
Investments		
Other		
Total		

Properties Owned

Applicant 1, 2 or Joint				
Indicate Subject Property	[]	[]	[]	[]
Address				
Property Description				
Purchase Date & Price Paid				
Approx. Value				
Loan Outstanding				
Existing Lender				
Account Number				
Monthly Payment				
Outstanding Term				
Interest Rate				
Interest Only / Repayment / P+P				
Early Repayment Charges				
BTL or Residential				
Monthly Rental				
Managed by Letting Agent	Y/N	Y/N	Y/N	Y/N
Is the property HMO / Multi Let / Student / DSS				

Property to be Mortgaged

Full Address						
Type	Detached	Semi Detached	Terraced	End Terrace	Flat	Maisonette
Approximate Age						
Number of	Bedrooms	Living Rooms	Kitchens	Bathrooms	Parking	Any other information
If Flat, please confirm	Ground Rent	Service Charge	Lift Access	Lease O/S	No of Floors	No of Flats
Access Details	Y / N					

For Purchases

Price Agreed	
Estate Agent	
Solicitor	
Any Incentives	

Loan Requirements

Purpose of Mortgage	Remortgage	Purchase	First Time Buyer	BTL Purchase	BTL Remortgage
Loan Required					
Term Required					
Source of Deposit (if gift please provide Donor details & amount)					
Repayment Type Required					
If Interest Only – how will this be repaid?					
Type of Rate Required				Anticipated Rental P/M	£

Existing Protection Policies

Policy Owner				
Type LTA / PHI / ASU				
Sum Assured				
Term Remaining				
Monthly Premium				
Provider				
Policy Number				

Existing Buildings & Contents Insurance

Insurer	
Type	Buildings Only / Contents Only / Buildings & Contents
Any Claims in the last 5 years	

Bank Details for Direct Debit

Bank Name	
Sort Code	
Account Number	
Account Name	
Preferred Payment Date	

Life Questionnaire

	Applicant 1	Applicant 2
Hours Worked Per Week		
Type of Work (%) Manual / Office / Driving		
Smoker Status	Y / N How Many Per Day	Y / N How Many Per Day
Aged Began Smoking		
When Did You Give Up?		
Alcohol Units Per Week (2 Units = 1 Pint of Beer) (1 Unit = 1 Small Glass of Wine)		
Height		
Weight		
Mens Waist Size / Ladies Dress Size		
Do You Partake In Any Hazardous Pursuits?		
Travel Outside Of The EU For More Than 90 days?		
Are You Taking Any Medication? Or Have You Had Any Medical Problems In The Last 5 Years? Please Include Any Operations, Treatments & Referrals		
Any Family History Of Poor Health? i.e. Parents / Siblings Contract Any Terminal Illness Before The Age Of 60		
Doctors Details		