

# Mortgage application summary form

This form summarises the content of the application for a mortgage with the West Brom as provided by the intermediary and is for information purposes only.

## Application summary

### Intermediary details

Name of advisor:	<input type="text"/>	Name of company:	<input type="text"/>
Financial Conduct Authority firm reference number:	<input type="text"/>	Date of application:	<input type="text"/>
Product(s):	<input type="text"/>	<b>Service provided:</b>	
		Advice <input type="checkbox"/>	

### Type of mortgage loan

First time buyer ☐ Home mover ☐ Remortgage ☐ Right to buy ☐ Shared ownership ☐ Shared equity ☐

## Personal details

### Applicant 1

### Applicant 2

Title:	<input type="text"/>	<input type="text"/>
Surname:	<input type="text"/>	<input type="text"/>
Forename(s) in full:	<input type="text"/>	<input type="text"/>
Date of birth:	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
Current address:	<input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>
Time at current address:	From: <input type="text"/> To: <input type="text"/>	From: <input type="text"/> To: <input type="text"/>
Contact details:	Home phone number: <input type="text"/> Work phone number: <input type="text"/> Mobile phone number: <input type="text"/> Email: <input type="text"/>	Home phone number: <input type="text"/> Work phone number: <input type="text"/> Mobile phone number: <input type="text"/> Email: <input type="text"/>
National insurance number:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Relationship to first applicant:	<input type="text"/>	<input type="text"/>
Gender:	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Current residential status:	Owner with mortgage <input type="checkbox"/> Owner without mortgage <input type="checkbox"/> Rented - Private <input type="checkbox"/> Rented - Local authority <input type="checkbox"/> Living with parents <input type="checkbox"/> Living with friends/relatives <input type="checkbox"/> None defined: <input type="text"/>	Owner with mortgage <input type="checkbox"/> Owner without mortgage <input type="checkbox"/> Rented - Private <input type="checkbox"/> Rented - Local authority <input type="checkbox"/> Living with parents <input type="checkbox"/> Living with friends/relatives <input type="checkbox"/> None defined: <input type="text"/>
Number of dependant(s):	<input type="text"/>	<input type="text"/>
Date of birth of dependant(s):	<input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> <input type="text"/> / <input type="text"/> / <input type="text"/>
Expected retirement age:	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	<input type="text"/>
Permanent rights to reside in the UK?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant lived in the UK for at least 3 years prior to this application being received?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Previous surname(s) (if changed within last six years):	<input type="text"/>	<input type="text"/>
Previous address(es):	<input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> Postcode: <input type="text"/>
Time at previous address(es):	From: <input type="text"/> To: <input type="text"/>	From: <input type="text"/> To: <input type="text"/>

## Loan details

Estimated value/Purchase price:		£	
Loan amount:		£	
Term:		years	months
Mortgage loan amount required on capital repayment:		£	
Mortgage loan amount required on interest only:		£	
Are there any incentives, discounts or allowances in relation to the property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Type:	Value £
Is there a business, financial or family relationship between the applicant(s) and the vendor?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Details:	

## Repayment plan details

Repayment vehicle	Repayment plan contribution	Frequency of contribution	Projected value

## Deposit details

Source of deposit?	
Amount of deposit?	£

## Loan amount breakdown (inc. any additional borrowing)

Purpose of borrowing:	Amount:
	£
	£
	£

Employment details	Applicant 1	Applicant 2
Employment status:	Employed <input type="checkbox"/> Homemaker <input type="checkbox"/>	Employed <input type="checkbox"/> Homemaker <input type="checkbox"/>
	Self-employed <input type="checkbox"/> Fixed term contract <input type="checkbox"/>	Self-employed <input type="checkbox"/> Fixed term contract <input type="checkbox"/>
	Retired <input type="checkbox"/> Other <input type="checkbox"/>	Retired <input type="checkbox"/> Other <input type="checkbox"/>
Job title:		
Business sector:		
Employer's name, address and telephone number:		
	Postcode:	Postcode:
	Telephone:	Telephone:
Start date:	/ /	/ /
Has the contract been renewed previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the fixed term contract replaced an employed position in the same profession?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the applicant employed by their family business?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gross basic annual salary:	£	£
Permanent annual shift allowance:	£	£
Commission:	£ Paid monthly <input type="checkbox"/>	£ Paid monthly <input type="checkbox"/>
Overtime:	£ Paid monthly <input type="checkbox"/>	£ Paid monthly <input type="checkbox"/>
Bonus:	£ Paid monthly <input type="checkbox"/>	£ Paid monthly <input type="checkbox"/>
Car/large town allowance:	£	£
Is the applicant aware of any changes to their income and expenditure that is likely to affect their ability to meet the mortgage payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Permanent employment:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Still within probationary period:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tax code:		
Any deductions from salary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Source:		
Monthly amount:	£	£

Self-employed	Applicant 1	Applicant 2
Company type?	Partnership <input type="checkbox"/> Limited company <input type="checkbox"/> Sole trader <input type="checkbox"/> Contractor <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/>	Partnership <input type="checkbox"/> Limited company <input type="checkbox"/> Sole trader <input type="checkbox"/> Contractor <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/>
Business name:		
Business sector:		
Latest return:	£ Projected <input type="checkbox"/>	£ Projected <input type="checkbox"/>
Previous return:	£	£
Date commenced trading:		
Is the applicant aware of any changes to their income and expenditure that is likely to affect their ability to meet the mortgage payments?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accountant company name:		
Accountant contact name:		
Address:		
	Postcode:	Postcode:

Other income	Applicant 1	Applicant 2
Other sources of income:		
Gross annual amount:	£	£

Financial history	Applicant 1	Applicant 2
Has the applicant ever been in arrears?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant ever had a default registered against them?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant ever had a County Court Judgement registered against them?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant ever been subject to an Individual Voluntary Arrangement, Debt Management Program, Debt Relief Order or Protected Trust Deed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant ever been made bankrupt?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the applicant ever had a property repossessed or surrendered?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Financial commitments

### Details of loans/hire purchase

Applicant	Lender	End date	Outstanding balance	Monthly payment	To be repaid?
			£	£	Yes <input type="checkbox"/> No <input type="checkbox"/>
			£	£	Yes <input type="checkbox"/> No <input type="checkbox"/>
			£	£	Yes <input type="checkbox"/> No <input type="checkbox"/>

### Details of credit card(s)

Applicant	Name of card provider	Outstanding balance	To be repaid?
		£	Yes <input type="checkbox"/> No <input type="checkbox"/>
		£	Yes <input type="checkbox"/> No <input type="checkbox"/>
		£	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Ongoing financial commitments

Does the applicant have any other ongoing financial commitments?

Applicant	Commitment type	Monthly Payment
		£
		£
		£

## Household expenditure

Please complete the following fields to confirm the applicant's expenditure against each of the provided categories:-

Expected monthly council tax payment relating to the property	£
Monthly payment for essential insurance(s) and pension(s) relevant to this application i.e building and contents insurance, life insurance, pension(s) not previously declared as being deducted from salary etc.	£
Monthly amount you spend on food and non-alcoholic drink	£
Monthly amount spent on travel/transport i.e. cost of vehicle insurance, tax, maintenance, fuel, parking and public transport for travel	£
Monthly amount spent on water, gas, electric, other heating fuel, telephone (mobile(s) and landline), TV licence, TV and internet packages	£
Other expenditure - monthly amount spent on clothing, footwear and health	£

## Property details

Property address:			
	Postcode		
Property type:	House <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Studio flat <input type="checkbox"/> Coach house flat <input type="checkbox"/> Detached <input type="checkbox"/>
	Semi-Detached <input type="checkbox"/>	Terraced <input type="checkbox"/>	Converted flat <input type="checkbox"/> Purpose-built Flat/ Maisonette <input type="checkbox"/>
	Other <input type="checkbox"/>		
Construction type:	<b>Walls</b>	Acceptable <input type="checkbox"/>	Unacceptable <input type="checkbox"/>
	<b>Roof</b>	Acceptable <input type="checkbox"/>	Unacceptable <input type="checkbox"/>
Number of	Bedrooms:	Kitchens:	Bathrooms:
If the property is a flat or maisonette	Number of storeys in building:	Which floor is the property on?	Lift? Yes <input type="checkbox"/> No <input type="checkbox"/>
Year of construction:			
Tenure:	Freehold <input type="checkbox"/>	Leasehold <input type="checkbox"/>	Former Feuhold <input type="checkbox"/> Common Hold <input type="checkbox"/> Register of Scotland <input type="checkbox"/>
If leasehold, please state leasehold details:	Remaining term of lease:	Ground rent per annum:	Service charge per annum:
Is the property above or adjacent to a commercial premises?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will the property attract business rates or have there been/will there be changes made to the property for business purposes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will the applicant(s) be occupying the property within 1 month of the loan completing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Will this be the first applicant's main residence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Reason:
Date of original purchase (Remortgage):			
Was the property purchased directly from the local authority?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is there a business, financial or family relationship between the applicant(s) and vendor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the property subject to title restrictions? (for example, agricultural restrictions/restricted resale covenant)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the property include more than one acre of land?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Number of acres:
Is it a listed property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Listed status:

## Current residency/occupancy details

Name of mortgage provider:		
Monthly mortgage payment:	£	Outstanding mortgage balance £
Repay on completion:	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason:	Yes <input type="checkbox"/> No <input type="checkbox"/> Reason:
Anticipated monthly rental income	£	£

## Buy to let (BTL)

Does the applicant own any buy to let properties?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of buy to let properties:	

Details of these properties are shown in the 'Additional information sheet' at the end of this application form.

## Viewing arrangements

Valuation to be arranged with:	Selling Agent <input type="checkbox"/> Vendor <input type="checkbox"/> Applicant <input type="checkbox"/> Builder <input type="checkbox"/>
Contact name:	
Contact phone number:	
Additional information which will help the valuer to arrange access to the property:	
Valuation type:	Basic <input type="checkbox"/> Homebuyers <input type="checkbox"/> Full Structural <input type="checkbox"/>

## Other occupants

	Name	Date of birth	Relationship
Details of anyone 17 years or over (who is not a mortgage applicant) who will be living at the property upon completion.		/ /	
		/ /	
		/ /	
		/ /	

## Solicitor's details

	Postcode:
Email:	
Telephone:	

Head Office, 2 Providence Place, West Bromwich B70 8AF.

Tel: 0345 241 3597 Fax: 0121 500 7746 or 7747

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YOUR HOME MAY BE REPOSSESSED IF YOU DO NOT KEEP UP REPAYMENTS ON YOUR MORTGAGE





### Additional information sheet



**Additional information sheet**

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