

DATA CAPTURE FORM RESIDENTIAL



This is a data capture form only – all applications must be made using our Online Mortgage Application Service

NB The order of questions on this form follows the data capture order in our online portal

INTERMEDIARY DETAILS

Intermediary Name	
Company Name	
FCA Status	Directly Authorised <input type="checkbox"/> Appointed Representative <input type="checkbox"/>
FCA Number	
Registered Address	
Principal FCA Number/Name	/
Is sale advised?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How was the sale made?	Face to face <input type="checkbox"/> Non face to face <input type="checkbox"/>
Name of Network	
Name of Mortgage Club	

PRE-REQUISITE QUESTIONS

Does the application meet the following minimum standards?	Tick boxes below	Notes
Has the applicant(s) previously been convicted of fraud, terrorism, organised crime, money laundering, arson or possession or supply of drugs?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the property in Northern Ireland?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the property require a stage build mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is the property subject to shared ownership/ shared equity?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the property meet the security criteria?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are all applicants UK taxpayers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
All applicants have a valid work permit or statutory ability to be employed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the applicant(s) missed any payments on any mortgage or secured lending in the last 6 months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has the applicant(s) previously been party to a mortgaged property that has been repossessed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does either applicant have any criminal convictions other than those which are spent under the Rehabilitation of Offenders Act 1974 (or equivalent), or any pending prosecutions in relation to any aspect of dishonesty, such as theft, robbery, fraud or arson; which may have bearing on your future employment or the likely conduct of the mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

LOAN DETAILS

Loan Purpose	
First-Time Buyer	Yes <input type="checkbox"/> No <input type="checkbox"/>
Right to Buy?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Estimated Value/Purchase Price	£
Loan Amount	£
Term	years months
Repayment Type	Capital Repayment (interest only not available from TML)
Will this be applicant's main residence	App 1 Yes <input type="checkbox"/> No <input type="checkbox"/>
	App 2 Yes <input type="checkbox"/> No <input type="checkbox"/>

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If purchase, please provide the source and amount of deposit								
Savings	Sale of Existing Property	Sale of Shares/ Investment	Inheritance	Family Gifted Deposit	Equity Gifted Deposit	Builder Vendor Deposit	Personal/ Secured Loan	
£	£	£	£	£	£	£	£	
Other (if other, please provide details)								
If remortgage, how are funds being used?								
Debt Consolidation	Repay Existing Mortgage	Home Improvements	Holiday	Car Purchase	Invest in / Purchase Business	Buy to Let Investment	Holiday Home	Purchase Equity
£	£	£	£	£	£	£	£	£
Other (if other, please provide details)								

APPLICANT DETAILS

	Applicant 1		Applicant 2	
Title				
First Name				
Middle Name				
Surname				
Date of Birth	/	/	/	/
National Insurance Number				
Estimated Retirement Age				
Gender				
Nationality				
Permanent Right to Reside in the UK	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Length of Residency	Years:	Months:	Years:	Months:
From Birth	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diplomatic Immunity	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Marital status (choose one):	Applicant 1		Applicant 2	
Single	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Married	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Civil Partnership	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Divorced	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Separated	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Living with Partner	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Common Law	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Annulled Civil	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the applicant has been known by another name in the last 6 years, please provide full details (including title)				

Address Details & History (please provide address history to cover the last 3 years)			
Current Address	Address Line 1		
	Address Line 2		
	County		
	Postcode		
	Length of time at this address	Years: Months:	Years: Months:
Residential Status at this address (choose one)	Owner with Mortgage	<input type="checkbox"/>	Owner with Mortgage <input type="checkbox"/>
	Owner without Mortgage	<input type="checkbox"/>	Owner without Mortgage <input type="checkbox"/>
	Renting - Private Landlord	<input type="checkbox"/>	Renting - Private Landlord <input type="checkbox"/>
	Renting - Local Authority/ Social Landlord	<input type="checkbox"/>	Renting - Local Authority/ Social Landlord <input type="checkbox"/>
	Renting - Letting Agent	<input type="checkbox"/>	Renting - Letting Agent <input type="checkbox"/>
	Living with Relatives	<input type="checkbox"/>	Living with Relatives <input type="checkbox"/>
	Living with Friends	<input type="checkbox"/>	Living with Friends <input type="checkbox"/>

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Previous Address	Address Line 1		
	Address Line 2		
	County		
	Postcode		
	Length of time at this address	Years: Months:	Years: Months:
	Residential Status at this address (choose one)	Owner with Mortgage <input type="checkbox"/>	Owner with Mortgage <input type="checkbox"/>
		Owner without Mortgage <input type="checkbox"/>	Owner without Mortgage <input type="checkbox"/>
		Renting - Private Landlord <input type="checkbox"/>	Renting - Private Landlord <input type="checkbox"/>
		Renting - Local Authority/ Social Landlord <input type="checkbox"/>	Renting - Local Authority/ Social Landlord <input type="checkbox"/>
		Renting - Letting Agent <input type="checkbox"/>	Renting - Letting Agent <input type="checkbox"/>
		Living with Relatives <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>
		Living with Friends <input type="checkbox"/>	Living with Friends <input type="checkbox"/>
Previous Address	Address Line 1		
	Address Line 2		
	County		
	Postcode		
	Length of time at this address	Years: Months:	Years: Months:
	Residential Status at this address (choose one)	Owner with Mortgage <input type="checkbox"/>	Owner with Mortgage <input type="checkbox"/>
		Owner without Mortgage <input type="checkbox"/>	Owner without Mortgage <input type="checkbox"/>
		Renting - Private Landlord <input type="checkbox"/>	Renting - Private Landlord <input type="checkbox"/>
		Renting - Local Authority/ Social Landlord <input type="checkbox"/>	Renting - Local Authority/ Social Landlord <input type="checkbox"/>
		Renting - Letting Agent <input type="checkbox"/>	Renting - Letting Agent <input type="checkbox"/>
		Living with Relatives <input type="checkbox"/>	Living with Relatives <input type="checkbox"/>
		Living with Friends <input type="checkbox"/>	Living with Friends <input type="checkbox"/>
Additional Address Information			

Additional Notes:

EMPLOYMENT

Employment Status	Applicant 1		Applicant 2	
Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self-Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fixed Term Contract	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Retired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unemployed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Homemaker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
More than 25% shareholding of company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employed by a family member?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has contract previously been renewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Renewal of contract or alternative been secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Employed Occupation & Income				
Full-time	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupation				
Start date of employment (mm/yy)	/		/	
Basic salary (annual income)	£		£	
Overtime	£		£	
Commission	£		£	
Bonus	£		£	
Allowance	£		£	
Previous Employment (if current employment is less than 12 months)				
Occupation				
Start date (mm/yy)	/		/	

EMPLOYMENT

Secondary Income – Secondary Employment Status	Applicant 1		Applicant 2	
Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Self-Employed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fixed Term Contract	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Retired	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Unemployed	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Homemaker	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
More than 25% shareholding of company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full time	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fixed contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has contract previously been renewed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Renewal of contract or alternative been secured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Secondary Occupation & Income				
Full-time	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Occupation				
Start date of employment (mm/yy)	/		/	
Basic salary (annual income)	£		£	
Overtime	£		£	
Commission	£		£	
Bonus	£		£	
Allowance	£		£	
Self-Employment – please provide your confirmed income for at least 1 year (please provide 2 years of confirmed income if available)				
Occupation				
Date Commenced Trading (mm/yy)	/		/	
Percentage of Business Owned	%		%	
Earned income	Year ending	/	£	
	Year ending	/	£	

Other Sources of Income		
Investment	£	£
Dividends/Drawings	£	£
Pension (Private / Company / State)	£ / /	£ / /
Maintenance	£	£
Child Benefit	£	£
Working Tax Credit / Child Tax Credit / Universal Credit equivalent	£	£
Other (Please provide details)		
Lending into Retirement (if the loan extends beyond retirement, please complete the following sections) Source of Income (Retired)		
State Pension	£	£
Private Pension	£	£
Investment Income	£	£
Other (Please provide details)		
Does the applicant foresee any changes in the level of their income or expenditure which may affect their ability to meet mortgage repayments? If yes, please provide details below:		
Credit Commitments for joint applicants – if mortgages or other commitments are shared the information should be given only once		
Monthly Rental Commitment (if applicable)	£	£
Current Residential Mortgages		
To be redeemed on completion	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reasons for not redeeming on completion		
Property to be let	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Property Unencumbered	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other (provide details)		
Monthly residential mortgage repayment	£	
Residential mortgage balance outstanding	£	
Estimated value of current residential property	£	

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Mortgage & Secured Loan History						
Does the applicant have any other Mortgages or Secured Loans (not BTL)?		Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Outstanding Balance (for each loan)		£				
Monthly Payment (for each loan)		£				
End Date (for each loan)						
Repay on Completion		Yes <input type="checkbox"/>		No <input type="checkbox"/>		
Store/Credit Cards						
Applicant	Card Provider	Last 4 digits of card number	Balance	To be repaid on completion?		
			£	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			£	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
			£	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Loan & Hire Purchase						
Applicant	Lender	Account No	Balance	Monthly Payments	End Date (mm/yy)	To be repaid on completion?
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>
			£		/	Yes <input type="checkbox"/> No <input type="checkbox"/>
Buy To Let						
Does the applicant own any investment/buy to let properties?		Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Total Number of Properties						

ADVERSE CREDIT DETAILS:

Secured Arrears	Applicant 1		Applicant 2	
Highest level of arrears in last 12 months:				
Mortgage	Months		Months	
Secured Loan	Months		Months	
Secured Loan	Months		Months	
Secured Loan				
Highest level of arrears in last 24 months:				
Mortgage	Months		Months	
Secured Loan	Months		Months	
Secured Loan	Months		Months	
Secured Loan	Months		Months	
Defaults				
Applicant	Date Registered	Amount	Date of Satisfaction	
	/ /	£	/ /	
	/ /	£	/ /	
	/ /	£	/ /	
County Court Judgments				
Applicant	Date Registered	Amount	Date of Satisfaction	
	/ /	£	/ /	
	/ /	£	/ /	
	/ /	£	/ /	
IVA/Debt Management/Protected Trust Deed				
Applicant	Type (IVA/DMP/TD)	Date Registered	Amount	Date of Satisfaction
		/ /	£	/ /
		/ /	£	/ /
		/ /	£	/ /

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Bankruptcies		
Applicant	Date of Order	Date of Discharge
	/ /	/ /
	/ /	/ /
	/ /	/ /
Repossession or Property Surrender		
Applicant	Date of Repossession/Order	Date of Discharge
	/ /	/ /
	/ /	/ /
	/ /	/ /
Household Expenditure	Applicant 1	Applicant 2
Alimony	£	£
Council Tax	£	£
Childcare (if applicable)	£	£
Buildings & Contents Insurance	£	£
Child Maintenance	£	£
Ground Rent & Service Charge	£	£
Court Fines	£	£
Dependents		
No. of non-applicant adult dependents		
No. of child dependents over 5 years of age		
No. of child dependents under 5 years of age		

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PROPERTY DETAILS:

TML will instruct a standard valuation on submission of the full mortgage application. If the borrowers require a Home Buyer or full structural report, this will have to be organised independently.

Property Address					
Address Line 1					
Address Line 2					
Address Line 3					
County					
Postcode					
Property Description					
House	Bungalow	Flat	Studio Flat	Maisonette	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Property Type					
Detached	Semi-detached	End Terraced	Mid Terraced	Back to Back	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate Type (if less than 10 years old)					
NHBC	Zurich Municipal	Building Life Plan Scheme	Premier Guarantee	Architects Certificate	No warranty
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other					
Rooms					
No. of Kitchens		No. of Bathrooms		No. of Bedrooms	
Tenure					
Freehold	Leasehold	Commonhold	Absolute Ownership		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Type of Purchase						
Private	Purchase from Local Authority	Purchase from Housing Association	Purchase at Auction	Purchase from Landlord as Tenant	Purchase from Builder	Purchase from Relative
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Years remaining on lease (if applicable)						
Number of storeys in building (Flats/Apartments)						
Floor number of flat (Flats/Apartments)						
Does property have a lift?			Yes <input type="checkbox"/>			No <input type="checkbox"/>
Is property a new build?			Yes <input type="checkbox"/>			No <input type="checkbox"/>
Year of construction						
Is the property connected to or above a commercial property? (If yes, please provide details)			Yes <input type="checkbox"/>	Details	No <input type="checkbox"/>	
Is any of the property to be used for commercial purposes? (If yes, for what type of business?)			Yes <input type="checkbox"/>	Details	No <input type="checkbox"/>	
Did the applicant(s) purchase the property as part of a Social Housing Scheme? If yes, what was the date of purchase? (mm/yy)					/	/
Is the property ex-social housing?			Yes <input type="checkbox"/>			No <input type="checkbox"/>
Does the property include more than three acres of land?			Yes <input type="checkbox"/>			No <input type="checkbox"/>

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TML Fees	Added to Loan	
Completion Fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Telegraphic Transfer Fee	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Fees	Intermediary Fee	Specialist Distributor Fee
Fee Amount	£	£
When payable (tick appropriate)	On Application <input type="checkbox"/>	On Application <input type="checkbox"/>
	On Offer <input type="checkbox"/>	On Offer <input type="checkbox"/>
	On Completion <input type="checkbox"/>	On Completion <input type="checkbox"/>
How payable?	Paid to Broker <input type="checkbox"/>	Paid to Packager <input type="checkbox"/>
Refundable amount	£	£
Contact Details	Applicant 1	Applicant 2
Home Telephone Number		
Work Telephone Number		
Mobile Telephone Number		
Email Address		
Current Employment Contact Details	Applicant 1	Applicant 2
Company Name		
Address 1		
Address 2		
Address 3		
Postcode		
Telephone Number	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Self-Employment Contact Details	Applicant 1	Applicant 2
Company Name		
Telephone Number		
Address 1		
Address 2		
Address 3		
Postcode		
Accountant used to prepare accounts?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accountant Company		
Accountant Contact Name		
Accountant Qualification		
How long has the Accountant acted for the applicant?	Years Months	Years Months
Accountant Address 1		
Accountant Address 2		
Accountant Address 3		
Accountant Postcode		
Landlord Details	Applicant 1	Applicant 2
Landlord Name		
Address 1		
Address 2		
Address 3		
Postcode		
Date Tenancy Commenced	/ /	/ /

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Arrangements for Property Access

Provide details for the valuer to gain access to inspect the property:

Contact Name

Contact Type (Applicant, Builder, Vendor)

Telephone Number

Any additional access information

Other Occupants

Upon completion, will there be any other occupants living at the property who are aged 17 or over?

Yes

No

If yes:

Occupant 1

Occupant 2

Name(s)

Date of Birth

/ /

/ /

Relationship to applicant

Name(s)

Date(s) of Birth

Relationship to applicant

Solicitor Details

Does the applicant wish to use The Mortgage Lender appointed solicitor? If no, please provide the applicant's solicitor details below.

Yes

No

Solicitor's Firm Name

Solicitor's Name

Address 1

Address 2

Postcode

Contact Telephone Number

Fax Number

Email Address

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Customer Direct Debit Details

Bank Sort Code	
Account Number	
Account Holder Name	

Additional Notes:

Jan19/1.0

	 0118 945 2288
	 info@active-investments.co.uk
	 www.active-investments.co.uk