

This form can be completed electronically, saved and printed.
If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes which apply.

Date:

Purchase Remortgage

Advisor name: Company name:

Email address: Office address:

Telephone number:

Fax number:

FCA status (please tick as appropriate): Directly Authorised Appointed Representative

Company FCA registration number:

Mortgage Club: Network name:

Packager: Network FCA registration number:

Level of service given (please tick as appropriate): Advised Execution only Packager FCA registration number:

If we are paying a procurement fee will any part of this be refunded to the applicant(s)? Yes No

If YES, how much will be refunded?

Is the applicant(s) paying a fee to you for arranging the mortgage? Yes No

If YES, how much will they pay?

When is the fee payable? On application On offer acceptance On completion

APPLICANT DETAILS - Please ensure you complete the applicant's details in the order they require the account to be created

	Applicant 1	Applicant 2
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text"/> Other	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="text"/> Other
Surname	<input type="text"/>	<input type="text"/>
First name(s)	<input type="text"/>	<input type="text"/>
Middle name(s)	<input type="text"/>	<input type="text"/>
Previous surname	<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"/> <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"/>
Address	<input type="text"/>	<input type="text"/>
Postcode	<input type="text"/>	<input type="text"/>
Date moved to current address	<input type="text"/>	<input type="text"/>
Current residency status:	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other - please specify	<input type="checkbox"/> Homeowner <input type="checkbox"/> Renting <input type="checkbox"/> Living with Parents <input type="checkbox"/> Other - please specify



Tax status?	<input type="checkbox"/> Basic Rate	<input type="checkbox"/> High Rate	<input type="checkbox"/> Additional Rate	<input type="checkbox"/> Basic Rate	<input type="checkbox"/> High Rate	<input type="checkbox"/> Additional Rate
Number of Buy to Let properties owned?	<input type="text"/> (Both mortgaged and unencumbered)			<input type="text"/> (Both mortgaged and unencumbered)		
First time Landlord?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Nationality	<input type="text"/>			<input type="text"/>		
Permanent right to reside? <i>(only applicable if not British)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Diplomatic immunity? <i>(only applicable if not British)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you lived in the UK for three or more years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If less than 3 years at current address, please provide previous address:	<input type="text"/>			<input type="text"/>		
Postcode	<input type="text"/>			<input type="text"/>		
Date moved in	<input type="text"/>			<input type="text"/>		
Date moved out	<input type="text"/>			<input type="text"/>		

We require a minimum of 3 years address history for all applicants - continue in the 'Additional Information' section if necessary.

EMPLOYMENT DETAILS

	Applicant 1	Applicant 2
Employment status	<input type="text"/>	<input type="text"/>
If other, please state here	<input type="text"/>	<input type="text"/>
Occupation	<input type="text"/>	<input type="text"/>
Expected retirement age	<input type="text"/>	<input type="text"/>
Basic Gross Salary	£ <input type="text"/> Annual	£ <input type="text"/> Annual
Guaranteed Gross other	£ <input type="text"/> Annual	£ <input type="text"/> Annual
Source of income	<input type="text"/>	<input type="text"/>
Regular Gross other	£ <input type="text"/> Annual	£ <input type="text"/> Annual
Source of income	<input type="text"/>	<input type="text"/>
Length of service	<input type="text"/> Year <input type="text"/> Month	<input type="text"/> Year <input type="text"/> Month
Are you in any probationary period? If yes, provide details	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

SELF EMPLOYED DETAILS

	Applicant 1	Applicant 2
Title in company	<input type="text"/>	<input type="text"/>
Company trading name	<input type="text"/>	<input type="text"/>
Nature of Business	<input type="text"/>	<input type="text"/>
Expected retirement age	<input type="text"/>	<input type="text"/>
Type of company	<input type="text"/>	<input type="text"/>
How long has the business been trading	<input type="text"/> Years <input type="text"/> Months	<input type="text"/> Years <input type="text"/> Months
% of shareholding:	<input type="text"/> %	<input type="text"/> %
Applicant share of net profit: (If Sole trader / Partnership) <small>(Please provide the last 3 years' figures).</small>	£ <input type="text"/> Year End <input type="text"/> £ <input type="text"/> Year End <input type="text"/> £ <input type="text"/> Year End <input type="text"/>	£ <input type="text"/> Year End <input type="text"/> £ <input type="text"/> Year End <input type="text"/> £ <input type="text"/> Year End <input type="text"/>
Applicant share of Salary / Dividend if Limited Company <small>(Please provide the last 3 years' figures).</small>	Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/>	Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/> Salary <input type="text"/> Dividend <input type="text"/> Year End <input type="text"/>

LOAN REQUIREMENTS

Amount required £ Purchase price/current value £

Purpose of Loan

Term Years Repayment type:

If Interest only - Repayment Strategy

Type of property Number of bedrooms

If the property is a new build or built within the last 10 years, name of Warranty provider

If ex-local authority flat, % of private owner occupancy

Have the applicant(s) asked to add on fees where allowed? Yes No

The applicant(s) are purchasing the property with the intention to let it out as a business / investment proposition and are not an accidental landlord?
If no, please supply further details in the additional comments section. Yes No N/A

The applicant(s) are re-mortgaging the property for business / investment purposes and are not an accidental landlord?
If no, please supply further details in the additional comments section. Yes No N/A

Purchase only - please confirm source of deposit

Purpose of Additional Funds – for example debt consolidation, home improvements or capital raising

5. Credit History

Mortgages and other secured loans – (where more space is required please provide further details within the additional comments section)
* If you have Buy to Let properties please complete section 5a.

	Lender	Address against which the loan is secured	Account Number	Outstanding Term	Outstanding Balance	Monthly Payment	Mortgage Repayment Type	Interest Rate	To be repaid?
App1 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>									<input type="checkbox"/> Yes <input type="checkbox"/> No

5a. Mortgaged Buy to Let Properties – please provide details below

Where more space is required please provide further details within the additional comments section.

	Rental Address	Lender	Date Property Purchased	Current Value	Outstanding Balance	Remaining Term	Monthly Payment	Mortgage Repayment Type	Interest Rate	Monthly Rent Received	To be repaid?
App1 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No

Other unencumbered properties owned / part owned

Address of unencumbered property	Use of unencumbered property i.e. BTL or Second Home

Guarantor on any mortgages or secured loans – please provide details below

	Lender	Address against which the loan is secured	Scope of your liability under the Guarantee
App1 <input type="checkbox"/>			
App2 <input type="checkbox"/>			
App1 <input type="checkbox"/>			
App2 <input type="checkbox"/>			
App1 <input type="checkbox"/>			
App2 <input type="checkbox"/>			
App1 <input type="checkbox"/>			
App2 <input type="checkbox"/>			

5b. Unsecured loans / credit cards / HP – please provide details below

	Lender	Account Number	Outstanding Term	Outstanding Balance	Monthly Payment	To be repaid?
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No

APPLICANT DECLARATIONS 1st Applicant 2nd Applicant

Have you had a mortgage in the last 3 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the applicant(s) ever had a mortgage or loan application refused?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the applicant(s) ever had a County Court Judgement for debt or a loan default registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the applicant(s) ever been declared bankrupt or been subject to an Individual Voluntary Arrangement (IVA)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the applicant(s) ever entered any arrangements with your creditors or are you party to a voluntary arrangement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have the applicant(s) had a court order / decree made against you for debt or is there any such action pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever (voluntarily or otherwise) had a property repossessed by a lender or entered any arrangements for mortgage arrears?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you, any member of your family, or any person living with you, ever been cautioned, convicted or charged (but not yet tried) in respect of any criminal offence (excluding motoring convictions)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the answer is YES to any of the above, please enter full details below.
If further space is needed, please provide details in the additional comments section.

1st/2nd/Joint	Type (i.e. Mortgage, IVA, CCJ)	Relating To	Reason	Date Registered	Amount	Date satisfied / still outstanding

INCOME AND EXPENDITURE (BUDGET PLANNER)	Property 1		Property 2		Property3	
	Monthly	Annual	Monthly	Annual	Monthly	Annual
Rental Income						
Mortgage Payment						
Management & Letting Fees						
Council Tax						
Service Charge						
Insurance Costs						
Property Maintenance						
Allowance for Rental Void						
Utilities						
Gas & Electrical Certificate						
Rented Property Licence Fee						
Ground Rent Costs						
Other Monthly Costs						
Total Expenditure						
Income/Expenditure Differential						



Coronavirus (COVID-19) Customer Declaration

This form can be completed electronically, saved and printed.
If completing manually, please complete in black ink and BLOCK CAPITALS. Complete all boxes that apply.

Employed Applicants

Basic Income	Applicant 1	Applicant 2
Has your income been impacted by the pandemic? (if YES please complete the following)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Furlough	Applicant 1	Applicant 2
Have you been furloughed by your employer?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
If YES what percentage/amount of your basic salary is being paid under the Government's Job Retention Scheme?		
What amount (if any) is your employer paying in addition to your furlough pay?		

Bonus	Applicant 1	Applicant 2
Are the payments you have declared consistent with your current situation? If NO please provide further information below	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Increase in payments (per month)		
Decrease in payments (per month)		

Overtime	Applicant 1	Applicant 2
Are the payments you have declared consistent with your current situation? If NO please provide further information below	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Increase in payments (per month)		
Decrease in payments (per month)		

Commission	Applicant 1	Applicant 2
Are the payments you have declared consistent with your current situation? If NO please provide further information below	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Increase in payments (per month)		
Decrease in payments (per month)		

Self-Employed Applicants	Applicant 1	Applicant 2
Is your business still trading?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your business been impacted by the pandemic?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you applied for any of the Coronavirus Support Schemes? If YES please provide further details below including whether your application has been successful	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Additional Information – Coronavirus Support Scheme Applications



ADDITIONAL INFORMATION (please provide detailed information)

Large empty rectangular area for providing additional information.

I confirm that I have informed my client about the way the Society processes my clients' personal information, and that consent has been obtained for The Chorley Building Society to carry out a credit search.

Intermediary signature:

I have taken into consideration and assessed the impact of COVID-19 on the applicant's employment and income, and have attached the supplementary Coronavirus Declaration. Yes No
This can be found under supporting documents on the 'How to Apply' section of the website.

For Chorley Building Society use only

Affordability ID ESIS Number

V10-0820-Int_B2L_DIP