



Request for Decision in Principle

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.

Why have you chosen the Chorley Building Society: BDM Visit BDM Event Chorley Website Previously Submitted Business
 Existing Chorley Customer Sourcing System/Helpdesk Please state which sourcing system/helpdesk

Date:

House Purchase - Residential Only Remortgage - Residential Only Help to Buy Right to Buy DMS Professional Mortgage JBSP Please see page 7

Advisor Name Company Name
 Company FCA Registration No Email Address
 Office Address Telephone No

FCA Status (please tick as appropriate) Directly Authorised Appointed Representative Mortgage Club Name (if applicable)
 Network Name (if applicable) Network FCA Registration Number (if applicable)
 Packager (if applicable) Packager FCA Registration Number (if applicable)

Which level of service have you provided in accordance with the Mortgage Conduct of Business rules? Advised Execution-only

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"/>
Current 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
First time buyer	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Current outgoings (If homeowner)	£ <input style="width: 100%;" type="text"/> £ <input style="width: 100%;" type="text"/> £ <input style="width: 100%;" type="text"/>	Mortgage/rent Mortgage O/S Market value	£ <input style="width: 100%;" type="text"/> £ <input style="width: 100%;" type="text"/> £ <input style="width: 100%;" type="text"/>	Mortgage/rent Mortgage O/S Market value
Will the current mortgage be repaid in full? If 'No', please add explanation in 'Additional Information' section.	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nationality	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" 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? If less than 3 years at current address, please provide previous address:	<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If the answer is no, please ring the Underwriting team for advice)</small>	<input style="width: 100%; height: 100%;" type="text"/>		<input type="checkbox"/> Yes <input type="checkbox"/> No <small>(If the answer is no, please ring the Underwriting team for advice)</small>
Postcode	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Date moved in	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	
Date moved out	<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>	

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

Do you have dependent children? Yes No

If Yes, please provide details below:

Full Name	Date Of Birth
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

Please also complete the following for any other proposed occupiers who will NOT be party to the mortgage:

Full Name	Date Of Birth	Dependent
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT DETAILS	Applicant 1	Applicant 2
Employment Status	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
If other, please state here	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Occupation	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Expected retirement age	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Basic Gross Salary	£ <input style="width: 80%;" type="text"/> Annual	£ <input style="width: 80%;" type="text"/> Annual
Guaranteed Gross other	£ <input style="width: 80%;" type="text"/> Annual	£ <input style="width: 80%;" type="text"/> Annual
Source of income	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>
Regular Gross other	£ <input style="width: 80%;" type="text"/> Annual	£ <input style="width: 80%;" type="text"/> Annual
Source of income	<input style="width: 95%; height: 20px;" type="text"/>	<input style="width: 95%; height: 20px;" type="text"/>

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Length of service Years Months Years Months

Are you in any probationary period? Yes No Yes No
If yes, provide details

SELF EMPLOYED DETAILS

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 company 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"/> %
Net profit: (If Sole trader / Partnership) (Please provide the last 3 years' figures).	£ <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"/>
Salary / Dividend (if Limited Company) (Please provide the last 3 years' figures).	Salary <input type="text"/> Dividend <input type="text"/>	Salary <input type="text"/> Dividend <input type="text"/>
	Year End <input type="text"/>	Year End <input type="text"/>
	Salary <input type="text"/> Dividend <input type="text"/>	Salary <input type="text"/> Dividend <input type="text"/>
	Year End <input type="text"/>	Year End <input type="text"/>
	Salary <input type="text"/> Dividend <input type="text"/>	Salary <input type="text"/> Dividend <input type="text"/>
	Year End <input type="text"/>	Year End <input type="text"/>

CREDIT HISTORY

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

	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="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>	<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="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>	<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="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>	<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="checkbox"/> Yes <input type="checkbox"/> No
App1 <input type="checkbox"/>	<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="checkbox"/> Yes <input type="checkbox"/> No
App2 <input type="checkbox"/>	<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="checkbox"/> Yes <input type="checkbox"/> No

Mortgaged Buy to Let Properties – please provide details below

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

	Rental Address	Lender	Current Value	Outstanding Term	Outstanding Balance	Monthly Payment	Monthly Rent Received	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

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"/>			

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

LOAN REQUIREMENTS

Amount required £ Purchase price/current value £

Purpose of Loan

Term Years Repayment type:

If Interest only - Repayment Strategy

Type of property

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 customers asked to add on fees where allowed? Yes No

Purchase only - please confirm source of deposit

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

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 you 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 you 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 you 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 you 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 you 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
<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"/>	<input type="text"/>

Monthly Income	
Net monthly take home pay (applicant 1)	£
Net monthly take home pay (applicant 2)	£
Any other income	£
Please state source of other income	
Total Monthly Income:	£
Monthly Expenditure	
Mortgage on another property	£
Secured Loans	£
Personal Loans	£
Credit Card Minimum Payments	£
Store Card Minimum Payments	£
Hire Purchase / Lease Agreements	£
Home Shopping Credit Minimum Payments	£
Help to Buy Loan (if applicable)	£
Overdraft Usage Charges / Interest	£
Nursery / Child Minding / School Fees	£
Maintenance / Alimony	£
Cost of Funding Repayment Strategy	£
Mobile Phone Contract	£
Broadband / Home Telephone	£
Council Tax	£
Gas & Electricity	£
Water	£
Other Utilities (ie Calor Gas, Oil)	£
Insurance (Life/Critical Illness)	£
Mortgage Protection / ASU / Inc Protection	£
Home Insurance	£
Ground Rent / Service Charges	£
Car Insurance / MOT / Car Tax / Maintenance	£
Travel Costs inc Fuel, Bus, Rail Fares	£
Other Insurance (Pet/Dental/Health)	£
Total Expenditure:	£
Net Disposable Income:	£



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)

Joint Borrower Sole Proprietor Mortgages – Additional Information

Applicants	Applicant 1	Applicant 2	Applicant 3	Applicant 4
Name				
Applicant Status				
Where Joint Borrower. Relationship to Owner(s)				

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