



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