

LEA Financial Services



COMMERCIAL MORTGAGE FACTFIND

Date: ___/___/___ Source: _____

Please answer each question fully and carefully before checking the form and signing the declaration.

APPLICANT DETAILS		
Name of Business (if not Personal)		
Business Address:		
Business Contact Numbers:	Telephone:	Fax:
Web address:		
Legal Advisor:	Tel:	Fax:
Legal Advisor's address:		
Financial Advisor	Tel:	Fax:
Financial Advisor's Address:		
Officers or Individuals:	FIRST APPLICANT	SECOND APPLICANT
Full Name - SURNAME FORENAME(S)		
Date of birth	/ / Smoker? Y / N	/ / Smoker? Y / N
Relationship to other Applicant		
Do you have any Dependents? If Yes.....	Yes / No Ages	Yes / No Ages
Current address	Postcode	Postcode
Current residential status	Owner / Tenant / LWP / Other	Owner / Tenant / LWP / Other
If renting, how much do you pay?	£ per week/ month	£ per week/ month
Are you on the electoral roll there?	Yes / No	Yes / No
Length of time at current address	Yrs Mths	Yrs Mths
Previous address if less than 3 years <i>(Detail other addresses on separate page if necessary)</i>	Postcode	Postcode
Contact Details	Home Tel: Mobile Tel: Work Tel: Email Add:
If you are borrowing an additional amount - how much? What is this for?	£	£
Are there any foreseeable changes to your circumstances? If Yes, what are they ?	Yes / No	Yes / No
Occupation Employment Status – are you? If 'other' give details	Employed / self-employed / Director / contract worker / permanent / temporary / pensioner / other	Employed / self-employed / Director / contract worker / permanent / temporary / pensioner / other
Name and address of employer	Postcode	Postcode
Contact numbers	T:..... F:.....	T:..... F:.....
Time in Current employment	Yrs Mths	Yrs Mths
Details of probationary period, if any		
If employed less than 1 year – detail your previous occupation, employer & dates of employment		
National Insurance Number		
Your expected retirement age		

FINANCIAL DETAILS		
	FIRST APPLICANT	SECOND APPLICANT
If employed:		
Basic salary p.a.	£	£
Guaranteed additional p.a. (overtime, bonus, etc.)	£	£
Regular additional p.a. (overtime, bonus, etc.)	£	£
Other Income (please specify)	£	£
Other income details (e.g. pensions, rental, state benefits, allowances, etc.)		
If self-employed		
Number of years accounts available		
Net profit last year	£ From / to /	£ From / to /
Previous year	£ From / to /	£ From / to /
Year before that	£ From / to /	£ From / to /
Do you have any credit cards?	Yes/ No - If yes, how many?: _____	Yes/ No - If yes, how many?: _____
Total amounts outstanding	£ _____	£ _____
Do you repay the full amount each month?	Yes/ No	Yes/ No
Do you have any hire purchase, loans or rental agreements?	Yes/ No - If yes, how many?: _____	Yes/ No - If yes, how many?: _____
regular repayment amount(s)	£ _____ per month	£ _____ per month
amounts outstanding	£ _____	£ _____
number of months remaining		
Are any of the above amounts outstanding to be added to the mortgage advance?	Yes / No	Yes / No
If Yes", provide details:	£ _____ bal. outstanding £ _____ mthly repayments	£ _____ bal. outstanding £ _____ mthly repayments

FINANCIAL DETAILS			
Monthly Income	FIRST APPLICANT	SECOND APPLICANT	TOTAL
Main wage, take home pay			
Secondary wage, take home pay			
Income Support, Child Benefit, WTC, CTC			
Other income			
Total net Monthly Income	£	£	£
Monthly Expenditure			
Shared Ownership rent (if applicable)			
Any ongoing mortgage(s) – 2 nd home/let property			
Ground Rent/Service Charge (leasehold property)			
Buildings / Contents Insurance			
Council Tax			
Electricity, Gas, Oils, etc.			
Water Board			
Life Assurance/Pension contribution			
Commercial Insurance			
Endowment Policy/ISA			
Telephone bills including mobiles			
TV Licence / Rental			
Healthcare costs			
Housekeeping/Food			
Clothing/Hairdressing			
Maintenance Payments			
Loans/Hire Purchase/Credit Cards/Variable Payments			
Vehicle Repairs/Service/Tax/Insurance			
Holidays/Entertainment, etc.			
School/College Fees			
Children's Clothes/Pocket Money/Meals			
Pets/Vets Bills			
Total Anticipated Monthly Expenditure	£	£	£
Excess/(Deficit) of Income over Expenditure			£

FINANCIAL DETAILS								
		FIRST APPLICANT			SECOND APPLICANT			
Do/Will you have any funds available to reduce the mortgage advance in the future? If "Yes", how much and when? (provide details on the continuation sheet if necessary)		Yes/ No £			Yes/ No £			
Are you making any child maintenance or alimony payments?		Yes / No £ per			Yes / No £ per			
In the event of serious illness: Could you continue paying your financial commitments? Will you still receive any regular income? If Yes - how much will you receive? where from? Do you have any critical illness, life or unemployment insurance?		Yes / No Yes / No £..... Yes / No			Yes / No Yes / No £..... Yes / No			
Do you have an Endowment policy? If "Yes", name of provider Monthly Premium Start & Maturity Dates (month/year)		Yes / No £..... From: / to /			Yes / No £..... From: / to /			
CREDIT HISTORY								
Have you ever had a mortgage or a loan application refused? If so, please give details here:		Yes / No			Yes / No			
Have you ever had a judgement for debt – CCJ (C) or a loan default (D) registered against you? If so:								
C or D		Date Registered	Date Satisfied	Amount (£)	1 st	2 nd	Will be cleared?	
	1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever been declared (B)ankrupt or made an arrangement with your creditors (I)VA? If so, please give details here:		Yes / No			Yes / No			
B or I		Date Registered	Date Satisfied or Discharged	Current?	Years Maintained		1 st	2 nd
	1			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	2			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	3			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	4			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	5			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	6			<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Have you ever failed to keep up your payments under any previous or current mortgage, rental or loan agreement? If so, please give details here:		Yes / No			Yes / No			
Arrears	Date of Arrears	Nos. missed	Payments in Arrears	Date of clearance	1 st	2 nd	Will be cleared?	
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repossession	Date of Repossession	Property address			1 st	2 nd	Still Outstanding?	
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Committed Outgoings not including mortgage

Type	Original Loan	Start Date	Current Balance	Months Left	Monthly Payment	Repay with Mortgage?	To be repaid?	Purpose	Lender	Account Number
Applicant 1										
1	£		£		£					
2	£		£		£					
3	£		£		£					
4	£		£		£					
5	£		£		£					
6	£		£		£					
7	£		£		£					
8	£		£		£					
9	£		£		£					
10	£		£		£					
11	£		£		£					
12	£		£		£					
Total					£					

Applicant 2

1	£		£		£					
2	£		£		£					
3	£		£		£					
4	£		£		£					
5	£		£		£					
6	£		£		£					
7	£		£		£					
8	£		£		£					
9	£		£		£					
10	£		£		£					
11	£		£		£					
12	£		£		£					
Total					£					

CURRENT MORTGAGE DETAILS		
	FIRST APPLICANT	SECOND APPLICANT
(a) Lender and Account Number		
(b) Amount of Loan Outstanding	£	£
(c) Term Remaining	Years Months	Years Months
(d) Repayment Method	Interest only/C & I repayment/split	Interest only/C & I repayment/split
(e) Current Rate & amount	%; £ per month	%; £ per month
(f) Interest rate type When does the current fixed, capped or discounted rate end?	1. Variable/ 2. Discount / 3. Tracker 4. Capped / 5. Fixed / 6. Stepped	1. Variable/ 2. Discount / 3. Tracker 4. Capped / 5. Fixed / 6. Stepped
(g) If selling, what is the sale price?	£	£
(h) Are there any penalties if you transfer or repay your existing mortgage now? If "Yes", how much are they?	Interest - Yes / No Cash-back - Yes / No £	Interest - Yes / No Cash-back - Yes / No £
(i) How will you pay any penalties if you transfer/repay your current mortgage?		
(j) Are your current mortgage terms portable to a new property?	Yes / No	Yes / No
PERSONAL ASSETS & LIABILITIES		
Assets: (please itemise in Notes) Main residence: Other Property Investments: Cash Balances: Life Policies (surrender values): Vehicles: Other:		
Liabilities: (please itemise in Notes) Mortgage on home: Other mortgages: Other Loans: Credit card Balances: Hire Purchase Obligations: Guarantee Obligations: Tax or Statutory Liabilities:		
PROPERTY TO BE MORTGAGED BY BUSINESS		
Address of property to be mortgaged, including postcode:	Price or Value: Loan Requested: Term Required: If BTL, what is monthly rental? Currency £, €, \$, etc.	_____ Years
Freehold / Leasehold / Feuhold / House / Bungalow / Flat / Maisonette / HMO If Commercial – have you attached Property details? Yes/No What year was property built? _____ Ex Local Authority or MOD? Yes/No If Self-Build, is it Architect Supervised? Yes/No If New Build, what guarantees are in place?..... How many Bedrooms: Kitchens: Living Rooms: Bathrooms: Garages: Outbuildings: Please provide additional detail in Notes/Additional Information	If flat, remaining lease: What floor? How many in block?	_____ Years
Do you have the funds available to complete this transaction? Amount of funds available Source of funds available Is the vendor/builder paying your deposit?	Yes / No £, €, \$ Yes / No	
Are any improvements planned? If "Yes", please provide brief details and approximate costs (or use Notes section)	Yes / No £, €, \$	
Do you need planning consent for the project? Do you have planning consent for the project?	Yes/No Yes/No	

CORPORATE/BUSINESS ASSETS & LIABILITIES

Business Accounts	Currency	Net Profit	Currency	Turnover
Last year		From / to /		From / to /
Previous year		From / to /		From / to /
Year before that		From / to /		From / to /
Assets: (please itemise in Notes) Business premises: Other Property: Investments: Cash Balances: Vehicles: Other:				
Liabilities: (please itemise in Notes) Mortgage on business premises: Other mortgages: Other Loans: Credit card Balances: Hire Purchase Obligations: Guarantee Obligations: Tax or Statutory Liabilities:				

NOTES / ADDITIONAL INFORMATION

[Empty rectangular box for signature or stamp]

DECLARATIONS

DO NOT SIGN THIS DECLARATION UNLESS YOU ARE ENTIRELY SATISFIED. IF YOU HAVE ANY QUESTIONS OR ARE NOT SATISFIED WITH ANY ASPECT, ASK YOUR ADVISOR FOR ASSISTANCE BEFORE SIGNING THIS OR ANY OTHER FORMS.

I/We agree that this Factfind is a true record of my/our discussions with the advisor and that this information is true to the best of my/our knowledge. I/We have not withheld any pertinent information that could affect an application. I/We confirm that the personal, business and confidential information provided by me/us can be disclosed by the advisor for the purposes of arranging a mortgage and/or an approval in principle on my/our behalf and that I/We have read this completed Factfind before signing below.

Client signature(s)

Date

I confirm that the applicant(s) read and agreed the information recorded before signing above and that I have provided them with a true copy of this Factfind. I also confirm that I have provided the applicants with a copy of my firm's Terms of Business.

We will treat all your personal information as private and confidential (even when you are no longer a customer)

Adviser's Name _____ Adviser's signature _____ Date _____