

VERSION 0.1

MAY 1, 2017



# MORTGAGE AND PROTECTION QUESTIONNAIRE

**NEVILLE GREEN MORTGAGES**

**76a STATION ROAD**

**CLACTON ON SEA**

**ESSEX**

**CO15 1SP**

**TEL: 01255 473046**

FIRST APPLICANT NAME:

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SECOND APPLICANT NAME:

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D.O.B

APPLICANT ONE:	APPLICANT TWO:

CURRENT ADDRESS

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DATE MOVED IN

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RESIDENTIAL STATUS – OWNER/TENEANT/LIVING WITH FAMILY

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PREVIOUS ADDRESS IF LESS THAN 3 YEARS-PLEASE COMPLETE A FULL 3 YEARS HISTORY AND DATES

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**CONTACT DETAILS:**

Home Telephone Number:		
Mobile Number:		
Work Number:		
E-mail Address:		
SKYPE Address:		

**NAME AND D.O.B OF ANY DEPENDENTS:**

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**EMPLOYED WORK DETAILS:**

Occupation:		
Job Title:		
Work Address:		
Start Date:		
Basic Salary:	£	£
Commission:	£	£
Bonus:	£	£

## SELF EMPLOYED DETAILS:

Occupation:		
Job Title:		
Owner/Partner (%)		
Work Address:		
NET Profit last 3 years:	£ £ £	

## ACCOUNTANTS DETAILS:

Company Name:	
Address:	

## NATINAL INSURANCE NUMBERS:

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**PURCHASE DETAILS:**

Purchase Price:	£
Source of deposit – Own Savings/ family gift / Equity	
Property Address:	
Description: House-Bungalow-Flat (If flat please provide lease details)	
Estate Agent details:	
Solicitors details: ( If you do not have a solicitor in place we can arrange a competitive quote for you)	

**REMORTGAGING OR EXISTING MORTGAGES**

	Residential Property	2 <sup>nd</sup> Property Buy to Let	3 <sup>rd</sup> Property Buy to let
Current Lender:			
Balance:	£	£	£
Monthly Payment:	£	£	£
Current Rate:			
House Value:	£	£	£

OUTSTANDING CREDIT

	Applicant 1	Applicant 2	Joint
Type of Credit and company name (CC-Loan-HP)			
Balance:			
Monthly Payment:			
Term remaining:			
To be repaid with Mortgage loan (Y/N)			

	Applicant 1	Applicant 2	Joint
Type of Credit and company name (CC-Loan-HP)			
Balance:			
Monthly Payment:			
Term remaining:			
To be repaid with Mortgage loan (Y/N)			

	Applicant 1	Applicant 2	Joint
Type of Credit and company name (CC-Loan-HP)			
Balance:			
Monthly Payment:			
Term remaining:			
To be repaid with Mortgage loan (Y/N)			

**ANY CREDIT DIFFICULTIES:**

Please provide us with any information and dates relating to credit difficulties, CCJ's, or defaults you may have.

Applicant 1	Applicant 2

**ANY OTHER RELEVANT INFORMATION OR ADDITIOANL PROPERTY DETAILS**

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## PROTECTION NEEDS

	Applicant 1	Applicant 2
If you or your partner dies, is it important that you protect against the financial consequences of death?		
If you or your partner were to suffer a critical illness or permanent disability, is it important to repay your mortgage and other loans?		
If you or your partner were unable to work in the long term (2 years+) due to illness or accident, is it important to you to be able to pay your mortgage and other bills?		
If you or your partner were unable to work in the short term (1-2 years) due to illness or accident, is it important to you to be able to pay your mortgage and other bills?		
Do you require Buildings Cover?		
Do you require Contents Cover?		
Notes:		

## HEALTH AND LIFESTYLE

	Applicant 1	Applicant 2
How would you describe your health? (good-average-poor)		
Have you smoked in the last 12 months?		
Height		
Weight		
Have you been in hospital in the last 3 years?		
Do you take any medication?		
Is there any hereditary issues in your immediate family?		



Did either of your parents have any serious health issues before the age of 65?  If yes, please provide details.		
Have you ever had a protection application loaded or declined?		
Do you participate in any Hazardous pursuits?		
Additional Health Notes:		

**Please return your application to:**

**[enquiries@nevillegreenmortgages.com](mailto:enquiries@nevillegreenmortgages.com)**

**Or by post or in person to**

**Neville Green Mortgages  
76a Station Road  
Clacton-on-Sea  
ESSEX  
CO15 1SP**