Your Information

Mortgage Capacity Fact Find

PRIVATE & CONFIDENTIAL

Client Name:

Date Completed:

Any advice/information given is based on the information contained within this document. Unanswered questions or blank responses may be excluded from the report. Any incorrect or omitted information may impact the outcome of the assessment.

**Important Dates**

|  |  |
| --- | --- |
| If the mortgage capacity assessment is required for a specific date or Court Hearing, please confirm the following: |  |
| Divorce | Yes/No Case Number: |
| Mediation Date |  |
| FDR Hearing Date  |  |
| Final Hearing Date |  |

**Personal Details**

|  |  |
| --- | --- |
| Title |  |
| First Name |  |
| Surname |  |
| Date of Birth |  |
| Age |  |
| Retirement Age OR age any new mortgage should end, if different |  |
| Nationality |  |

**Contact Details**

|  |  |
| --- | --- |
|  | Client One |
| Phone Number |  |
| Mobile Phone Number |  |
| Email address |  |
| Address |  |
| Time at current address |  |
| If time at current address is less than 3 years, please provide full 3-year address history |  |

**Financial Dependents**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Date of Birth | Age | Relationship |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Property Information**

|  |  |
| --- | --- |
| Reason for mortgage (select 1) | 1. Remortgage current home – yes/no
2. Buy a New Home – yes/no
3. Other – yes/no

 (If you have answered yes to question 3, please provide further information, see end of document) |
| If you are keeping your home, please confirm:1. The value of the property.
2. The outstanding balance of any mortgage outstanding on the property if not mentioned above.
3. Will this property continue to be your main residence?
 | 1. 2.3. |
| For the purchase of a new property please confirm the amount of deposit you will have. If no amount is given a 10% deposit will be assumed | £ |
| Please confirm the area/post code of any new property being purchased if different from your current address |  |

**Employment**

|  |  |
| --- | --- |
| Salary Please provide gross annual figure (before tax) and net monthly figure (after tax). | Annually Gross - £Monthly Net - £ |
| Bonus If bonus received quarterly or monthly, please provide a full 2-year history. | Date: Amount: £ Date: Amount: £ Date: Amount: £ Date: Amount: £  Frequency (annually, quarterly, monthly): Guaranteed (yes/no): |
| CommissionIf commission received quarterly or monthly, please provide a full 2-year history. | Date: Amount: £ Date: Amount: £ Date: Amount: £ Date: Amount: £  Frequency (annually, quarterly, monthly): Guaranteed (yes/no): |
| Overtime/Shift payPlease provide amounts for last 3 months | Month 1: £ Month 2: £Month 3: £   |
| Allowance | Allowance Type: Annually Gross - £Monthly Net - £  |
| Time with current employer |  |

**Contractors**

|  |  |
| --- | --- |
| Are you Employed or Self Employed? |  |
| Please state the Contract Type (e.g.- Zero Hours, Temporary, Sub-Contractor Fixed Term, Subcontractor Open-Ended, Fixed Term) |  |
| IT Contractor? | Yes/No |
| Umbrella Scheme? | Yes/No |
| Construction Industry Scheme | Yes/No |
| Please confirm the contract start and end date  | Start date:End Date: |
| If you are working on a Temporary or Fixed Term contract, please provide start and end dates for the last 2 years. |  |

**Self-Employment**

|  |  |
| --- | --- |
| **Business Type** | **Income** |
|  | Your Share of Net Profit | Salary | Dividends |
| PartnerPlease provide a full 3-year history  | *Tax Year Amount*20 £20 £20 £ |  | N/A |
| Sole TraderPlease provide a full 3-year history  | *Tax Year Amount*20 £20 £20 £ | N/A | N/A |
| Director/Shareholder Please provide a full 3-year history  |   N/A | *Tax Year Amount*20 £20 £20 £ | *Tax Year Amount*20 £20 £20 £ |
| Percentage of Shareholding  |  |
| Your position |  |
| When did the business start? |  |
| How many years’ accounts do you have? |  |

**Other Income**

|  |  |  |
| --- | --- | --- |
| Income Type | Amount | Frequency |
| Child Benefit | £ |  |
| Universal Credit | Standard Allowance: £Housing: £Children: £Disability: £Carer: £Other (please specify): £ |  |
| Pension Income  | £ |  |
| Other (please state) | £ |  |
| Maintenance from ex-spouse | £ |  |
| Maintenance – please confirm if this income satisfies any of the following:

|  |  |
| --- | --- |
|  |  Yes/No |
| Payable via court ordered |  |
| Payable via CMS |  |
| 12-month track record evidenced by Bank Statements available |  |
| Will be payable for the term of the mortgage |  |

  |

**Monthly Deductions from Salary**

|  |  |
| --- | --- |
| Student loan | £ |
| Season ticket loan | £ |
| Other deductions after tax | £ |
| Childcare vouchers | £ |
| Other deducted before tax  | £ |

Do not include National Insurance or Income Tax.

**Committed Expenditure**

|  |  |  |  |
| --- | --- | --- | --- |
| Liability Type | Balance Outstanding | Monthly Payments | Is this liability to be repaid within 6 months of a mortgage starting or at the end of divorce proceedings? |
| Credit Card | £ | £ |  |
| Child Maintenance | £ | £ |  |
| Hire Purchase | £ | £ |  |
| Unsecured Loan | £ | £ |  |
| Mail Order /Store Card | £ | £ |  |
| Overdraft  | £ | £ |  |
| Secured Loans | £ | £ |  |
| Buy Now Pay Later  | £ | £ | Start Date: |
| Soft loans (owed to friends or family) | £ | £ |  |
| Other (please confirm) | £ | £ |  |

**Monthly Expenditure**

|  |  |
| --- | --- |
| Expenditure Type | Monthly Payment |
| Council Tax  |  |
| Gas, Electricity, Water  |  |
| Telephone, TV Licence, Internet, Sky/Cable |  |
| Food/Groceries/Supermarket |  |
| Housekeeping costs (cleaning, gardening, boiler maintenance etc.), Maintenance & Repairs |  |
| Clothes/Shoes |  |
| Entertainment/Recreation/Hobbies |  |
| Personal Grooming/Haircut/Beauty |  |
| Healthcare/Prescriptions/ Dentist/Opticians  |  |
| Holidays |  |
| Birthdays/Christmas/Religious Ceremonies Food & Gifts |  |
| Travel Expenses (parking/public transport) |  |
| Petrol/Diesel |  |
| MOT/Servicing/Maintenance |  |
| Road Tax & Insurance |  |
| Household Insurance/ Buildings & Contents Insurance |  |
| Life Cover/Income Protection/Private Medical Insurance |  |
| Pension Contributions |  |
| Children’s Expenses -Clothes/Entertainment  |  |
| Childcare/Nursery Fees/School Fees |  |
| Extra-Curricular Activities/Clubs/School Costs/Travel |  |
| Pet costs |  |
| Other – (please state) |  |

**Other Mortgages**

Property 1:

|  |  |
| --- | --- |
| Is this property mortgaged? (if not please continue to ‘credit history’ section) | yes/no  |
| Property Usage | It’s already/to be let – yes/noHoliday/second home – yes/noHome for dependant relative - yes/no |
| Popery Value | £ |
| Mortgage Type | Repayment – yes/noInterest Only – yes/no |
| Monthly Payments | £ |
| Remaining Term |  |
| Current Interest Rate  |  % |
| Rental Income Please provide a full 3-year history  | Tax Year: 20 Net Profit: £Tax Year: 20 Net Profit: £Tax Year: 20 Net Profit: £ |

Property 2:

|  |  |
| --- | --- |
| Is this property mortgaged? (if not please continue to ‘credit history’ section) | yes/no  |
| Property Usage | It’s already/to be let – yes/noHoliday/second home – yes/noHome for dependant relative - yes/no |
| Popery Value | £ |
| Mortgage Type | Repayment – yes/noInterest Only – yes/no |
| Monthly Payments | £ |
| Remaining Term |  |
| Current Interest Rate  |  % |
| Rental Income Please provide a full 3-year history  | Tax Year: 20 Net Profit: £Tax Year: 20 Net Profit: £Tax Year: 20 Net Profit: £ |

**Credit History**

If you can answer ‘yes’ to any of the following, you may wish to send a copy of your credit report.

|  |  |
| --- | --- |
| Current Account Provider |  |
| Have you ever had a CCJ | Amount: £Date Registered:Date Satisfied: |
| Have you ever had a Default | Amount: £Date Registered:Date Satisfied: |
| Have you ever had any missed payments or arrears on a Mortgage or Credit Card | Date of arrears:Date arrears cleared:Number of missed payments: |
| Have you ever had a repossession | Date of repossession:Debt outstanding: |
| Have you ever been declared Bankrupt | Discharge date: |
| Have you ever had an IVA | Date started:Date satisfied: |

**Professional Contact Information**

|  |  |  |
| --- | --- | --- |
|  | Client One | Client Two |
| Solicitor Name |  |  |
| Firm Name |  |  |
| Address |  |  |
|  |  |  |

**Additional Advice**

In relation to your divorce/financial remedy we may be able to help you in other areas:

|  |  |
| --- | --- |
|  | Would you like us to contact you? |
| Pension sharing order |  |
| Independent Mortgage Advice (upon final settlement) |  |

**Any Other Information**

|  |
| --- |
| *If you need to know details of capacity to mortgage should your circumstances change, please give details here.**For example - what will my capacity to mortgage be based on the above as well as receiving an extra £300 per month court ordered maintenance?* |