

# Consent to Let Form



# Section 1

## Fee details

**£50 non refundable fee**

Have you paid the fee?

☐ Yes ☐ No

**If no, please see payment options below;**

Credit/Debit card,  
Bank Transfer  
Cheque  
Bluepay (Online payment portal)

**If paying via Bluepay, please provide your  
account number.**

Account Number

# Section 2

## Applicant details

### Applicant 1

Title

First Name

Middle Name

Surname

Previous/Maiden Names

Date of Birth

### Applicant 2

Title

First Name

Middle Name

Surname

Previous/Maiden Names

Date of Birth

Relationship to Applicant 1

# Section 3

## Personal details

Address

Postcode

If you've lived at this address for less than 3 years, please provide previous address details below

Phone

Mobile

Email

Time at this address

Address

Postcode

Address

Postcode

If you've lived at this address for less than 3 years, please provide previous address details below

Phone

Mobile

Email

Time at this address

Address

Postcode

Expected Retirement Age

Marital Status

Number of Dependants

Ages of Dependants (If any)

Nationality

Are you currently living in the UK?

☐ Yes

☐ No

Expected Retirement Age

Marital Status

Number of Dependants

Ages of Dependants (If any)

Nationality

Are you currently living in the UK?

☐ Yes

☐ No

(Please sign the declaration outlined on page 16)

# Section 4

## Income details

### Applicant 1

If you're employed:

Job Title

Employer Name

Address

Postcode

Phone

Email

Employment basis

☐ Full Time ☐ Part Time

Currently on probation?

☐ Yes ☐ No

What type of Business is it?

How long have you worked there?

Permanent position

☐ Yes ☐ No

Employee or works number

Contact name for employment reference

Do you own any shares in the business?

☐ Yes ☐ No

If yes, what percentage of shareholding

Gross basic salary

Overtime

Bonus

Comission

Other income

**Total**

Do you think your income will change in the foreseeable future? ☐ Yes ☐ No

**If yes, please provide full details in the additional information section at the end of this form.**

### Applicant 1

If you're a Contractor:

Which industry do you work in?

Contract type

Current contract length

Current contract expiry date

Time contracting

Time in this industry

Day rate

Who is contract with?

Occupation

Limited company name

Company registration number

Do you think your income will change in the foreseeable future? ☐ Yes ☐ No

**If yes, please provide full details in the additional information section at the end of this form.**

# Section 4 Continued

## Income details

If you're Self Employed or a Director:

Self Employment Type	Job Title					
<input type="text"/>	<input type="text"/>					
What type of Business is it?	Business Name					
<input type="text"/>	<input type="text"/>					
Address	Postcode					
<input type="text"/>	<input type="text"/>					
Phone	Email					
<input type="text"/>	<input type="text"/>					
Time trading	Company registration number	Shareholding				
<input type="text"/>	<input type="text"/>	<input type="text" value=""/>				
Your share of profit for the last 3 years:			Average share of net profit			
<input type="text" value="£"/>	<input type="text" value="year"/>	<input type="text" value="£"/>	<input type="text" value="year"/>	<input type="text" value="£"/>	<input type="text" value="year"/>	<input type="text"/>

Do you think your income will change in the foreseeable future?   ☐ Yes   ☐ No

**If yes, please provide full details in the additional information section at the end of this form.**

# Section 4 Continued

Accountant details (if applicable)

**Other Income**

Do you get income from anywhere else?   ☐ Yes   ☐ No

If yes confirm source, amount and frequency

# Section 4 Continued

## Income details

### Applicant 2

Employment Type

If you're employed:

Job Title

Employer Name

Address

Postcode

Phone

Email

Employment basis

☐ Full Time ☐ Part Time

Currently on probation?

☐ Yes ☐ No

What type of Business is it?

How long have you worked there?

Permanent position

☐ Yes ☐ No

Employee or works number

Contact name for employment reference

Do you own any shares in the business?

☐ Yes ☐ No

If yes, what percentage of shareholding

Gross basic salary

Overtime

Bonus

Comission

Other income

**Total**

Do you think your income will change in the foreseeable future? ☐ Yes ☐ No

**If yes, please provide full details in the additional information section at the end of this form.**



## Section 4 Continued

### Income details

#### Applicant 2

If you're a Contractor:

Which industry do you work in?

Contract type

Current contract length

Current contract expiry date

Time contracting

Time in this industry

Day rate

Tax code

Who is contract with?

Occupation

Limited company name

Company registration number

Do you think your income will change in the foreseeable future? ☐ Yes ☐ No

**If yes, please provide full details in the additional information section at the end of this form.**

If you're Self Employed or a Director:

Self Employment Type

Job Title

What type of Business is it?

Business Name

Address

Postcode

Phone

Email

Time trading

Company registration number

Shareholding

Your share of profit for the last 3 years:

Average share of net profit

Do you think your income will change in the foreseeable future? ☐ Yes ☐ No

**If yes, please provide full details in the additional information section at the end of this form.**

## Section 4 Continued

### Income details

#### Other Income

Do you get income from anywhere else? ☐ Yes ☐ No

If yes confirm source, amount and frequency

# Section 5

## Monthly Expenditure

### Basic Essential Expenditure

#### Insurances

Mortgage Endowment / Mortgage PPI	£
Building and Contents Insurance	£
Pension and Life Insurance	£
Other Insurances	£

#### Utilities

Council Tax (Rates in NI)	£
Gas	£
Electricity	£
Water (N/A in Scotland or NI)	£
Other Utilities (coal, oil, calor gas)	£

#### Other Basic Essential Expenditure

TV License	£
Magistrates' or Sheriff Court Fines	£
Childcare Costs	£
Adult Care Costs	£
Telephone	£
Broadband	£
Mobile Phone	£
Housekeeping	£
Groceries	£

#### Essential Travel (work,school,shopping etc)

Public Transport	£
Car Insurance	£
Vehicle Tax	£
Fuel (Petrol, Diesel, Oil etc)	£
MOT and Car Maintenance	£
Breakdown or Recovery	£
Parking Charges or Tolls	£
<b>Total Basic Essential Expenditure</b>	£

### Basic Quality of Living Costs

Cleaning and Toiletries	£
Clothing and Footwear	£
Nappies and Baby Items	£
Newspapers and Magazines	£
Cigarettes, Tobacco and Sweets	£
Alcohol	£
Laundry and Dry Cleaning	£
Pet Food	£
Unexpected / Emergency (e.g. Boiler repairs)	£
Holiday Allowance (Holiday cost and spending)	£
Household Goods and Repair	£
Other Housekeeping	£
Leisure and Entertainment	£

### Consent to Let Associated Costs

Estate Agency Fees	£
Landlord Insurance	£
Rental Income	£

Monthly alimony or maintenance payments

£

Monthly child support payments

£

Monthly school fee payments

£

Ground rent and service charged  
(if leasehold property)

£

**Total committed expenditure  
(exclude any to be repaid)**

£

# Section 5 Continued

## Monthly credit commitments for applicant 1

Please list any credit or comitted expenditure (ignore if less than 6 months remaining)

Lender Name	Balance	Monthly Payment	Secured?	Term Remaining	Type of credit	To be repaid from Additional Arrears?
	£	£	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
	£	£	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
	£	£	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
	£	£	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
	£	£	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
	£	£	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
	£	£	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
	£	£	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
	£	£	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
	£	£	<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No

# Section 6

## Anticipated Rental Income

Independent Estate Agents anticipated rental income per calendar month

£

### Estate/Letting's Agent

Estate/Letting's Agents Full Name

Estate Agents Address

Relationship to Tenant

Length of Tenancy

Please enclose documentary evidence and your landlord insurance quotation/illustration with your application form

☐ Please tick to confirm your property meets the required Energy Performance Rating standards.

### Reason for letting

Please provide us with full details regarding the reason you are letting the property

# Section 7

Any additional details

IF THERE IS ANYTHING CONTAINED IN THIS DOCUMENT THAT YOU DO NOT UNDERSTAND OR THAT YOU NEED CLARIFYING, PLEASE SPEAK TO YOUR INTERMEDIARY BEFORE SIGNING THIS DOCUMENT.

I UNDERSTAND THAT MY HOME MAY BE REPOSSESSED IF I DO NOT KEEP UP REPAYMENTS ON MY MORTGAGE

IN LINE WITH YOUR APPLICATION, WE MAY APPOINT A LAW OF PROPERTY ACT RECEIVER SHOULD YOU FAIL TO KEEP UP YOUR REPAYMENTS THROUGHOUT THE RENTAL PERIOD

I AGREE TO A 0.50% LOADING TO BE APPLIED TO THE INTEREST RATE, SUBJECT TO APPLICATION APPROVAL

I make this declaration, and confirm that the above matters are true:

Full Name Applicant 1	<input type="text"/>	Signed	<input type="text"/>	Date	<input type="text"/>
Full Name Applicant 2	<input type="text"/>	Signed	<input type="text"/>	Date	<input type="text"/>