

Consent to Let Form



Section 1

Fee details

£95 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

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

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

Total Basic Essential Expenditure

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"/>