

Client Information Form - Page 1 of 3

Please write over the text in the boxes

Housing Association Reference Number

	First Person	Second Person
Your name	title	title
	first name	first name
	middle name	middle name
	last name	last name
Previous name	full name	full name
	date of change	date of change
Date of birth		
Phone number	mobile	mobile
	home	home
Email Address		
Children	ages	ages
Smoker	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Nationality		
Permanent right to reside in the uk	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Visa	expiry date	expiry date
Current employment	<input type="checkbox"/> permanent <input type="checkbox"/> self employed	<input type="checkbox"/> permanent <input type="checkbox"/> self employed
	<input type="checkbox"/> contract <input type="checkbox"/> other	<input type="checkbox"/> contract <input type="checkbox"/> other
	job title	job title
	employer	employer
	address	address
	date started	date started
	contact name	contact name
	contact phone number	contact phone number
	Probation	<input type="text"/> Until <input type="checkbox"/> No

Please provide additional employment history up to 18 months, including 2nd jobs etc

Income	First Person	Second Person
Basic Income	£ annual	£ annual
Overtime	£ annual	£ annual
Bonus	£ annual	£ annual
Tax Credits	£ annual	£ annual
Total Other	£ annual	£ annual

Notes

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Please write over the text in the boxes

	First Person	Second Person
Current address	address	address
	landlord name & address or mortgage lender & outstanding loan	landlord name & address or mortgage lender & outstanding loan
	monthly rent/mortgage	monthly rent/mortgage
	rent paid by cheque or SO/DD	rent paid by cheque or SO/DD
	date moved in	date moved in

We require 3 years address history, please provide additional address's below if required

Previous address	address	address
	landlord name & address or mortgage lender & outstanding loan	landlord name & address or mortgage lender & outstanding loan
	monthly rent/mortgage	monthly rent/mortgage
	date moved in	date moved in
	date moved out	date moved out

Previous address	address	address
	landlord name & address or mortgage lender & outstanding loan	landlord name & address or mortgage lender & outstanding loan
	monthly rent/mortgage	monthly rent/mortgage
	date moved in	date moved in
	date moved out	date moved out

Still less than 3 years address history? Please provide additional info on a separate sheet.

Please confirm if you have ever had any of the following credit problems

Bankruptcy/IVA	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Defaults	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
CCJ	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no
Arrears	<input type="checkbox"/> yes	<input type="checkbox"/> no	<input type="checkbox"/> yes	<input type="checkbox"/> no

If you have answered yes to any of the above, please give details below

Details		
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Please write over the text in the boxes

	First Person	Second Person
Outstanding credit 1	<input type="checkbox"/> loan <input type="checkbox"/> hp <input type="checkbox"/> credit card	<input type="checkbox"/> loan <input type="checkbox"/> hp <input type="checkbox"/> credit card
	lender	lender
	outstanding balance	outstanding balance
	monthly payment	monthly payment
Outstanding credit 2	<input type="checkbox"/> loan <input type="checkbox"/> hp <input type="checkbox"/> credit card	<input type="checkbox"/> loan <input type="checkbox"/> hp <input type="checkbox"/> credit card
	lender	lender
	outstanding balance	outstanding balance
	monthly payment	monthly payment

Still more outstanding credit? Please provide additional info on a separate sheet.

Total available savings	amount
Additional savings/gift if required - eg Family etc	amount

Current account details		
bank name		bank name
sort code		sort code
account number		account number
no of years held		no of years held
agreed overdraft limit		agreed overdraft limit

This information is required if we have to approach any mortgage lenders on your behalf

Budget Planner

This is your estimated monthly expenditure for you **NEW** home

Be realistic - if anything over estimate - **do not under estimate**

BUDGET PLANNER INFORMATION	MONTHLY AMOUNT £
COUNCIL TAX	guide - £90 for single - £120 for more
GAS - ELECTRICITY - WATER	guide - £60 single - £80 couple - £100 family of 4
MOBILE PHONE	
TRAVEL TO WORK	petrol - fares - etc
INSURANCE	car - home
SKY - CABLE - INTERNET - HOME PHONE	
TV LICENCE	guide - £12 monthly
MEDICAL/LIFE ETC	
SHOPPING	household - food - toiletries
OTHER FIXED COMMITMENTS	gym memberships - etc

Client Declaration

	First Person	Second Person
I/we confirm that the above information is correct to the best of my/our knowledge		
Signed		
Dated		