

EQUITY MORTGAGE PROVISIONAL ENQUIRY FORM



Name of Applicant(s) _____

Address of Property _____

Postcode _____ Telephone number _____

Do you own the Property? YES NO

Is the property freehold / leasehold (delete as appropriate)

If leasehold is there twenty or more years unexpired lease? YES NO

Is the property in joint ownership YES NO

Do any owners reside elsewhere? YES NO

How long have you lived at the property? Years _____

Do you have a mortgage? YES NO

If YES how much is outstanding? £ _____

If YES how many years are left on the mortgage term? Years _____

In your opinion what is the value of the property? £ _____

Please indicate what works you feel you need the Equity Improvement Mortgage for:

It will be a condition of granting the loan that the property is free from serious health and safety hazards, serious disrepair and has provision of adequate thermal comfort.

Do you understand this condition? YES NO

It will be a further condition of granting the loan that the property has adequate building insurance upon completion of the works.

Do you understand this condition? YES NO

Do you have any current buildings insurance? YES NO

If YES please state name, address and tel. no. of company along with the renewal date and insurance policy number: _____

Renewal Date: _____ Policy number _____

ETHNIC ORIGIN OF APPLICANT(S)

The purpose of this question is to help us to ensure that everyone who applies to us is treated fairly, whatever their race, colour or ethnic origin. This information is CONFIDENTIAL and used for statistical purposes only.

Please tick the box that best describes your household. Please note that we want the know about your ethnic origin and not your nationality or citizenship. Your answer will not be used as part of your application. (The letters in brackets are for office use only).

| | | |
|--|---|--|
| WHITE | BLACK OR BLACK BRITISH | ASIAN OR ASIAN BRITISH |
| BRITISH <input type="checkbox"/> (BRIT) | CARIBBEAN <input type="checkbox"/> (CARIB) | INDIAN <input type="checkbox"/> (IND) |
| IRISH <input type="checkbox"/> (IR) | AFRICAN <input type="checkbox"/> (AFRI) | PAKISTANI <input type="checkbox"/> (PAK) |
| ANY OTHER WHITE BACKGROUND <input type="checkbox"/> (O/WH) | ANY OTHER BLACK BACKGROUND <input type="checkbox"/> (O/BLA) | ANY OTHER ASIAN BACKGROUND <input type="checkbox"/> (/ASI) |
| MIXED BACKGROUND | | CHINESE OR OTHER ETHNIC GROUP |
| WHITE & BLACK AFRICAN <input type="checkbox"/> (A/W&B) | WHITE & ASIAN <input type="checkbox"/> (W&ASI) | CHINESE <input type="checkbox"/> (CHINE) |
| WHITE & BLACK CARIBBEAN <input type="checkbox"/> (C/W&B) | ANY OTHER MIXED BACKGROUND <input type="checkbox"/> (O/MIX) | OTHER ETHNIC GROUP <input type="checkbox"/> (O/ETH) |

Declaration

I/We (delete as necessary) fully understand the service the Council is offering and are aware that I/we can contact them at any time to discuss my/our Equity Improvement Mortgage in more detail if I/we need to.

I/We (delete as necessary) understand that the submission of this form does not guarantee me/us financial assistance. This form is for information use only and does not constitute a formal application for financial assistance.

I/We (delete as necessary) understand that any person registered on the property deeds, absent or in residence will need to agree to this application for the works to be carried out.

I/We (delete as necessary) understand that if I/we are eligible to make a formal application, it is accepted that it is the Council's policy to obtain documentary evidence where and as necessary of my/our income, savings, investments and other capital, and that the Council may wish to obtain other documentation relevant to my/our personal circumstances.

I/We also confirm that I/we am/are the owner(s) of the property and am/are eligible to enquire about an Equity Improvement Mortgage.

All owners to sign.

| | |
|------------|------|
| Print Name | Date |
| Signed | |

| | |
|------------------------------|------|
| Print Name (joint owners) | Date |
|------------------------------|------|

Provisional Test of Financial Resources

At this stage of your enquiry the following information enables the Council to provisionally calculate your likely contribution to any loan assistance that maybe available. The formal test of resources will be based on your financial situation on the date that you submit your formal application to us.

Name of applicant(s) _____

Date of Birth _____

National insurance no. _____

Are any of the applicants in receipt of the following benefits?
If the answer to the above is **YES** then please turn to the last page and sign and date the declaration.

| | YES | NO |
|---|-----|----|
| INCOME SUPPORT | | |
| GUARANTEED PENSION CREDIT | | |
| INCOME BASED JOB SEEKERS ALLOWANCE | | |
| COUNCIL TAX BENEFIT (NOT SINGLE DISCOUNT) | | |
| HOUSING BENEFIT | | |
| CHILD TAX CREDIT—INCOME LESS THAN £15,500 | | |
| WORKING TAX CREDIT—INCOME LESS THAN £15,500 | | |

If **NO** then please complete the rest of the financial information below.

Is/are the applicants employed? YES NO
If the answer is YES the relevant person/s should complete the following information:

| | 1st Applicant | 2nd Applicant |
|--------------------------------|---------------|---------------|
| | £ per week | £ per week |
| NO. OF HOURS WORKED PER WEEK | | |
| GROSS PAY PER WEEK | | |
| TAX CONTRIBUTIONS | | |
| NATION INSURANCE CONTRIBUTIONS | | |
| PENSION CONTRIBUTIONS | | |
| CHILDCARE CHARGES (UNDER 11) | | |

Is/are the applicants self employed? YES NO
If the answer is YES the relevant person/s should complete the following information:

Net Income for the last 12 months £ _____

If you are eligible for a loan you will be required to produce at least 12 months certified accounts.

Are you in receipt of the following — please complete fully

| | Delete as appropriate | 1st Applicant | 2nd Applicant |
|--|-----------------------|---------------|---------------|
| | | £ per week | £ per week |
| STATE RETIREMENT PENSION | YES/NO | | |
| OCCUPATIONAL PENSION | YES/NO | | |
| PENSION CREDIT - SAVINGS | | | |
| DISABILITY LIVING ALLOWANCE CARE COMPONENT— HIGH / MED / LOW MOBILITY SUPPLYMENT HIGH / LOW MOBILITY SCHEME | YES/NO | | |
| ATTENDENCE ALLOWANCE | YES/NO | | |
| INCAPACITY BENEFIT—SHORT TERM / LONG TERM | YES/NO | | |
| CHILD BENEFIT— NO. OF CHILDREN _____ CHILDRENS AGES _____ | YES/NO | | |
| WORKING TAX CREDIT—INCOME MORE THAN £15,500 | YES/NO | | |
| CHILD TAX CREDIT—INCOME MORE THAN £15,000 | YES/NO | | |
| SEVERE DISABILITY BENEFIT | YES/NO | | |
| INVALIDITY BENEFIT | YES/NO | | |
| SEVERE DISABILITY ALLOWANCE | YES/NO | | |
| WAR DISABLEMENT PENSION | YES/NO | | |
| WAR WIDOWS/WIDOWERS PENSION | YES/NO | | |
| CARERS ALLOWANCE | YES/NO | | |
| CONTRIBUTION BASED JOB SEEKERS ALLOWANCE | YES/NO | | |
| STATUTORY SICK PAY | YES/NO | | |
| STATUTORY MATERNITY PAY | YES/NO | | |
| ANY OTHER BENEFIT OR ALLOWANCE | YES/NO | | |
| ANNUITY | YES/NO | | |
| ANNUITY DETAILS | | | |

Do any of the applicants have any current accounts or savings accounts? YES NO

If YES please complete the following information:

| Names of Bank / building Society | Name of Account holder | Current balance |
|----------------------------------|------------------------|-----------------|
| | | £ |
| | | £ |
| | | £ |
| | | £ |

Do any of the applicants have any shares? YES NO

If the answer is YES please provide details of all shares below including their current value:

Do any of the applicants receive any of the following?

Maintenance costs from an absent partner YES NO

Income from tenants / borders / sub-tenants YES NO

If the answer is YES please provide details of any such income

Do any of the applicants own any other land or property? YES NO

If YES please provide details of any income

Please provide details of any personal loans that you or any other person with an interest in the property has, including the amounts currently owing.
