

Repayment type:	<input type="checkbox"/> Interest only <input type="checkbox"/> Repayment <input type="checkbox"/> Part & Part (confirm split below)	
	Amount on Repayment: £	Amount on Interest Only: £
Repayment strategy (IO/P&P):		

Applicant 1 Details

Name:	
Age:	
Nationality:	<input type="checkbox"/> UK & Ireland If not UK, do they have one of the following: <input type="checkbox"/> ILR Held <input type="checkbox"/> Spousal Visa Held <input type="checkbox"/> Settled Status
Details of main residence: (Estimated Value, mortgage balance, and monthly payment)	

Please provide the details of the customers annual income within the last 18 months. If more than one source of Income, please breakdown in the Income box below. For our income criteria please click [here](#) and select Income from the category dropdown.

Employment type:	
Occupation:	
Length of service:	
Annual income:	£
To use 100% of additional employed income, 2 years evidence will be required.	
	£
Payslip deductions monthly amount (Employed only):	£ <input type="checkbox"/> N/A
Other annual income:	<input type="checkbox"/> Rental income <input type="checkbox"/> Investment income <input type="checkbox"/> Dividend income <input type="checkbox"/> SIPP income £
Other annual income: (Please provide source and annual amount)	£
Savings/Assets:	<input type="checkbox"/> Cash savings <input type="checkbox"/> Cash ISA <input type="checkbox"/> Investment portfolio <input type="checkbox"/> Stocks and Shares ISA £

Applicant 2 Details

Name:	
Age:	
Nationality:	<input type="checkbox"/> UK & Ireland If not UK, do they have one of the following: <input type="checkbox"/> ILR Held <input type="checkbox"/> Spousal Visa Held <input type="checkbox"/> Settled Status
Details of main residence: (Estimated Value, mortgage balance, and monthly payment)	

Please provide the details of the customers annual income within the last 18 months. If more than one source of Income, please breakdown in the Income box below. For our income criteria please click [here](#) and select Income from the category dropdown.

Employment type:	
Occupation:	
Length of service:	

Annual income: To use 100% of additional employed income, 2 years evidence will be required.	£	
	£	
Payslip deductions monthly amount (Employed only):	£	<input type="checkbox"/> N/A
Other annual income:	<input type="checkbox"/> Rental income	<input type="checkbox"/> Investment income
	<input type="checkbox"/> Dividend income	<input type="checkbox"/> SIPP income
		£
Other annual income: (Please provide source and annual amount)	£	
Savings/Assets:	<input type="checkbox"/> Cash savings	<input type="checkbox"/> Cash ISA
	<input type="checkbox"/> Investment portfolio	<input type="checkbox"/> Stocks and Shares ISA
		£

Applicant 3 Details

Name:	
Age:	
Nationality:	<input type="checkbox"/> UK & Ireland
	If not UK, do they have one of the following: <input type="checkbox"/> ILR Held
	<input type="checkbox"/> Spousal Visa Held
	<input type="checkbox"/> Settled Status
Details of main residence: (Estimated Value, mortgage balance, and monthly payment)	

Please provide the details of the customers annual income within the last 18 months. If more than one source of income, please breakdown in the Income box below. For our income criteria please click [here](#) and select Income from the category dropdown.

Employment type:	
Occupation:	
Length of service:	
Annual income: To use 100% of additional employed income, 2 years evidence will be required.	£
	£
Payslip deductions monthly amount (Employed only):	£
	<input type="checkbox"/> N/A
Other annual income:	<input type="checkbox"/> Rental income
	<input type="checkbox"/> Investment income
	<input type="checkbox"/> Dividend income
	<input type="checkbox"/> SIPP income
	£
Other annual income: (Please provide source and annual amount)	£
Savings/Assets:	<input type="checkbox"/> Cash savings
	<input type="checkbox"/> Cash ISA
	<input type="checkbox"/> Investment portfolio
	<input type="checkbox"/> Stocks and Shares ISA
	£

Applicant 4 Details

Name:	
Age:	
Nationality:	<input type="checkbox"/> UK & Ireland If not UK, do they have one of the following: <input type="checkbox"/> ILR Held <input type="checkbox"/> Spousal Visa Held <input type="checkbox"/> Settled Status
Details of main residence: (Estimated Value, mortgage balance, and monthly payment)	

Please provide the details of the customers annual income within the last 18 months. If more than one source of income, please breakdown in the Income box below. For our income criteria please click [here](#) and select Income from the category dropdown.

Employment type:	
Occupation:	
Length of service:	
Annual income: To use 100% of additional employed income, 2 years evidence will be required.	£
	£
Payslip deductions monthly amount (Employed only):	£ <input type="checkbox"/> N/A
Other annual income:	<input type="checkbox"/> Rental income <input type="checkbox"/> Investment income <input type="checkbox"/> Dividend income <input type="checkbox"/> SIPP income £
Other annual income: (Please provide source and annual amount)	£
Savings/Assets:	<input type="checkbox"/> Cash savings <input type="checkbox"/> Cash ISA <input type="checkbox"/> Investment portfolio <input type="checkbox"/> Stocks and Shares ISA £

Additional Details

If any of the applicants are portfolio landlords, please provide the below details:

Our Criteria: We do not lend to portfolio landlords on investment properties (Including BTL, CBTL or Holiday Let)

Total number of mortgaged properties:	
Total value of the portfolio:	£
Total mortgage balance and monthly payments:	£ /£PCM
Total annual rent of the portfolio:	£

Credit History Details

If any of the below questions are answered yes, please provide further details in the case summary box below.

Has the customer ever been in arrears with their financial agreements in the last 12 months?

Yes No

Has the customer ever had a Court judgement or Default recorded against them for non-payment?

Yes No

Value: £

Date satisfied:

Has the customer ever had a debt management plan, debt relief order, or Individual voluntary agreement?

Yes No

Date last in force:

Has the customer ever been made bankrupt, insolvent, made arrangements with creditors or had a property repossessed?

Yes No

Date discharged:

Date of repossession:

Case Summary

Please provide relevant supporting information:

Please return the DIP form to: dip@harpendenbs.co.uk

A response with the decision will be provided via email within 48 hours.

Please note this may take longer should any information above not be completed.

Additional Expenditure Details

Please add all credit commitments and any other monthly expenditure from the options provided.

If this section is not completed, this may delay the processing of the Decision in Principle.

Credit Commitments & Other Expenditure	Applicant name commitment held under	Lender	Balance	Monthly repayment
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£
			£	£

Any Financial Dependants

Any financial dependants	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Over 6 (please list in details below)
Dependants ages (Please provide ages for each financial dependant. If none selected, leave blank)	
Any financial dependants	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Over 6 (please list in details below)
Dependants ages (Please provide ages for each financial dependant. If none selected, leave blank)	
Any financial dependants	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Over 6 (please list in details below)
Dependants ages (Please provide ages for each financial dependant. If none selected, leave blank)	
Any financial dependants	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> Over 6 (please list in details below)
Dependants ages (Please provide ages for each financial dependant. If none selected, leave blank)	