

FactFind

Introducer's name:

Client details

Applicant

Title (✓): Mr ☐ Mrs ☐ Miss ☐ Ms ☐ other ☐ If other specify:

Name: Date of Birth: / /

Spouse or partner

Title (✓): Mr ☐ Mrs ☐ Miss ☐ Ms ☐ other ☐ If other specify:

Name: Date of Birth: / /

Address:

Postcode

Daytime telephone: **Evening telephone:**

Work telephone: **Mobile telephone:**

IVA: ☐ Terms:

Debt Management: ☐ Terms:

Full and final: ☐ Terms:

Further information:

Section 1: Number of dependants in house (including yourself):

Adults ☐ Children ☐

Marital status (✓):

Married ☐ Single ☐

Living together ☐ Widowed ☐

Divorced ☐ Separated ☐

Section 2: Reason for financial difficulty (✓):

Loss of job ☐ Reduced income ☐

Marriage breakdown ☐ Change of family circumstance ☐

Divorced ☐ Separated ☐

History: Please enter a brief history of your circumstances including how you came to be in the situation you are in now:

Section 3: Applicants employment status (✓):

Employed ☐ Part time ☐ Full time ☐

Self-employed ☐ Unemployed ☐ Retired ☐ Long-term sick ☐

Do you have a medical condition that prevents you from working? (✓):

Yes ☐ No ☐

If Yes, please give details:

If you are self-employed:

Nature of business:

Trading name:

Business assets:

Are you a Director of ANY company?:

Partners employment status (✓):

Employed ☐ Part time ☐ Full time ☐

Self-employed ☐ Unemployed ☐ Retired ☐ Long-term sick ☐

Do you have a medical condition that prevents you from working? (✓):

Yes ☐ No ☐

Section 4: Current residential status(✓):

Homeowner ☐ Council tenant ☐

Private tenant ☐ Living with parents ☐

Other (please specify) _____

How long have you lived at this address: _____ years

If you are a homeowner:

Value of current property: _____

Current outstanding mortgage: _____

Amount of mortgage each month: _____

Remaining term: _____ years

Current mortgage lender:

Name: _____

Address: _____

Postcode

Reference number: _____

Mortgage arrears? (✓): Yes ☐ No ☐

If yes, how many months have you missed? _____

Do you have a Repossession Notice? Yes ☐ No ☐

If yes, is it the first or second notice? (✓) First ☐ Second ☐

What is your court date? _____

Section 5: Regular monthly income:

Wages/salary (NET):	
Overtime:	
Partners income (NET):	
Income support:	
Child benefit:	
Maintenance:	
Pension:	
Other income:	
Working Family Tax Credit:	
Child tax credit:	
Disability living allowance:	
TOTAL INCOME:	

Section 6: Regular monthly expenditure:

Mortgage:		TV licence:	
Rent:		TV rental:	
Second mortgage:		Pension:	
Secured loan:		Endowment:	
Ground rent/service:		ISA's/PEP's:	
Home Contents insurance:		School fees:	
Buildings insurance:		Child care costs:	
Council tax:		School meals:	
Water rates:		Vehicle tax:	
Electricity:		Vehicle HP loan:	
Gas:		Travel expenses:	
Telephone:		Parking:	
Life assurance:		Clothing:	
Car insurance:		Other (please state):	
Car fuel:			
Prescriptions/health:		Total outgoings £	
Food/housekeeping:			

Section 7: Current household arrears:

	Monthly arrears payments £:		Total outstanding arrears £:
Mortgage:		Mortgage:	
Second mortgage:		Second mortgage:	
Rent:		Rent:	
Water rates:		Water rates:	
Electricity:		Electricity:	
Gas:		Gas:	
Council tax:		Council tax:	
TV licence:		TV licence:	
Other:		Other:	
Total £:		**Total £:**	

Section 8: Secured loans (loans secured against your home, excluding mortgage):

Company	Account No:	Amount outstanding	Monthly payment	Arrears
				Yes / No
				Yes / No
				Yes / No

Section 9: Unsecured debt information (loans, credit cards, etc):

Please indicate whose name the debts are in.

List below the names and account details of all creditors:

Whose debt?	Company	Account No:	Amount outstanding	Monthly payment	Arrears
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No
					Yes / No

Please include any correspondence you have from the creditors in relation to the above debts. We will return originals upon request.

Section 10: Additional information:

Have you or your partner ever been made bankrupt? Yes ☐ No ☐

If Yes, who and when?:

Would entering in to an IVA affect your employment? Yes ☐ No ☐

Do you have a pension scheme? Yes ☐ No ☐

If Yes, which type?: Personal ☐ Occupational ☐

Monthly contribution £:

Do you have any other policies? (Life assurance, endowment etc) Yes ☐ No ☐

If Yes, give details:

Do you have any funds in the bank or savings? Yes ☐ No ☐

Does anyone owe you money? Yes ☐ No ☐

If Yes, give details:

If you own a vehicle, please answer the questions below:

1st vehicle:

Make and model:

Year of registration or letter:

Is there an HP agreement on the car:

Please give details:

Estimated value of car:

2nd vehicle:

Make and model:

Year of registration or letter:

Is there an HP agreement on the car:

Please give details:

Estimated value of car:

Do you own any other type of vehicle? (motorhome, caravan, boat) Yes ☐ No ☐

If Yes, give details:

Additional information:

Data Protection Act 1988 - authority:

I/we confirm that I am/we are aware that the information provided to you in this form may be disclosed to third parties who may be able to further assist my/our situation and I/we hereby authorise the disclosure of such information for such purposes.

I/we also confirm that the information provided by me/us is correct to the best of my/our knowledge.

Signature(s) of client(s):

Name:	
Signature:	
Date:	
Name:	
Signature:	
Date:	

Introducer:

Name:	
Signature:	
Date:	