



Finance Company of Ireland

 mortgages.ie

Nationwide mortgage specialists



Mortgage Application Form

Details of Introducing Intermediary:

Name	Finance Company of Ireland Ltd		
Address	97 Malahide Road		
	Clontarf, Dublin 3		
Telephone	01-8327250	Fax	n/a
E-mail	Info@mortgages.ie	Authorisation No.	C8566

Disclosure of Intermediary Status (where applicable). (e.g. only acts on behalf of one lender or one insurance company)

Explanatory text:

This application form is divided into two parts. The first part captures information about you, the applicant. The second part gives important information about the mortgages offered by a given mortgage lender, including statutory warnings. In part 2 your signature is required in relation to your application for a mortgage loan and your consent is sought in relation to various matters.

You must complete part 2 of the application form in respect of each mortgage lender to which the application is to be submitted by the mortgage intermediary. A copy of part 1 will be attached and forwarded to each such mortgage lender.

Please ensure that all applicants sign part one and two of the application

Part one - Information about applicant

Please indicate the reason for your application

First time purchase	<input type="checkbox"/>	Investment	<input type="checkbox"/>	Equity Release	<input type="checkbox"/>	Other	<input type="checkbox"/>
Moving house	<input type="checkbox"/>	Refinance	<input type="checkbox"/>	If "Other" please specify	<input type="text"/>		

1. Personal Details

	First Named Applicant	Second Named Applicant
Surname (Mr/Mrs/Ms/Miss/Other) (Delete as appropriate)	<input type="text"/>	<input type="text"/>
First name(s) (in full)	<input type="text"/>	<input type="text"/>
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Present address (State Country, if in Ireland you must state County*, if in Dublin state Post Code)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Previous address (If less than 3 years at present address)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
Length of Time at this address	<input type="text"/>	<input type="text"/>
Is your present address	House Owner <input type="checkbox"/> Private Rented <input type="checkbox"/> Rented from local Authority <input type="checkbox"/> Living with parents <input type="checkbox"/> Other <input type="checkbox"/>	House Owner <input type="checkbox"/> Private Rented <input type="checkbox"/> Rented from local Authority <input type="checkbox"/> Living with parents <input type="checkbox"/> Other <input type="checkbox"/>
Telephone no.	Home <input type="text"/> Work <input type="text"/> Mobile <input type="text"/>	Home <input type="text"/> Work <input type="text"/> Mobile <input type="text"/>
E-mail address	<input type="text"/>	<input type="text"/>
Date of birth	<input type="text"/>	<input type="text"/>
Mothers maiden name (for security reasons)	<input type="text"/>	<input type="text"/>
Nationality	<input type="text"/>	<input type="text"/>
Marital Status	Married <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Cohabitant <input type="checkbox"/> Other <input type="checkbox"/>	Married <input type="checkbox"/> Single <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widow(er) <input type="checkbox"/> Cohabitant <input type="checkbox"/> Other <input type="checkbox"/>
No. of dependants <input type="text"/>	Ages <input type="text"/>	Other dependants <input type="text"/>

If you are currently living in rented accommodation, please give your parents address and phone number

(*if Co. Dublin you specify Dublin City / South Dublin / Fingal / Dun Laoghaire Rathdown. For Counties Cork, Limerick, Waterford & Galway you must specify City or County. If Co. Tipperary you must specify North or South.)

2. Employment Details

Employment Status
(please tick one of the following)

First Named Applicant

Homemaker Retired
 Employee Self Employed
 Unemployed

Second Named Applicant

Homemaker Retired
 Employee Self Employed
 Unemployed

(Please tick any of the following that apply)

PAYE
 Temporary/Contract
 Part-time

PAYE
 Temporary/Contract
 Part-time

Employment Sector
Occupation

Please choose a category Code for each applicant from the attached list - Note 1
 Please choose a category Code for each applicant from the attached list - Note 2

Net salary p.m.

€

€

(i) Gross basic salary p.a.

€

€

(ii) Overtime p.a.

€

€

irregular regular guaranteed

irregular regular guaranteed

(iii) Bonus p.a.

€

€

irregular regular guaranteed

irregular regular guaranteed

(iv) Commission p.a.

€

€

irregular regular guaranteed

irregular regular guaranteed

Gross salary p.a.

€

€

Total of i, ii, iii, iv.

Other income - non rental p.a.

€

€

Other income - rental p.a.

Existing

€

€

Anticipated

€

€

Total rented income

€

€

If self employed move onto section 3

First Named Applicant

Second Named Applicant

Employer Address

Length of service

years months

years months

If less than one year in current position please state

Previous occupation

Length of service

years months

years months

Previous employer

Address

3. Self Employment Details

IF

Note: Self employed applicants must submit copies of the last three years audited accounts, accompanied by your accountant's confirmation of your current tax position.

First Named Applicant

Second Named Applicant

Business name

Address

Nature of business

Date established

Sole Trader

Director/Partner

Sole Trader

Director/Partner

If Shareholder/partner please state % shareholding

Director Remuneration / Drawings

€

€

Your average annual profit for the last 3 years

€

€

4. Financial Details

Salary payment method

Bank / Building Society Direct Credit

Cheque

Cash

Savings and investments

Please give details of all savings and investments

First Applicant and Second Applicant

Name	Account Number	Present Balance	Date Opened

Bank Details

Name and Address of Bank/Building Society	Sort Code	Account Number
1		
2		

Do you have a Laser Card?

Yes No

Yes No

Financial commitments

Please include details of all credit cards in this section along with any existing mortgages. Are any of these loans to be re-financed / redeemed as part of this loan? If so, please specify

Applicant Account Number	Lender	Amount Borrowed	Present Balance	Repayment frequency (e.g. monthly)	Repayment amount	Purpose of loan	To be re-financed
		€	€		€		
		€	€		€		
		€	€		€		
		€	€		€		
		€	€		€		

Has either applicant any other financial commitments not indicated above including overdraft, Life Assurance, Separated Person's Maintenance Payments etc?

Yes

Details

No

Credit History

If you answer "Yes" to any of these queries, please give full details

Has either applicant ever:

Been declared bankrupt or insolvent?

Yes

No

Had a court order/judgement registered against him/her?

Yes

No

Made an arrangement with creditors?

Yes

No

Fallen into arrears on payment?

Yes

No

Been refused finance?

Yes

No

Or have any action pending against him/her?

Yes

No

Details

5. Details of Present Property !

Rented accommodation	<input type="checkbox"/>	First Named Applicant	Rent € <input type="text"/> per month	Second Named Applicant	Rent € <input type="text"/> per month
With family/friends	<input type="checkbox"/>	Rent € <input type="text"/> per month	Rent € <input type="text"/> per month	Rent € <input type="text"/> per month	Rent € <input type="text"/> per month
In own home	<input type="checkbox"/>				
Do you currently own a property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you previously owned a property?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you currently have a mortgage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had a mortgage in the last twelve months?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If you have, or have had a mortgage in the last 12 months, please submit a copy of your most recent annual statement. If you own, have sold, or are disposing of a property

Address of property	<input type="text"/>	<input type="text"/>
Year of purchase	<input type="text"/>	<input type="text"/>
Original Price	€ <input type="text"/>	€ <input type="text"/>
Amount borrowed	€ <input type="text"/>	€ <input type="text"/>
Amount still owing	€ <input type="text"/>	€ <input type="text"/>
Payment per month	€ <input type="text"/>	€ <input type="text"/>
Date repaid (if applicable)	<input type="text"/>	<input type="text"/>
Sale price	€ <input type="text"/>	€ <input type="text"/>
Estimated value	€ <input type="text"/>	€ <input type="text"/>
Proposed sale price	€ <input type="text"/>	€ <input type="text"/>
Name of present or most recent lender	<input type="text"/>	<input type="text"/>
Account number	<input type="text"/>	<input type="text"/>

Please complete the following table in respect of any other properties you own

Property Owned by Applicant 1/Applicant 2/Joint	Property Address	Date Purchased	Estimated Value	Loan Outstanding	Monthly rental Income (if applicable)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Property Details

Full Address of Property to be Mortgaged
(State Country, If in Ireland you must state County*, if in Dublin state Post Code)

Please complete property details, if known.

<input type="text"/>
<input type="text"/>
<input type="text"/>

(*if Co. Dublin you specify Dublin City / South Dublin / Fingal / Dun Laoghaire Rathdown. For Counties Cork, Limerick, Waterford & Galway you must specify City or County. If Co. Tipperary you must specify North or South.)

Type of Property	New <input type="checkbox"/>	Second Hand <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(please tick one of the following)	Detached <input type="checkbox"/>	Semi-detached <input type="checkbox"/>	Bungalow <input type="checkbox"/>	Terraced House <input type="checkbox"/>
	Flat / Apartment <input type="checkbox"/>			
(If you chose Flat / Apartment was it purpose built)	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Number of Rooms <input type="text"/>	Number of Bedrooms <input type="text"/>		
Construction Type	Traditional Brick / Block <input type="checkbox"/>	Timber Frame <input type="checkbox"/>	Pre-cast Concrete <input type="checkbox"/>	
(please tick one of the following)				
Area of Dwelling	Floor Area <input type="text"/> m2	Plot Size <input type="text"/> m2		

Use of Property (please tick one of the following)

Do you intend to reside at the property?

Is the property intended as a secondary residence/ holiday home? Other uses?

Is the property Freehold? Leasehold?

Is the property newly constructed? Yes No Do you require stage payments? Yes No

Do you intend to let? Yes No Do you intend to part let? Yes No

Do you or will you have vacant possession of the entire property? Yes No

Will any business activity, trade or profession be carried out at the property? Yes No

If yes, provide details

Have you previously applied for a mortgage on this property? Yes No

If yes, to whom?

Was your application successful? Yes No

For existing property, please complete the following

Year Built Property Leasehold / Freehold (if known)

If Leasehold State number of years to run (if known)

Purchase Price € Estimated Value €

Valuer's name Solicitors name

Address Address

Telephone no. Telephone no.

Please only complete the remainder of this section if you are building your own home, building an extension or carrying out renovations to your property.

Are you Building your own home Building an extension Carrying out renovations

Are you building by way of Fixed price contract Direct Labour

Is the property to be paid for in stage payments? Yes No

Is the property registered under the Homebond or Premier Guarantee Schemes? Yes No

Site Cost (of value if site was a gift) € Builders Estimate of Cost €

Architect's/Engineer's name Builder's name

Qualifications

Address Address

Telephone no. Telephone no.

7. Mortgage Required

Type of Loan Repayment Endowment Interest Only Interest Only - Pension Pension

Rate Type Tracker Fixed Variable Rate Term/Years

Discount Split Other (If other please specify)

(If fixed please specify the initial fixed period sought) Years

(If split please specify split required amount) € Fixed € Variable

For your endowment, pension or mortgage protection policy, please specify life company.

n/a

Please state the estimated or actual monthly endowment/mortgage protection premium € **n/a**

Repay frequency Monthly Fortnightly If montly, nominate preferred payment date **n/a**

If your mortgage is an endowment loan, and the insurer does not guarantee that the proceeds of the policy will be enough to repay the loan when due, please note: **WARNING: THERE IS NO GUARANTEE THAT THE PROCEEDS OF THE INSURANCE POLICY WILL BE SUFFICIENT TO REPAY THE LOAN IN FULL WHEN IT BECOMES DUE FOR REPAYMENT.** Please also note that in the case of some kinds of endowment loans, early surrender of the policy may result in a return to which is less than you have paid in premia and other charges.

8. Funding Details / Mortgage Required

Is there a property acquisition associated with loan? Yes No

(If NO please select one of the following)

Re-mortgage / switch to another lender

Further advance / top up / equity release

(If Yes please select one of the following)

New mortgage for house purchase

Further advance / top up to purchase a property

Residential investment property

(please also select one of the following)

Transaction Type:

Private purchase

Local Authority Housing Schemes:

Affordable housing* n/a

Shared ownership n/a

Affordable housing purchasing - by means of shared ownership* n/a

Local authority tenant purchase n/a

Small Dwellings Act - local authority house purchase annuity loan n/a

(If an affordable house, please give an estimate of the difference between the purchase price and the market price) €

If you are purchasing a property, please complete Section A below. Alternatively, if you are re-mortgaging or require funds for other purposes, please complete Section B on the next page

Section A

Completion Date: _____

Purchase Price	€ <input type="text"/>	Grants	€ <input type="text"/>
Site Price	€ <input type="text"/>	Savings	€ <input type="text"/>
Construction Cost	€ <input type="text"/>	Gifts	€ <input type="text"/>
Repairs/Renovations	€ <input type="text"/>	Inheritance	€ <input type="text"/>
Legal Fees	€ <input type="text"/>	Equity From House Sale	€ <input type="text"/>
Stamp Duty	€ <input type="text"/>	Other (please specify below)	€ <input type="text"/>
Other (please specify below)	€ <input type="text"/>	Additional Borrowings	€ <input type="text"/>
		Mortgage Required (if split insert total)	€ <input type="text"/>
Total expenditure	€ <input type="text"/>	Total finance	€ <input type="text"/>

(please give details of "other" above)

Section B

Existing Mortgage Balance	€ <input type="text"/>	Holiday Home	€ <input type="text"/>
Home Improvements	€ <input type="text"/>	Investment Property	€ <input type="text"/>
Education	€ <input type="text"/>	Take Over Existing Short Term Loan	€ <input type="text"/>
Health	€ <input type="text"/>	Other (please specify below)	€ <input type="text"/>
		Total mortgage required	€ <input type="text"/>

(please give details of "other" above)

GUARANTOR Details

Some mortgage lenders may request that another party guarantee the loan. If another individual is to guarantee the loan, please enter their details in this section.

First Name(s)	<input type="text"/>	Surname	<input type="text"/>
Date of Birth	<input type="text"/>		
Address	<input type="text"/>	Contact Details	
	<input type="text"/>	Telephone	
	<input type="text"/>	- Home	<input type="text"/>
Occupation	<input type="text"/>	- Work	<input type="text"/>
Basic Income	<input type="text"/>	- Mobile	<input type="text"/>
Relationship to applicant(s)	<input type="text"/>	E-mail	<input type="text"/>

Part 1 Declaration

I/we hereby declare that I/we have read and understood this part of the mortgage application form and that the information I/we have tendered herein is correct.

Signed	<input type="text"/>	Dated	<input type="text"/>
(Applicant 2 if applicable)			
Signed	<input type="text"/>	Dated	<input type="text"/>

Notes to Part 1 of the Application Form

Note 1

Employment Sector

Applicant 1

Agriculture, Hunting, Forestry	A
Fishing	B
Mining and Quarring	C
Manufacturing	D
Electricity, Gas and Water Supply	E
Construction	F
Wholesale and Retail Trade	G
Hotel and Restaurant	H
Transport, Storage and Communications	I
Financial Intermediation	J
Real Estate, Renting and Business Activities	K
Public Administration and Defence	L
Education	M
Health and Social Work	N
Other Services	O
Private Household with Employed Persons	P
Extra-territorial Organisations and Bodies	Q

Applicant 2

Agriculture, Hunting, Forestry	A
Fishing	B
Mining and Quarring	C
Manufacturing	D
Electricity, Gas and Water Supply	E
Construction	F
Wholesale and Retail Trade	G
Hotel and Restaurant	H
Transport, Storage and Communications	I
Financial Intermediation	J
Real Estate, Renting and Business Activities	K
Public Administration and Defence	L
Education	M
Health and Social Work	N
Other Services	O
Private Household with Employed Persons	P
Extra-territorial Organisations and Bodies	Q

Notes to Part 1 of the Application Form

Note 2

Occupation

Manager or Administrator	1	Craft and Related	5
Professional	2	Personal and Protective Services	6
Associate Professional and Technical	3	Sales	7
Clerical and Secretarial	4	Plant and Machine Operatives	8
		Other	9

Pension and Insurance information

Applicant 1

Applicant 2

Pensions

Do you currently have a PRSA or pension in place

Yes No

Yes No

What are your current annual contributions

€ _____

€ _____

What are your employer's contributions

€ _____

€ _____

Are their Death in service Benefits included in this plan

Yes No

Yes No

Life Assurance

Do you currently have a Life Assurance plan in place

Yes No

Yes No

Term Assurance amount of cover

€ _____

€ _____

Mortgage Protection amount of cover

€ _____

€ _____

Serious Illness / PHI

Do you have a serious illness plan in place

Yes No

Yes No

Amount of Cover

€ _____

€ _____

Do you have a PHI plan in place

Yes No

Yes No

Amount of cover

€ _____

€ _____

Medical Insurance

Do you have medical insurance in place

Yes No

Yes No

For office use only

Consultants comments on Mortgage Risk Preferences and protection preferences.



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