



CITY FINANCE BROKERS EQUITY RELEASE ADVICE QUESTIONNAIRE

IMPORTANT NOTE

To ensure that suitable advice is provided, with recommendations based on your current circumstances, it is important that questions are answered as fully and accurately as possible.

SECTION 1 - YOUR DETAILS

	1st Applicant	2nd Applicant
Title		
First name		
Middle name		
Surname		
Current Address		
Postcode		
	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth/Age		
Retirement Age		
Telephone numbers - Home		
Mobile		
Work		
Email Address		
Nationality		
National Insurance Number		
Marital Status		
Relationship to other applicant (if applicable)		
Dependents Details: Name / DoB / Age: (if applicable) Name / DoB / Age:		
Have you smoked in the last 12 months?		



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SECTION 2 - ADDRESS HISTORY

	1st Applicant	2nd Applicant
Date moved into your current address		
Current residential status (Owner Occupier / Renting / With Parents)		
Are you on the Electoral Register / Voters Roll?		

Previous addresses (if less than 3 years) - A full 3 year history is required

Previous Address		
Postcode		
Date Moved In		
Residential Status		



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Non-Pension Income

SECTION 3 - INCOME

	1st Applicant	2nd Applicant
Employed Income	£	£
Self Employed Income	£	£
Rental Income	£	£
Unearned Income	£	£
Other	£	£
Total Gross Income	£	£
Total Net Income	£	£

Pension Income

Occupational Pension(s)	£	£
Private Pension(s)	£	£
State Pension(s)	£	£
Total Net Pension Income	£	£

State Benefits

Type & Amount	£	£
Type & Amount	£	£
Type & Amount	£	£
Total State Benefits	£	£



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SECTION 4 - ASSETS

	Joint	1st Applicant	2nd Applicant
Net Equity in Current Main Residence	£	£	£
Net Equity in Secondary Property	£	£	£
Net Total Equity in Investment (BTL) Property	£	£	£
Cash at Bank (Deposit Account)	£	£	£
ISA's & PEP's	£	£	£
Investment Bonds & Unit Trusts	£	£	£
Endowments	£	£	£
Premium Bonds	£	£	£
Pension Funds	£	£	£
Other	£	£	£
Total	£	£	£

SECTION 5 - LIABILITIES

Please provide further details in the notes section if required

Mortgages, Credit Cards, Personal Loans, HP, Car Finance, Secured Loans, Further Advances, Bank Overdraft, Mail-Order, Catalogues, etc...

Client 1, 2 or joint	Type of finance	Finance provider	Balance o/s	Months o/s	Monthly payment	Purpose of credit	Secured		Repay with Equity Released	
							Y	N	Y	N
			£		£		Y	N	Y	N
			£		£		Y	N	Y	N
			£		£		Y	N	Y	N
			£		£		Y	N	Y	N
			£		£		Y	N	Y	N
			£		£		Y	N	Y	N

	1st Applicant	2nd Applicant
Any Other Liabilities	£	£
Total Liabilities	£	£
Total Assets	£	£
NET VALUE	£	£



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SECTION 6 – ASSESSMENT OF AFFORDABILITY - MONTHLY BUDGET PLANNER

	1st Applicant	2nd Applicant
Total of Continuing Liabilities (total sum from Section 5)	£	£
Council Tax	£	£
Gas / Oil	£	£
Electric	£	£
Water	£	£
Mobile Phone	£	£
TV / Broadband / Telephone	£	£
Property Maintenance, if applicable (Service Charge, Ground Rent, etc.)	£	£
Building & Contents Insurance	£	£
Food Shopping & Household Goods (Monthly Average Spend)	£	£
Clothing (Monthly Average Spend)	£	£
Childcare / Maintenance Payments	£	£
Public Transport (eg. train, bus, tube)	£	£
Car Costs - Fuel, Tax, MoT, Servicing, Repairs (Monthly Average Spend)	£	£
Subscriptions – e.g. gym, golf, tennis, films, magazines, etc.	£	£
Pets – e.g. food, insurance, grooming , etc.	£	£
Insurances – Other – e.g. life cover, medical, dental, phone, etc.	£	£
Regular Savings – e.g. Pensions, ISA's, savings policies, endowments, etc.	£	£
Social Costs – meals out, theatre, cinema, etc.	£	£
Tobacco and Alcohol Costs	£	£
Holidays	£	£
Other / Miscellaneous (please detail)	£	£
Other – Expected Future Expenditure (please detail)	£	£
Total Monthly Expenditure	£	£
Net Monthly Income (from Section 3 above)	£	£
Net Monthly Disposable Income	£	£

Note: Please include the equivalent monthly figure if you pay quarterly or annually and use the content of your bank statements for accuracy.



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SECTION 7 - REQUIREMENTS & CONSIDERTIONS

Requirements

Amount of capital required	£
Amount of income required (if applicable)	£

Detail here the client(s) objectives and priorities, e.g. need for capital

	Yes	No
Does the client(s) have any special considerations or placed any limitations on the service they wish to receive?		
Will an increase in capital or income affect any means tested benefits or age allowances?		
Is either client in or waiting to go into care?		
Can other assets be considered as an alternative?		
Have you considered accessing pension benefits as an alternative?		
Will any state benefits be affected?		
Are any additional state benefits or other grants available?		
Would family members or friends be prepared to provide financial support?		
Would you be prepared to pay monthly interest on any monies released?		
If yes, does client(s) wish to consider lifetime mortgage or unsecured lending (if no confirm reasons in 'notes below')		
Would you wish to retain full ownership of the property?		
Have you considered renting out all or part of your home?		
Have you considered downsizing?		
Are you aware this will reduce the value of your estate on death and the amount paid to your beneficiaries?		
Have you made this aware to the beneficiaries of your estate?		
Would you wish to release the maximum value from your property immediately?		
Do you wish to release smaller proportions on ad hoc intervals?		
Do you want to roll up fees and if so have implications been discussed?		

Note: Please include the equivalent monthly figure if you pay quarterly or annually and use the content of your bank statements for accuracy.



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SECTION 7 - REQUIREMENTS & CONSIDERTIONS, CONTINUED

Statement of Health Please detail medical history, including current ailments and medication

Wills

	1st Applicant	2nd Applicant
Do you currently have a will?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
When was it last reviewed?		
Main Beneficiaries of the estate?		
Are there any special considerations to be taken into account? Please detail		

Power of Attorney (if applicable)

	1st Applicant	2nd Applicant
Do you have any arrangements in place?	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
If so please details here...		



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SECTION 8 – PROPERTY DETAILS

	Property type	Detached End of Terrace Bungalow Converted Flat	Semi-Detached Terraced Purpose Built Flat Maisonette
	Approx. Year Built		
	Property Tenure	Freehold Feuhold (Scotland only)	Share of Freehold Leasehold
If Leasehold...	Years Remaining on Lease:		
	Service Charge:		
	Ground Rent:		
Number of Rooms	Bedrooms:		
	Bathrooms:		
	Receptions:		
	Separate WC's:		
	Garage:		
If a flat...	Number of Floors in the Block:		
	Which Floor is the Property on:		
Is the property of non-standard construction (e.g. thatched roof, barn conversion, concrete, etc.)?	Y	N	(if yes provide details)
Is or was the property previously owned by a Local Authority or Housing Association?	Y	N	(if yes provide details)
Is the property currently on Shared Ownership?	Y %	N	(if yes provide details and percentage)
Are any home improvements planned?	Y	N	(if yes provide details)
Does the land and property comprise of more than 1 acre?	Y	N	(if yes provide details)
Is or will anyone aged over 17 live in the property?	Y	N	(if yes provide details)



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SECTION 9 - PROTECTION INSURANCE - PART A - EXISTING POLICIES

	Policy 1		Policy 2		Policy 3		Policy 4	
Life / Lives Assured								
Type of Policy								
Insurance Company								
Amount of Cover	£		£		£		£	
Monthly Premium	£		£		£		£	
Start Date								
Original Term								
Remaining Term or End Date								
Written in Trust (if yes, please state beneficiaries)	Y	N	Y	N	Y	N	Y	N



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SECTION 10 – DECLARTIONS

Declarations

I/We understand the importance of discussing my/our financial planning objectives with the beneficiaries of my/our estate or close family. It was recommended to me/us to have one or a number of these persons in attendance during the course of our discussions to release equity from, and lose future control and ownership of, my/our property;

We chose the following person(s) who were in attendance at, and agreement with the outcomes of, our meetings;

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

OR

It was my/our decision not to involve any other persons at any time during the course of our meetings;

Applicant 1 Signature

Applicant 2 Signature

I/we confirm that I/we have read the information contained herein and confirm that this information is correct. I/we give my/our consent that this information may be used for the purpose of arranging a mortgage, protection or general insurance product on my/our behalf.

I/we hereby confirm that the purpose of the mortgage being arranged is for residential purposes only and will be occupied by my/our immediate family. If my/our situation changes and I/we decide to let the property out, I/we will inform the lender immediately and obtain their permission and consent to let. I/we accept that failure to do so will put me/us in breach of the mortgage terms and conditions.

Applicant 1

Applicant 2

Name _____

Name _____

Signature _____

Signature _____

Date _____

Date _____

**Your home is at risk if you do not keep up payments on your mortgage or any other loan secured against it
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