

Financial Statement

Account Number(s):			
Name(s):			
Address:			
Borrower 1		Borrower 2	
Employment		Employment	
Current job, if any		Current job, if any	
Hours worked per week		Hours worked per week	
Contact Numbers		Contact Numbers	
Home		Home	
Work		Work	
Mobile		Mobile	
During the assessment of you text to update you on the pro		ave provided a mobile telephone sales use will follow.	number, we may contact you via
Number of people in the house	sehold		
Number of dependent childre	n age under 14		
Number of dependent childre	n age 14+		
Number of vehicles in househ	nold		

To enable us to assess your financial circumstances, we will require copies of the following documentation for each person:

- Last 3 months bank statements
- Last 3 months payslips
- Evidence of the last 3 months income if payslips are not available
- 3 years accounts if self employed

Failure to supply the above items may mean that we are unable to perform a full assessment of your financial circumstances. Part or non-submission of the requested items may result in a delay in any decision.

Please also enclose copies of any documentation that will help to support your request, for example:

- Medical Evidence, (GP or consultant letter)
- Redundancy notice
- Sales particulars

Please Note: - Copies of documents are acceptable - please do not send original documents

Monthly Household Income

	1st Borrower Monthly income	2nd Borrower Monthly income
Monthly Salary	£	£
Bonus/Overtime	£	£
Second Job	£	£
Pensions	£	£
Maintenance or Child Support	£	£
Jobseekers' Allowance	£	£
Income Support	£	£
Working Tax Credit	£	£
Child Tax Credit	£	£
Child Benefit	£	£
Incapacity benefit	£	£
Contributing Dependants	£	£
Lodgers or Boarders	£	£
Other - please list below	£	£
	£	£
	£	£
	£	£
	£	£
Monthly Income	£	£

Total Joint Monthly Income (BOX A)

Non-priority Debts

Name of Creditor	Outstanding balance	Current payment	Negotiated payment	End date
1	£	£	£	
2	£	£	£	
3	£	£	£	
4	£	£	£	
5	£	£	£	
6	£	£	£	
7	£	£	£	
8	£	£	£	
9	£	£	£	
10	£	£	£	
Total				

£

Total Monthly Payment BOX B	£
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Monthly Household Expenditure

	Monthly cost		Monthly cost
Essential Expenses		Communication	
Mortgage Payment	£	Home Phone	£
Endowment	£	Mobile Phone	£
Rent	£	Internet	£
Ground Rent/Service Charges	£	Cable/Satellite	£
Other secured loans	£	Total Regular Payments (4)	£
Building/Contents Insurance	£	Living Costs	
Pension	£	Food, Toiletries/Cleaning	£
Other Insurance - MPPI, ASU, life	£	Clothing and Footwear	£
Court Fines	£	Child Care	£
Maintenance/Child Support	£	Nappies and baby items	£
Total Essential Expenses (1)	£	School/work meals	£
Utilities		Medical - prescriptions, dentist	£
Council Tax	£	Pets - food, vets, insurance	£
Gas	£	Total Living Costs (5)	£
Electricity	£	Additional Expenditure	
Water rates	£	Health Insurance	£
Other fuel - Coal, Oil, etc	£	Repairs/Property Maintenance	£
TV Licence	£	Hairdressing	£
Total Utility Costs (2)	£	Alcohol/Cigarettes	£
Travel		Pocket Money/School Trips/Clubs	£
Road Tax	£	Holidays/Special Occasions	£
Car Insurance		Gifts	
Fuel	£	Charity	£
MOT/Maintenance	£	Total Additional Expenditure (6)	£
Parking	£	Other Expenditure - please list below)	
Breakdown/Recovery	£		£
Public transport Travel	£		£
Total Travel Costs (3)	£		£
		Total Other Expenditure (7)	£
		Non Priority Debts (8) - BOX B	£
Total Monthly Expenditure (BOX C			£
add together all of the totals 1 – 8	3 above)		

Summary of Income and Expenditure

Total Monthly Income (BOX A) Less Monthly Expenditure (BOX B)

Total Disposable income

£ £ £

What I Save and What I Owe

To help us understand our customer and supply you with the right support we need you to give us the following financial information:

_	erty (Please complete if main residence is not gaged to Bank of Ireland)	Who is the Owner?	Lenders Name	Balance/Value
Α	The Value of my Home (Main Residence)			£
В	The Mortgage that I Owe			£
	The Balance Left Over (A-B=)			£

Inves	tment Property	Who is the Owner?	Lenders Name	Balance/Value
А	The Value of my Investment Property or Holiday Home			£
	(i) Property 1			£
	(ii) Property 2			£
	(iii) Property 3			£
	(iv) Property 4			£
В	The Combined Mortgage that I Owe			£
	The Balance Left Over (A-B=)			£

Savin	g & Investments	Who is the Owner?	Bank Building Society Company Name	Investment Balance or Latest Value
Α	Bank / Building Society Investments / Savings			£
В	Stocks & Shares			£
	The Total Investment Value (A+B=)			£

Inves	tment Plans / Endowment Policies	Who is the Owner?	The type of Investment	What Date will the policy be paid to you?	What is the value of the policy when it is paid to you
Α					
В					
С					
D					
	The Total Value of all your Investment Plans				£

Othe	Investments & money that I hold	Who Owns the Investment?	Description of the Investment	Is the Investment accessible to you?	Investment Value / What is it worth?
Α					
В					
С					
D					
	The Total Value of all your Investment Plans				

Total value of my Savings & Investments	£
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Additional Information

Please	e state the reason for submitting this form:			
Please	e provide us with details of your repayment proposals:			
1 1000	e provide de Mar detaile et yeur repayment proposale.			
Please	e tick one of the following:			
I have	obtained, or am in the process of obtaining, independent	financial adv	vice	
I have	not sought independent financial advice			
Signed	t l	Date		
Signed	t l	Date		
	do not have mortgage arrears please return this form to:			
Post:	Bank of Ireland Credit Assessment Team			
	PO Box 3181 Bristol			
	BS1 9HQ			
Fax:	0345 641 8983			
If you d	do have mortgage arrears please return this form to:			
Post:	Bank of Ireland			

Mortgage Collections Department

PO Box 3191 Bristol BS1 9HY

0345 641 8983 Fax:

Your personal information will only be used to contact you in regards to the information provided. If you would like to know more about how we ensure your privacy, how we handle your personal information and what your rights are, you will find more information in our Privacy Notice on bankofirelanduk.com/PrivacyNotice or by contacting us to ask for a copy.

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