

Additional Support Requirements Form

To be completed by the Mortgage Intermediary

Application Reference

We are here to support

There are many circumstances that mean customers would like us to work with them differently today, in the future, or on an ongoing basis. If they share this information with us, we'll take the time to understand their needs and work with you and them to support those needs.

With your customer's permission we will add an indicator to the application, and later to the account, which means whenever they speak with us, we are aware of any support needs.

We will also use the information provided in this form to help us develop our products and support options to help improve outcomes for all our customers. No data which will identify your customer will be used in these circumstances.

This form should be completed only where an additional support requirement exists and the applicant(s) have given their consent for the information to be disclosed by you to us.

If no additional support requirement exists and/or the applicant has not given their consent for disclosure, this form should not be completed.

Disclosure of additional support requirements will not be used to determine whether or not a loan can be granted.

Additional Support for Customers

If your customer has indicated that they may require additional support from us now or in the future and has consented to us recording this, please indicate from the following the reason that most closely represents why this support is needed.

Please only complete for applicants that require additional support and who have consented to the information being disclosed to us.

Has any applicant disclosed any condition or circumstance where we could provide additional support?	Yes	No
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Please enter the full name of all applicants

Applicant 1	
Applicant 2	
Applicant 3	
Applicant 4	

Please tick all that apply using categories 1 to 5 below:		Applicant 1	Applicant 2	Applicant 3	Applicant 4
1. Health	Physical disability				
	Severe or long-term illness				
	Visual or Hearing Impairment				
	Partial sight loss				
	Blindness				
	Hearing loss				
	Deafness				
	Speech impairment				
	Mental health condition or disability				
	Addiction				
Low mental capacity or cognitive disability					

2. Life Events	Retirement				
	Domestic abuse				
	Caring responsibilities				
	Bereavement				
	Income Shock				
	Redundancy				
	Loss of income from partner				
	Furlough				
	Unexpected bills				
	Relationship breakdown/divorce				
Non-standard, e.g., care leavers, asylum seekers					

	Applicant 1	Applicant 2	Applicant 3	Applicant 4
3. Resilience	Low or erratic income			
	Over indebtedness/financial hardship			
	Low savings			
	Low emotional resilience			
4. Capability	Low knowledge or confidence in financial matters			
	Poor literacy or numeracy skills			
	Low English language skills			
	Poor or non-existent digital skills			
	Learning impairment			
	Poor or no access to help or support			
5. Other	Impacted by suicide			
	Potentially vulnerable			
	Please specify			

Additional information/Alternative Disclosure

Please provide any additional or alternative information the applicant(s) wish to disclose:

I have explained to the applicant(s) the reason for this disclosure and obtained their consent to make the disclosure. I have considered their responses as part of my advice. The applicants understand that this information will not be used to determine the outcome of their application.

Mortgage Intermediary

Date (dd/mm/yyyy)

Thank you. If necessary, we will contact you if we have any questions or to discuss appropriate measures of support for the applicant.

Mortgage Intermediary Signature

NOT FOR CUSTOMER USE. FOR PROFESSIONAL INTERMEDIARY USE ONLY.