

MORTGAGE PAYMENT DEFERRAL - REQUEST FORM

Please ensure that you have read the Society's guidance document: *The Society's approach to supporting those experiencing financial difficulties, due to the impact of COVID-19* (located on our website and available upon request) prior to completing this form. Once completed, this form should be returned, by email to support@penrithbs.co.uk. If you do not have scanning / email facilities, a photograph of the signed form can be sent via WhatsApp to 07860 703192.

Account No:		No. of Dependents:		Ages	
Borrower 1			Borrower 2		
Full Name:		Full Name:			
Date of Birth:		Date of Birth:			
Mobile No:		Mobile No:			
Home Tel:		Home Tel:			
Email:		Email:			
Occupation:		Occupation:			
Security Address:		Correspondence Address <i>(if different from security address)</i>			
Mortgage Type:	Residential <input type="checkbox"/>	Buy to Let <input type="checkbox"/>	Holiday Let <input type="checkbox"/>		
If BTL, please confirm:	Do you have rental void insurance in place?	What level of rental income will you be in receipt of?	Is the property currently vacant?		
	Yes / No	£	Yes / No		
If a Holiday Let, please confirm:	Do you have rental void insurance in place?	What level of holiday let income will you be in receipt of over the next 3 months?	Please confirm the value of bookings for the next 3-6 months:		
	Yes / No	£	£		
Are you requesting?	Arrears call / review <input type="checkbox"/>	Full Payment Holiday <input type="checkbox"/>	Reduced Payment <input type="checkbox"/>		
If requesting a reduced payment, please confirm the sum you can afford to pay:	£	Please confirm how long you feel you require these reduced payments for:			mths
If requesting a full mortgage payment holiday, please confirm how long you require this for:	1 mth <input type="checkbox"/>	2 mths <input type="checkbox"/>	3 mths <input type="checkbox"/>		
Please confirm the month you would like your payment holiday / reduced mortgage payment to start from:	Aug <input type="checkbox"/>	Sept <input type="checkbox"/>	Oct <input type="checkbox"/>		

YOU SHOULD ONLY TAKE A MORTGAGE PAYMENT DEFERRAL OR A PARTIAL MORTGAGE PAYMENT DEFERRAL IF YOU REALLY NEED ONE. IF YOU CAN AFFORD TO PAY YOUR MORTGAGE, YOU SHOULD.

Please provide a **detailed explanation** of the circumstances surrounding your request for reduced payments / a mortgage payment holiday (include details of reduced income, how long you estimate this will continue for, what level of household income remains and any savings you might hold). Please continue on a separate sheet if required:

EMPLOYMENT

Are you	Employed	<input type="checkbox"/>	If employed, have you been furloughed from work?	Yes / No	If YES, are you receiving a minimum of 80% of your income?	Yes / No
	Self-Employed	<input type="checkbox"/>				
If self-employed, are you:	Sole Trader	<input type="checkbox"/>	If self-employed, are you expecting to receive financial assistance from the government?	Yes / No	If so, please confirm when you expect this to commence and the value:	Date:
	Partner	<input type="checkbox"/>				£
	Ltd Co. Director	<input type="checkbox"/>				

HEALTH

Are you currently suffering from COVID-19?	Yes / No	If YES, are you receiving of Statutory Sick Pay?	Yes / No	If NO, have you applied for any Government help?	Yes / No
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INSURANCE

Do you have any ASU / MPPI Insurance?	Yes / No	If YES, have you contacted your insurer?	Yes / No	What sum do you expect to receive each month?	£
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I/we confirm that we have read the Society's guidance document: *The Society's approach to supporting those experiencing financial difficulties, due to the impact of COVID-19* prior to completing this form. I/we understand that by paying a reduced payment or taking a payment holiday our capital balance will increase and I/we will incur additional interest charges. I/we understand that at the end of the reduced payment / payment holiday period, I/we will be required to complete an income and expenditure exercise with the Society to establish a mutually agreeable repayment strategy for the mortgage arrears to be repaid. We hereby certify that the statement given surrounding the inability to meet our full mortgage payments due to the impact of COVID-19 to be true.

Borrower 1		Borrower 2	
Full Name:		Full Name:	
Signature:		Signature:	
Date:		Date:	

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