

HMO supplementary information

Please provide the following information when submitting an application for an HMO application via Castle Trust Bank. Please email this form to lending@castletrust.co.uk at point of application submission.

Broker name	
Broker firm	
Borrower name	
Castle Trust Bank case number	
Security address	
Number of bedrooms	How many kitchens at the security?
Total number of lettable rooms	How many storeys does the security have?
Is the security a purpose built HMO?	Yes No
Is the Primary Lender aware this is an HMO?	Yes No
Will the Borrowers hold the relevant HMO Licence upon completion? Castle Trust Bank will require verification via the conveyancing solicitor.	Yes No
Does at least one applicant have a track record of Buy to Let ownership, with three or more properties for a minimum of 12 months?	Yes No
Is there any other information that Castle Trust Bank should be aware of?	

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