



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 | <input type="text"/> | | |
| Broker firm | <input type="text"/> | | |
| Borrower name | <input type="text"/> | | |
| Castle Trust Bank case number | <input type="text"/> | | |
| Security address | <input type="text"/> | | |
| Number of bedrooms | <input type="checkbox"/> | How many kitchens at the security? | <input type="checkbox"/> |
| Total number of lettable rooms | <input type="checkbox"/> | How many storeys does the security have? | <input type="checkbox"/> |
| Is the security a purpose built HMO? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is the Primary Lender aware this is an HMO? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Will the Borrowers hold the relevant HMO Licence upon completion? Castle Trust Bank will require verification via the conveyancing solicitor. | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | |
| Is there any other information that Castle Trust Bank should be aware of? | <input type="text"/> | | |