



Self-certification form for landlords seeking a payment holiday

Please complete this form if you are a landlord seeking a payment holiday from your Fleet Mortgages buy-to-let mortgage.

Failure to provide information requested will delay your application.

For further information please refer to the following website:

<https://www.ukfinance.org.uk/covid-19/support-mortgage-customers>

Name of Mortgage Account:		
Mortgage Account Number:		
Date of Request:		
Are your current mortgage payments up to date		Yes <input type="checkbox"/> No <input type="checkbox"/>
Has the tenant's income been impacted by COVID-19?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm that this application will enable support to be provided to your tenant during the Coronavirus crisis?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of payment holiday months being requested (up to a maximum of 3):		One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/>
Have you been financially impacted by COVID-19		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes	State how you have been financially impacted, please provide as much information as possible to avoid any delay to your application.	
How many buy to let properties do you own in total?		<input type="text"/>
A member of the Mortgage Services team will contact you if additional information is required.		Please provide your contact telephone number:



Declaration

By signing this declaration, you are confirming that:

- I confirm, I am in financial difficulty
- I confirm, I am financially impacted by COVID-19 (Coronavirus)
- I understand that I still owe the money where a payment holiday is granted and interest will accrue.
- I understand that at the end of payment holiday, Fleet Mortgages will contact me to assess my financial circumstances and agree a plan for the repayment of arrears.
- I understand that I have the option to make part of my normal mortgage payment and by doing so, this would reduce the amount I owe.
- I confirm I have consent from everyone named on the mortgage to apply for this payment holiday.
- I confirm, that I will pass this relief on to my tenant(s) to ensure they are supported during the period of payment holiday(s) requested.

Signature:	
Name:	
Date:	