Standard Financial Statement
This Statement is for use in the MARP

Section A: Account \& Borrower Details

|  | Borrower Information: | Borrower 1 |  |
| :--- | :--- | :--- | :--- |
|  |  |  | Borrower 2 |
| A1 | Name |  |  |
| A2 | Mortgage Account Reference No (s) |  |  |
| A3 | Outstanding Mortgage Balance ( $($ ) |  |  |
| A4 | Estimated Current Value of Primary Residence ( $€$ ) |  |  |
| A5 | Monthly Mortgage Repayments Due ( $($ ) |  |  |
| A6 | Correspondence Address |  |  |
| A7 | Property Address <br> if different to correspondence Address | Please indicate preferred <br> contact method |  |
| A8 | Home Telephone |  |  |
| A9 | Mobile |  |  |
| A10 | Work Telephone |  |  |
| A11 | E-mail |  |  |
| A12 | Marial Status | Child1 <br> Child 2 <br> Child 3 <br> Child 4 |  |
| A13 | Date of birth |  |  |
| A14 | No. and age of dependent children |  |  |
| A15 | Total number in household |  |  |
| A16 | Employed Y/N; if self-employed give details |  |  |
| A17 | Occupation (if unemployed give previous occupation) |  |  |
| A18 | In Permanent employment Y/N |  |  |
| A19 | Name of Employer \& Length of Service |  |  |
| A20 | Reason(s) for Review/Arrears  |  |  |


| Section B: Your Monthly Income Borrower 1 |  |  | Borrower 2 |  |
| :--- | :--- | :--- | :--- | :--- |
| B1 | Gross Monthly Salary (before tax <br> and any other deductions at source) |  |  |  |
| B2 | Net Monthly Salary (after tax and <br> any other deductions at source) |  |  |  |
| B3 | Monthly Social Welfare Benefits <br> Please list |  |  |  |
| B3 (a) | Benefit- |  |  |  |
| B3 (b) | Benefit- |  |  |  |
| B3 (c) | Benefit- |  |  |  |
| B4 | Child Benefit |  |  |  |
| B5 | Mortgage Interest Supplement |  |  |  |
| B6 | Family Income Support |  |  |  |
| B7 | Maintenance |  |  |  |
| B8 | Other, e.g. Pension, room rent, <br> grants (Please Specify) |  |  |  |
| B9 | Monthly Income from Property <br> assets (other than primary <br> residence) (see E5) |  |  |  |
| B10 | Monthly income from non-property <br> assets (see F8) |  |  |  |
| B11 | Total Monthly Income <br> (sum of B2 to B10) |  |  |  |

[^0] else on this form.

Section C: Monthly Household Expenditure

|  |  | Average Charge ${ }^{2}$ | Arrears (where applicable) |
| :---: | :---: | :---: | :---: |
|  | Utilities |  |  |
| C1 | Electricity |  |  |
| C2 | Gas /Oil |  |  |
| C3 | Phone (Landline \& Internet) ${ }^{3}$ |  |  |
| C4 | TV/Cable ${ }^{3}$ |  |  |
| C5 | Mobile Phone |  |  |
| C6 | Refuse Charges |  |  |
| C7 | TV Licence |  |  |
|  | Household |  |  |
| C8 | Childcare |  |  |
| C9 | Elderly care (e.g., carer, nursing home fees etc) |  |  |
| C10 | Food/Housekeeping/Personal Care |  |  |
| C11 | Clothing and Footwear |  |  |
| C12 | Household Repairs/Maintenance |  |  |
|  | Transport Costs |  |  |
| C13 | Petrol |  |  |
| C14 | Motor Insurance /Tax/NCT |  |  |
| C15 | Rail/Bus/Taxi Costs (including school transport costs for children) |  |  |
| C16 | Car Maintenance/Repairs |  |  |
| C17 | Car Parking and Tolls |  |  |
|  | Primary Residence Mortgage-related Costs |  |  |
| C18 | Mortgage Protection/Endowment Premium |  |  |
| C19 | Payment Protection |  |  |
| C20 | House Insurance |  |  |
|  | Education |  |  |
| C21 | Books |  |  |
| C22 | School/ College Fees |  |  |
| C23 | Uniforms |  |  |
| C24 | Extra Curricular activities (e.g. school outings) |  |  |
| C25 | Other (e.g. voluntary contributions) |  |  |
|  | Medical |  |  |
| C26 | Medical Expenses and Prescription Charges ${ }^{4}$ |  |  |
| C27 | Health Insurance ${ }^{5}$ |  |  |
|  | Social |  |  |
| C28 | Lifestyle Expenses (e.g., family events, Christmas, Birthdays, eating out etc.) |  |  |
| C29 | Club membership |  |  |
| C30 | Other - please specify |  |  |

[^1]|  |  | Average <br> Charge | Arrears (where <br> applicable) |  |
| :--- | :--- | :--- | :--- | :---: |
|  | Other |  |  |  |
| C31 | Life Assurance |  |  |  |
| C32 | Pension Contribution ${ }^{\text {6 }}$ |  |  |  |
| C33 | Maintenance paid to spouse/child (if applicable) |  |  |  |
| C34 | Rent |  |  |  |
| C35 (a) | Property Service/Management Charges |  |  |  |
| C35 (b) | Other - please specify |  |  |  |
| C35 (c) | Other - please specify |  |  |  |
| C36 | Monthly expenditure on property assets (see E5) |  |  |  |
| C37 | Monthly Savings |  | G2 |  |
|  |  |  |  |  |
| C38 | Total Monthly Expenditure (sum of C1 <br> to C37) |  |  |  |

Please provide details of any steps you have already taken to reduce your monthly expenditure and the savings you have achieved:

Please provide details of any steps you propose to take to reduce your monthly expenditure and the savings you expect to achieve:

[^2]| Section D: Your Current Monthly Debt Payments |  |  |  |  |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Debt Type | Monthly Repayments |  | Remaining Term | Total Outstanding Balance € | Arrears Balance € | Lender | Purpose of Loan | Secured? Y/N | Currently Restructured? Y/N | Payment Protection Insurance Y/N |
|  |  | Due € | Being Paid € |  |  |  |  |  |  |  |  |
| D1 | Mortgage for Primary Residence |  | G4 |  |  |  |  |  |  |  |  |
| D2 | Court Mandated Debt (Please Specify) ${ }^{7}$ |  |  |  |  |  |  |  |  |  |  |
| D3 | Court Mandated Debt |  |  |  |  |  |  |  |  |  |  |
| D4 | Credit Union |  |  |  |  |  |  |  |  |  |  |
| D5 | Credit Union |  |  |  |  |  |  |  |  |  |  |
| D6 | Overdraft |  |  |  |  |  |  |  |  |  |  |
| D7 | Hire Purchase |  |  |  |  |  |  |  |  |  |  |
| D8 | Store Card |  |  |  |  |  |  |  |  |  |  |
| D9 | Catalogue Debt |  |  |  |  |  |  |  |  |  |  |
| D10 | Credit Card 1 |  |  |  |  |  |  |  |  |  |  |
| D11 | Credit Card 2 |  |  |  |  |  |  |  |  |  |  |
| D12 | Credit Card 3 |  |  |  |  |  |  |  |  |  |  |
| D13 | Personal Loan 1 (please specify) |  |  |  |  |  |  |  |  |  |  |
| D14 | Personal Loan 2 (Please specify) |  |  |  |  |  |  |  |  |  |  |
| D15 | Personal Loan 3 (please specify) |  |  |  |  |  |  |  |  |  |  |
| D16 | Loans from family/ friends |  |  |  |  |  |  |  |  |  |  |
| D17 | Mortgage Debt on property other than primary residence (see E5) |  |  |  |  |  |  |  |  |  |  |

${ }^{7}$ e.g., fines, instalment orders, judgements

|  | Debt Type | Monthly Repayments |  | Remaining Term | Total Outstanding Balance $€$ | Arrears Balance € | Lender | Purpose of Loan | Secured? Y/N | Currently Restructured? Y/N | PaymentprotectionInsurance $\mathrm{Y} / \mathrm{N}$ |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  |  | Due $€$ | Being Paid $€$ |  |  |  |  |  |  |  |  |
| D18 | Other Debt (please specify) |  |  |  |  |  |  |  |  |  |  |
| D19 | Other Debt |  |  |  |  |  |  |  |  |  |  |
| D20 |  |  |  |  |  |  |  |  |  |  |  |
| D21 |  |  |  |  |  |  |  |  |  |  |  |
| D22 | Total (sum of D2 to D21) |  | G5 |  |  |  |  |  |  |  |  |

Section E: Property Assets (other than Primary Residence)
${ }^{8}$ For example, sole or joint ownership. Where a property/premises is not $100 \%$ owned by customer(s), please state the $\%$ amount that is owned ${ }^{9}$ Please provide a reasonable estimate of the current value of these assets.

|  | Asset Type | Original Cost/ <br> Value( $€$ ) | Current <br> Estimated Value € | Net Monthly <br> Income |  |
| :--- | :--- | :--- | :--- | :--- | :--- |
| F1 | Savings/deposits/current account |  |  |  | Please Give Any Relevant Details |
| F2 | Shares |  |  |  |  |
| F3 | Motor Vehicle (s) |  |  |  |  |
| F4 | Redundancy Payment(s) |  |  |  |  |
| F5 | Long-term investment (s) |  |  |  |  |
| F6 | Other investment(s) |  |  |  |  |
| F7 | Other Assets (e.g., stock, machinery <br> etc) |  |  |  |  |
| F8 | Total (sum of F1 to F7) |  |  |  | B <br> 10 |

Please list all other liabilities, for example any guarantees given with respect to company borrowing or borrowing by a family member.


[^0]:    ${ }^{1}$ Do not include any deductions made from your salary at source (e.g., pension contribution, health insurance etc.) anywhere

[^1]:    ${ }^{2}$ Average charge calculated by totalling last three utility bills and dividing by the number of months to get the average monthly cost.
    ${ }^{3}$ Please indentify if these bills are bundled.
    ${ }^{4}$ Medical expenses include dentist, optician and any other costs related to health.
    ${ }^{5}$ Do not include if Health Insurance is deducted from your wages at source,( i.e., if it has already been deducted from B2)

[^2]:    ${ }^{6}$ Do not include if Pension Contribution is deducted from your wages at source,( i.e., if it has already been deducted from B2)

