



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"/>		