

Date:

Declaration regarding financial relations with other occupants residing in the property

Account Number:				
Applicant(s) named on mortgage:				
Property Address:				
If other occupants reside at the proper details in the box below and confirm occupant and the applicant(s). All applicant form.	whether there is	a financial	dependency b	etween the
Name of other occupant	Relationship to applicant(s)	Age (if under 18)	Occupant financially dependant on applicant(s)? (Yes/No)	Applicant(s financially dependant on occupant? (Yes/No)
Declaration to be signed by all applicants (please delete as appropriate)				
 I/We confirm that I/we [will/will r the other occupant(s). 	not] be reliant (ei	ther partly o	r wholly) on inc	come from
The occupant(s) [are/are not] fire	nancially depend	lent on me/u	JS.	
Applicant Name:	Signed			
Applicant Name:	Signed			
Applicant Name: Signed				
Applicant Name:	Signed			

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