

HMO Pre-FMA Information Form



To help us provide a quicker and more accurate initial lending assessment, it is essential that details relating to the property rental income and occupancy are completed accurately at the outset. Providing complete information first time helps deliver greater decision certainty, reduces follow-up queries and supports a faster FMA review process.

HMO (House in Multiple Occupation) - Pre-FMA Information Form

Application reference

Property address

POSTCODE

PROPERTY CONFIGURATION

Total number of bedrooms

Property classification

☐

Standard HMO (6 bedrooms or fewer)

☐

Large HMO (7 bedrooms or more)

Property Letting & Rental
Information (Security Property)

Room/Unit	Current Monthly Rent (£)	Expected Monthly Rent (£)	AST/Licence Agreement Type	Occupied (Y/N)
Room/Unit 1				
Room/Unit 2				
Room/Unit 3				
Room/Unit 4				
Room/Unit 5				
Room/Unit 6				
Room/Unit 7				
Room/Unit 8				
Room/Unit 9				
Room/Unit 10				

Property classification

- ☐ Fully Let
- ☐ Part Let
- ☐ Vacant

Total Current Monthly Rent

£

Total Expected Monthly Rent

£

HMO LICENSING

Does the property require an
HMO Licence?

- ☐ YES
- ☐ NO

Licence Reference Number

Licence Expiry Date

Licence Status

- ☐ Licence in Place
- ☐ Application Submitted
- ☐ Not Yet Applied For

Supporting documentation
uploaded

- ☐ YES
- ☐ NO

PLANNING REQUIREMENTS

Is planning permission required for the current or intended HMO use?

☐

YES

☐

NO

Planning Reference Number

Planning Authority

Planning Portal Link

Supporting documentation uploaded

☐

YES

☐

NO

TENANT PROFILE

Professional Tenants

☐

Students

☐

Supported Living

☐

DSS/Benefits-Assisted Tenants

☐

Mixed Occupancy

☐

Other

☐

Additional Information

BROKER DECLARATION

☐

I confirm the information provided is accurate and complete to the best of my knowledge.

☐

I confirm all relevant licences, planning approvals, supporting documentation and/or planning portal links have been uploaded with the application.

☐

I understand incomplete information may delay the FMA review process.

Broker Name

Firm

Date

Signature