

Mortgage Application Salary Certificate

(Please complete in BLOCK CAPITALS)



Name of employee:

Application ref:

The Bank is processing a loan application at present on behalf of the above applicant, who has informed us that he/she is currently employed by you. We would be obliged if, in the strictest confidence, you would give us the information requested below.

1. Employee workplace address:

2. Does employee have flexibility to work remotely on an ongoing basis as part of their current role: Yes ☐ No ☐

3. PPS number:

4. Position held with company:

5. Date of commencement of employment:

6. Has the employee completed his/her probationary period: Yes ☐ No ☐

7. Is employment: Permanent ☐ Pensionable ☐ Temporary ☐ Fixed Contract ☐

8. Term of contract: (is the contract renewable, if renewable, please state terms)

	Current Year	Previous Year	Two Years Ago	Guaranteed
9. Gross basic annual salary:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Car allowance:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Health/Dental Insurance: (employer contribution)	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Shift allowance:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Overtime:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Bonus:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Commission:	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

10. Is the employee on a salary scale: Yes ☐ No ☐ Date of next salary review:

11. If yes, what is the next point up in the employees salary scale: €


What is the maximum of the scale: €

Are these salary scales guaranteed: Yes ☐ No ☐

12. As far as you are aware will he/she continue in your service:

On behalf of:

(I certify that the above information is accurate)

Signed: 

Print name:

Position:

(Owner, HR Manager, etc.)

Company name:

Company address:

Date:

Contact telephone no:

Email address:

Registered number:

Please authenticate with company seal/stamp

If company stamp is not available please provide a short letter on official company headed paper confirming no company stamp is available.