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## **Discretionary Resident Permit**

## Financial Circumstances – Property, Land and Building Interest (other than Primary Residence)

Applicant First name	e(s):				
Applicant Surname:					
Applicant's date of b	pirth:				
Application number:	:				
Please complete the sections below. If any sections are not applicable, please state 'N/A'. Section 1: Property Ownership (other than Primary Residence) - include details of all property					
you own or share wit	th another in Guernsey or elsew	here.			
Who owns the	Property name(s) and	Nature and extent of	Property Value		
property	Addresses	your interest			
			£		
Section 1a: Supporting Documentation (if applicable)					
Type			Tick		
Please provide a recent valuation (within the last 6 months) (from a Guernsey					
•					
Estate Agent for Guernsey properties)					

<b>Section 2: Mortgage(s) (other than for Primary Residence)</b> – for all property you own or share with another in Guernsey or elsewhere.				
Property name(s) and Addresses	Type of Mortgage	Amount of Mortgage remaining	Repayment term remaining	
			Years	
Section 2a: Supporting Documen	tation (if applicable)			
Туре			Tick	
Please provide the most recent m	ortgage statement(s)			

<b>Section 3: Income from let properties</b> - <i>include details of all property you own or share with another in Guernsey or elsewhere.</i>			
Property name(s) and Addresses	Total Net Monthly income		
	£		
Section 3a: Supporting Documentation (if applicable)			
Туре		Tick	
Please provide a copy of the lease agreement(s)			

## **Section 4: Declaration**

I declare that all of the information submitted in respect of this form is correct to the best of my knowledge and belief; and

I understand that it is an offence under the Population Management (Guernsey) Law, 2016 (the "Law") for any person who in connection with an application for a Certificate or Permit knowingly makes any false statement or recklessly makes any statement which is false in a material particular and/or knowingly fails to produce or furnish any information to the Population Management Office which is required under the provisions of the Law or any Ordinance made there under.

Date:	
Full Name:	
Signature:	