



APPLICATION FOR SPECIAL MORTGAGE ASSISTANCE

INSTRUCTION
KINDLY ANSWER ALL QUESTIONS CORRECTLY ON THIS FORM. SUBMIT COMPLETED FORM VIA EMAIL TO:
specialassistance@nht.gov.jm

NOTE:
This form is to be used by NHT mortgagors who are experiencing financial hardships and require assistance from the Trust to maintain their accounts in good standing.

If your account is in arrears or will go into arrears soon, we strongly recommend that you complete and submit this form to us as soon as possible.

In processing your application, additional information and /or supporting documentation may be required to ensure that you receive the best relief option for your circumstance. Therefore, please review your answers to ensure that they are correct and be available to provide further information to our Officers.

Importantly, incorrect or incomplete information may delay the processing of your request and any misrepresentation of information could result in denial of your application.

SECTION 1 - DEMOGRAPHIC INFORMATION

1. NAME

First NameMiddle NameLast Name

2. DATE OF BIRTH

MM/DD/YYYY

3. GENDER

MaleFemale

4. MARITAL STATUS

SingleLegally MarriedCommon-LawSeparatedDivorcedWidow/Widower

5. MAILING ADDRESS

Street Number & Name

Parish/StateZip Code/Postal CodeCountry

6. TELEPHONE NUMBERS

MobileHomeWork

7. EMAIL ADDRESS

8. NIS NUMBER

9. TRN

SECTION 2 - CONTACT PERSONS

PROVIDE THE FOLLOWING INFORMATION FOR TWO (2) CONTACT PERSONS

1. NAME

2. TELEPHONE NUMBER(S)

3. EMAIL ADDRESS

4. NAME

5. TELEPHONE NUMBER(S)

6. EMAIL ADDRESS

SECTION 3 - ACCOUNT & PROPERTY INFORMATION

1. LOAN ACCOUNT NUMBER(S)

(List at least one account number)

2. PROPERTY ADDRESS

Street Number & Name

ParishCountry

3. WHO LIVES AT THE PROPERTY?

MortgagorOther OwnerTenantsOwner's Immediate Family Members

Other, please specify

SECTION 4 - EMPLOYMENT & INCOME INFORMATION

1. OCCUPATION

2. CURRENT EMPLOYMENT STATUS

☐ Full-Time

☐ Part-Time

☐ Self-employed

☐ Seasonally Employed

☐ Unemployed
(If selected, move to question 8)

3. NAME OF PRIMARY EMPLOYER/BUSINESS

4. EMPLOYER/BUSINESS ADDRESS

Street Number & Name

Parish

Country

5. LENGTH OF EMPLOYMENT

☐ Less than 3 Months

☐ 3 to 12 Months

☐ 1 to 2 years

☐ Over 2 years

6. EMPLOYER/BUSINESS NUMBER

Mobile

Home

Work

7. TOTAL GROSS MONTHLY SALARY

\$

8. PLEASE DETAIL YOUR MONTHLY EXPENSES

PARTICULARS	AMOUNT \$
MORTGAGE/RENT	
UTILITIES	
GROCERIES	
LOANS	
CREDIT CARDS	
MEDICAL EXPENSES	
SCHOOL FEES/LUNCH MONEY	
TRANSPORTATION	
OTHER	
TOTAL	

9. DO YOU HAVE ANY OTHER SOURCE OF REGULAR INCOME?

☐ Yes

☐ No
(If no, go to Section5))

10. HOW MUCH IS YOUR ADDITIONAL/OTHER MONTHLY INCOME?

\$

11. STATE SOURCE OF ADDITIONAL/OTHER MONTHLY INCOME

☐ Second/side job

☐ Own business

Other, please specify

SECTION 5 - DEPENDENTS & SUPPORT SYSTEM

1. ARE YOU FINANCIALLY RESPONSIBLE FOR ANY DEPENDENTS UNDER THE AGE OF 18?

☐ Yes

☐ No

1B. HOW MANY?

2. ARE YOU FINANCIALLY RESPONSIBLE FOR ANY DEPENDENTS OVER THE AGE OF 18?

☐ Yes

☐ No

2B. HOW MANY?

3. STATE WHICH DEPENDENT(S) YOU ARE RESPONSIBLE FOR , (SELECT ALL IF APPLICABLE)

☐ Child

☐ Parent/Parent-in-law

☐ Grandparent

☐ Sister

☐ Brother

Other, please specify

4. STATE THE REASON THE DEPENDENT MENTIONED ABOVE IS UNABLE TO CARE FOR HIM/HERSELF

☐ Old age

☐ Unemployment

Other, please specify

5. IS THERE ANYONE WHO IS ASSISTING/HAS AGREED TO ASSIST YOU FINANCIALLY?

☐ Yes

☐ No
If no, go to Section 6)

6. WHO IS ASSISTING/HAS AGREED TO ASSIST YOU FINANCIALLY

☐ Spouse

☐ Adult Child

☐ Parent

☐ Sibling

Other, please specify

7. HOW MUCH DOES/WILL THIS PERSON CONTRIBUTE MONTHLY?

\$



SECTION 6 - PROBLEM/SOLUTION

1. WHAT IS THE NATURE OF THE PROBLEM YOU ARE EXPERIENCING?

☐ I am seriously ill☐ My dependent is seriously ill

☐ I am unemployed☐ My spouse is unemployed☐ I have been laid off☐ I am experiencing marital problems (separation/divorce)

☐ I have temporary reduction in income/no pay leave

I am over-indebted due to recurring short term or long-term expenses for me or my dependent (e.g. medical expenses, school fees)

☐ Relocation

Other, please specify

2. HOW WOULD YOU LIKE THE NHT TO ASSIST YOU?

☐ Short-term break in my mortgage payments (up to 3 months)☐ Long-term break in my mortgage payments (more than 3 months)☐ Reduction in my monthly mortgage payment

☐ Payment Arrangement☐ Rescheduling of loan by capitalising arrears (fresh start)

Other, please specify

3. WHAT MONTHLY PAYMENT CAN YOU AFFORD?

☐ \$0 (only applicable to persons who are unemployed and without a support system)

\$

4. ARE YOU ABLE TO MAKE A LUMP SUM PAYMENT WITHIN THE NEXT 3 MONTHS?

☐ Yes☐ No
If no, go to question 8)

5. WHEN WOULD YOU BE ABLE TO PAY THIS LUMP SUM

MM/DD/YYYY

6. HOW MUCH CAN YOU PAY AS LUMP SUM?

\$

7. WHAT IS THE SOURCE OF THE LUMP SUM PAYMENT?

8. IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT THE PROBLEM OR YOUR PAYMENT PROPOSAL?

SECTION 7 - DECLARATION OF ASSETS

1. PLEASE DETAIL ALL ASSETS FOR WHICH YOU ARE A LEGAL/REGISTERED OWNER

ASSET TYPE	LIEN ON ASSET (YES/NO)	APPROXIMATE VALUE OF ASSET (J\$)
REAL ESTATE		
MOTOR VEHICLE		
INVESTMENT POLICY		
OTHER (PLEASE SPECIFY)		
SAVINGS ACCOUNT BALANCE		
TOTAL		

SECTION 8 - CONFIRMATION & ACCEPTANCE

I _____, a mortgagor with the National Housing Trust, hereby submit my request for mortgage relief to treat with any delinquency in my mortgage loans with the Trust. I understand and accept that by making this request, any relief granted by the National Housing Trust, may constitute a change in the original terms and conditions of my mortgage agreement with the National Housing Trust. I further understand and accept that incorrect or incomplete information may delay the processing of my application and any misrepresentation of the information could result in denial of my request

Accept

By checking this box you are also authorizing the NHT to make contact with you based on the information provided in this form.