

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 Name	Middle Name	Last Name
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2. DATE OF BIRTH

DD/cMM/YYYY

3. GENDER

Male

Female

4. MARITAL STATUS

<input type="checkbox"/>	Single	<input type="checkbox"/>	Legally Married
<input type="checkbox"/>	Common-Law	<input type="checkbox"/>	Separated
<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widow/Widower

5. MAILING ADDRESS

Street Number & Name		
Parish/State	Zip Code/Postal Code	Country

6. TELEPHONE NUMBERS

Mobile	Home	Work
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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		
Parish	Country	

3. WHO LIVES AT THE PROPERTY?

Mortgagor

Other Owner

Tenants

Owner's Immediate Family Members

Other, please specify

SECTION 4 - EMPLOYMENT & INCOME INFORMATION

1. OCCUPATION																															
2. CURRENT EMPLOYMENT STATUS	<input type="checkbox"/>	Full-Time	<input type="checkbox"/>	Part-Time	<input type="checkbox"/>	Self-employed	<input type="checkbox"/>	Seasonally Employed	<input type="checkbox"/>	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	<input type="checkbox"/>	Less than 3 Months	<input type="checkbox"/>	3 to 12 Months	<input type="checkbox"/>	1 to 2 years	<input type="checkbox"/>	Over 2 years																							
6. EMPLOYER/BUSINESS NUMBER				Mobile	Home		Work																								
7. TOTAL GROSS MONTHLY SALARY	\$																														
9. DO YOU HAVE ANY OTHER SOURCE OF REGULAR INCOME?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	(If no, go to Section 5)																										
10. HOW MUCH IS YOUR ADDITIONAL/OTHER MONTHLY INCOME?	\$																														
11. STATE SOURCE OF ADDITIONAL/OTHER MONTHLY INCOME																															
<input type="checkbox"/> Second/side job	<input type="checkbox"/> Own business																														
Other, please specify																															
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SECTION 5 - DEPENDENTS & SUPPORT SYSTEM

1. ARE YOU FINANCIALLY RESPONSIBLE FOR ANY DEPENDENTS UNDER THE AGE OF 18?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	1B. HOW MANY?	<input type="checkbox"/>		
2. ARE YOU FINANCIALLY RESPONSIBLE FOR ANY DEPENDENTS OVER THE AGE OF 18?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	2B. HOW MANY?	<input type="checkbox"/>		
3. STATE WHICH DEPENDENT(S) YOU ARE RESPONSIBLE FOR, (SELECT ALL IF APPLICABLE)	<input type="checkbox"/>	Child	<input type="checkbox"/>	Parent/Parent-in-law	<input type="checkbox"/>	Grandparent		
	<input type="checkbox"/>	Sister	<input type="checkbox"/>	Brother				
	Other, please specify							
4. STATE THE REASON THE DEPENDENT MENTIONED ABOVE IS UNABLE TO CARE FOR HIM/HERSELF	<input type="checkbox"/>	Old age	<input type="checkbox"/>	Unemployment				
	Other, please specify							
5. IS THERE ANYONE WHO IS ASSISTING/HAS AGREED TO ASSIST YOU FINANCIALLY?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
	If no, go to Section 6)							
6. WHO IS ASSISTING/HAS AGREED TO ASSIST YOU FINANCIALLY	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Adult Child	<input type="checkbox"/>	Parent	<input type="checkbox"/>	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?		<input type="checkbox"/> I am seriously ill	<input type="checkbox"/> My dependent is seriously ill
<input type="checkbox"/> I am unemployed	<input type="checkbox"/> My spouse is unemployed	<input type="checkbox"/> I have been laid off	<input type="checkbox"/> I am experiencing marital problems (separation/divorce)
<input type="checkbox"/> 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)	
<input type="checkbox"/> Relocation	Other, please specify <input type="text"/>		

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

<input type="checkbox"/> Short-term break in my mortgage payments (up to 3 months)	<input type="checkbox"/> Long-term break in my mortgage payments (more than 3 months)	<input type="checkbox"/> Reduction in my monthly mortgage payment
<input type="checkbox"/> Payment Arrangement	<input type="checkbox"/> Rescheduling of loan by capitalising arrears (fresh start)	
Other, please specify <input type="text"/>		

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 (NHT), hereby submit my request for mortgage relief to treat with any delinquency in my mortgage loans with the NHT. I understand and accept that by making this request, any relief granted by the NHT may constitute a change in the original terms and conditions of my mortgage agreement with the NHT. I further acknowledge that any unpaid interest, peril insurance, life insurance and applicable fees may be added to my principal balance as part of the relief arrangement. I also understand that my regular monthly mortgage payments will remain due while my application for special assistance is under review. Additionally, I accept that incorrect or incomplete information may delay the processing of my application, and any misrepresentation of information could result in denial of my request.

Accept

By checking this box you are authorizing the NHT to communicate with you regarding this application and any related matter through telephone, postal mail, or electronic means using the information provided in this form or on the NHT's records.