

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 4. MARITAL STATUS Female Male 2. DATE OF BIRTH 3. GENDER Single Legally Married 5. MAILING ADDRESS Street Number & Name Common-Law Separated Divorced Widow/Widower Zip Code/Postal Code Parish/State Country 6. TELEPHONE NUMBERS Mobile Home Work 7. EMAIL ADDRESS 8. NIS NUMBER 9. TRN **SECTION 2 - CONTACT PERSONS** PROVIDE THE FOLLOWING INFORMATION FOR TWO (2) CONTACT PERSONS 2. TELEPHONE NUMBER(S) 1. NAME 3. EMAIL ADDRESS 4. NAME 5. TELEPHONE NUMBER(S) 6. EMAIL ADDRESS **SECTION 3 - ACCOUNT & PROPERTY INFORMATION** 1. LOAN ACCOUNT NUMBER(S) 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 Full-Time Part-Time Self-employed Unemployed Seasonally Employed 2. CURRENT EMPLOYMENT STATUS (If selected, move to question 8) 3. NAME OF PRIMARY EMPLOYER/BUSINESS 4. EMPLOYER/BUSINESS ADDRESS Street Number & Name Country Parish 5. LENGTH OF EMPLOYMENT Less than 3 Months Over 2 years 3 to 12 Months 1 to 2 years 6. EMPLOYER/BUSINESS NUMBER Mobile Home Work 8. PLEASE DETAIL YOUR MONTHLY EXPENSES 7. TOTAL GROSS MONTHLY SALARY **PARTICULARS AMOUNT \$** MORTGAGE/RENT No (If no, go to Section5)) 9. DO YOU HAVE ANY OTHER SOURCE OF REGULAR INCOME? UTILITIES **GROCERIES** \$ 10. HOW MUCH IS YOUR ADDITIONAL/OTHER MONTHLY INCOME? **LOANS CREDIT CARDS** 11. STATE SOURCE OF ADDITIONAL/OTHER MONTHLY INCOME **MEDICAL EXPENSES** Second/side job Own business SCHOOL FEES/LUNCH MONEY **TRANSPORTATION** Other, please specify **O**THER **TOTAL SECTION 5 - DEPENDENTS & SUPPORT SYSTEM** No Yes 1. ARE YOU FINANCIALLY RESPONSIBLE FOR ANY DEPENDENTS UNDER THE AGE OF 18? 1B. HOW MANY? No Yes 2. ARE YOU FINANCIALLY RESPONSIBLE FOR ANY DEPENDENTS OVER THE AGE OF 18? 2B. How MANY? 3. STATE WHICH DEPENDENT(S) YOU ARE RESPONSIBLE FOR, (SELECT ALL IF APPLICABLE) Parent/Parent-in-law Grandparent Child Brother Sister Other, please specify 4. STATE THE REASON THE DEPENDENT MENTIONED ABOVE IS UNABLE TO CARE FOR Old age Unemployment HIM/HERSELF 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?



	Housing	Trust			
	SECTION 6 - PROB	LEM/SOLUTION			
1. WHAT IS THE NATURE OF THE PROBLEM YOU ARE EXPE	RIENCING?	m seriously ill	My dependent	is seriously ill	
I am unemployed My spouse is u	nemployed I h	nave been laid off	I am experiencing (separation/divo	ng marital problems	
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 specific	у				
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 arrears (fresh start)	by capitalising			
Other, please specify					
3. WHAT MONTHLY PAYMENT CAN YOU AFFORD?	\$0 (only applicable to unemployed and witho		\$		
4. ARE YOU ABLE TO MAKE A LUMP SUM PAYMENT WITH	IIN 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	S ABOUT THE PROBLEM OR Y	OUR PAYMENT PROPOS	AL?		
9	SECTION 7 - DECLAR	ATION OF ASSETS			
1. PLEASE DETAIL ALL ASSETS FOR WHICH YOU ARE A L	EGAL/REGISTERED OWNER				
ASSET TYPE	LIEN ON A	Asset (Yes/No)	APPROXIMATE VALUE OF	ASSET (J\$)	
REAL ESTATE					
MOTOR VEHICLE					
INVESTMENT POLICY					
OTHER (PLEASE SPECIFY)					
SAVINGS ACCOUNT BALANCE					
TOTAL					
SEC	TION 8 - CONFIRMA	TION & ACCEPTAI	NCE		
	martaggar with the Nat	ional Housing Trust h	nereby submit my reques	t for mortages relief	
Name treat with any delinquency in my mortgage load					
the National Housing Trust, may constitute a	change in the original t	erms and conditions	of my mortgage agreem	ent with the Nation	
Housing Trust. I further understand and accept	•		delay the processing of r	ny application and an	
misrepresentation of the information could resu					
Accept		you are also authorizin ed on the information pr	_		