



NATIONAL HOUSING TRUST ADDITIONAL FUNDS REQUEST FORM

Documents Required:

- > Last two (2) paystips/verification of income (if employed)
- > Self-employed persons are required to visit the Compliance Department to have their CIF Record updated with their contributions payments.

Note:

Co-applicant applying for additional funds loans must complete separate request form.
Mortgage account should never have been in arrears for the last 12 months preceding the application for Additional Funds

1. Applicant								
Surname <u>BROWN</u>	First Name <u>DAVID</u> Middle Name <u>ANTHONY</u>							
NIS # <table border="1" style="display: inline-table; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">6</td><td style="width: 20px; height: 20px;">3</td><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">2</td><td style="width: 20px; height: 20px;">8</td><td style="width: 20px; height: 20px;">0</td></tr> </table>		2	6	3	2	2	8	0
2	6	3	2	2	8	0		
3. PRESENT HOME ADDRESS								
NO. STREET <u>2 BLAKE AVE</u>								
DISTRICT/AREA <u>DUHANLEY PARK</u>								
PARISH <u>KINGS TOWN RD</u>								
4. ADDRESS OF PLACE WHERE LETTERS ARE RECEIVED								
NO. STREET <u>SAME</u>								
DISTRICT/AREA <u>11</u>								
PARISH <u>11</u>								
5. Telephone Numbers								
Home <u>933-4444</u>								
Work <u>929-6500-9</u> Mobile <u>999-3232</u>								
6. E-mail Address								
Business <u>david.brown@stfbank.com</u>								
Personal <u>davidbrown@gmail.com</u>								
8. Loan Amount Now Requested								
\$ <u>1,250,000</u>								
7. Benefit Type Previously Accessed								
<input type="checkbox"/> HOME IMPROVEMENT <input type="checkbox"/> BUILD ON OWN LAND <input type="checkbox"/> HOUSE LOT <input type="checkbox"/> OPEN MARKET								
<input checked="" type="checkbox"/> SCHEME UNIT <input type="checkbox"/> SERVICED LOT <input type="checkbox"/> CONSTRUCTION								
8. Purpose of Loan								
<input checked="" type="checkbox"/> Expansion of Unit <input type="checkbox"/> Escalation Cost <input type="checkbox"/> Repairs/Enhancement <input type="checkbox"/> To Complete Construction								
<input type="checkbox"/> Other _____								
9. Type of Unit								
a. Original unit bought/built with NHT funds <u>Scheme</u>								
b. Number of bedrooms <u>one</u>								
c. Number of bedrooms completed <u>none</u>								
10. Loan(s) Received from another Lending Institution(s)								
<u>NONE</u>								
Applicant's Signature <u>D. Brown</u> Date <u>12-2-2010</u>								
OFFICIAL USE ONLY								
Assessment	Branch Manager's Comments/Approval:							
> Loan Amount Previously Received \$ _____								
> Recommended Amount \$ _____								
> Total Monthly Payments \$ _____ <i>(based on recommended amount including previous monthly payments)</i>								
> Current Monthly Income \$ _____								
> Total Debt Service Ratio (DSR) _____ <i>(including previous monthly payment)</i>								
Approved Amount \$ _____								
Name of Client Services Representative _____ Signature of Client Services Representative _____ Branch Manager's Signature _____								