



## Neighborhood Housing Services of Jamaica, Inc.

89-70 162nd Street Jamaica, New York 11432

11402 Guy R Brewer Blvd, Jamaica, NY 11434

Tel: (718) 291-7400 Fax: (718) 298-6505

[www.nhsj.org](http://www.nhsj.org)

Dear Prospective Client:

Thank you for your interest in the Home Improvement Loan and Grant Program offered by Neighborhood Housing Services of Jamaica, Inc.

Neighborhood Housing Services of Jamaica, Inc. is a not for profit community based housing organization established in 1975. We are dedicated to serving the housing needs of residents in Southern Queens. Our mission is to revitalize communities through various loans and grants programs, and financial education services.

Below is a checklist of documents that are required to begin the application process. **If you wish to apply for a loan or a grant, please call our office at (718) 291- 7400 to make an appointment.**

### **Required Documents**

1. Home owners Insurance Policy Declaration page
2. Property Deed
3. Current Mortgage Statement
4. Current Month Utility Bills and other housing bills (oil, telephone, con Edison, national grid, water and sewer, car insurance etc.)
5. Last two (2) years sign Income Tax Returns 1040 all pages and schedules and W2s Forms
6. Proof of any other income (SSI, Pension, Rental, Child Support, SSD, Unemployment, Workers' Comp.)
7. Four most recent pay stubs (consecutive)
8. Last 2 month Bank Statements, all pages
9. Photo Identification (NY State)
10. Work Estimates (if applicable)
11. \$100 nonrefundable processing fee payable to NHS of Jamaica Inc.
12. Loan Modification approval document-all pages (if applicable)

We look forward in assisting you with your home improvement needs.

### **NOTE:**

- **Please do not mail or drop off application or documents at the NHSJ office without an appointment.**
- **Copied documents will not be returned. Once submitted they are the property of NHSJ.**



**Co-Borrower Name** \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Position: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Yearly Gross: \_\_\_\_\_ Monthly Gross: \_\_\_\_\_ Monthly Net: \_\_\_\_\_

**D. Housing Information:**

Title to property in name(s) of: \_\_\_\_\_

Purchase Price: \_\_\_\_\_ Year purchase: \_\_\_\_\_

Original Mortgage: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Int. Rate: \_\_\_\_\_

Lender: \_\_\_\_\_

Second Mortgage: Original: \_\_\_\_\_ Balance: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Int. Rate: \_\_\_\_\_

Lender: \_\_\_\_\_

Homeowner's Ins. Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

Agent: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Limits of Coverage: \_\_\_\_\_

**E. Banking Information:**

Name of Bank	Address	Type of Account	Account #	Current or Average Balance

**F. Income:**

	<b>Gross Monthly</b>	<b>Yearly</b>
Borrower's base pay		
Co-Borrower's base pay		
Other earnings (explain)		
Other income: a. Pension b. Social Security c. Retirement d. Other		
Gross Income From Subject Real Estate		
<b>TOTAL INCOME</b>		

**G. Summary of Assets:**

Cash Accounts	
U.S Savings Bonds	
Stocks	
Other real estate owned-giver market value and address	
Other (explain)	
<b>TOTAL ASSETS</b>	

**I. Liabilities:** (credit cards, stores, finance companies, banks, etc.) Use additional paper if needed

<b>Name</b>	<b>Account No.</b>	<b>Original Amount</b>	<b>Mo. Payments</b>	<b>Balance</b>
<b>TOTAL</b>				

### J. Monthly Family Expenses:

Medical/Dental/Pharmacy		Telephone (house and cell)	
Food		Daily Expenses at work	
Transportation: gas, public, car repair, etc.		Children's Allowance	
Clothing		Auto Insurance	
Cable and Internet		Other	
Education		<b>TOTAL</b>	

Are you making Alimony or Child support payments? Yes \_\_\_\_\_ if yes, \$ \_\_\_\_\_ per \_\_\_\_\_

Do you owe for any loans, charge accounts or installments other than those listed above?

### K. Housing Expenses:

Mortgage payment	
2 <sup>nd</sup> Mortgage	
Hazard Insurance (if not included in mortgage)	
Real property Taxes (if not included in mortgage)	
H.O.A	
Utilities	
Water and Sewer	
Electric	
Gas/Fuel/Oil	
Other	
<b>TOTAL</b>	

### L. Credit and Legal:

Are you presently or have you been involved with:

Bankruptcy: \_\_\_\_\_ Judgment: \_\_\_\_\_ Lawsuit: \_\_\_\_\_ Liens on Property: \_\_\_\_\_

Other Legal Claims: \_\_\_\_\_

***I affirm that all the answers given in this application are correct and made for purpose of obtaining credit.***

***This application is made for the purpose of obtaining credit and I authorize you to communicate with any person, firm or corporation necessary to obtain any information as you may need concerning the statements made in this application and agree that the application shall remain your property whether or not the loan herein is granted:***

Interviewed By: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Co-Applicant \_\_\_\_\_

Date: \_\_\_\_\_

Revised: 02/13/2015



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**CLIENT CREDIT AUTHORIZATION**

I authorize Neighborhood Housing Services of Jamaica, Inc. (NHSJ) to:

Pull my/our credit report today and additionally six months, to review my/our credit file for housing counseling in connection with my/our pursuit of a loan or grant or any other related activity.

Applicant Name Social Security Number D.O.B (Month/day/year)

Applicant Signature Date

Address (Street) apt # City

State Zip

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Co-Applicant Name Social Security Number D.O.B (month/day/year)

Co-Applicant Signature Date

Address (Street) apt # City

State Zip



**Neighborhood Housing Services of Jamaica, Inc.**  
**Monthly Expenses**

<b>Name:</b>			<u>Monthly Debts</u>	
<u>Home</u>			Min. Credit Card payment ( )	
House Payment or Rent			Personal Loan	
Second Mortgage			Other Loans	
Taxes			Total	
Total				
<u>Utilities</u>			<u>Other Expenses</u>	
Electricity			Laundry/Dry Cleaning	
Household Fuel			Health/Hair/Personal Care	
Water/Sewer/Garbage			Pet/Veterinary	
Phone-Basic/Long Distance			Dues/Memberships	
Cell Phone/Pager			Total	
Total				
			<u>Education</u>	
<u>Necessities</u>			Tuition	
Food/Household Supplies			Books/Paper and Pen	
Clothing			Uniforms/Lessons/Sports	
School Lunch			Total	
Child Care/ Sitter				
Diapers/Formula			<u>Entertainment</u>	
Child Support			Any Eating Out	
Total			Cable TV/Internet	
			Craft/Computer/Sports	
<u>Transportation</u>			Bars/Gambling/Cigarettes	
Car Payment/Lease			Total	
Insurance				
Fuel			<u>Gifts</u>	
Repair Allowance			Children's Allowances	
License/Registration			Contributions/Church/Charities	
Bus Fare			Other: Misc.	
Total			Total	
<u>Insurance (if not out of payroll)</u>			Total of all Monthly Expenses	
Medical/Dental				
Life/Disability			Monthly Net Income	
Medical			Minus Expenses	
Co-Pays			Available Income	
Total				
<b>Type of Monthly Income</b>	<b>Customer</b>	<b>Co-Applicant</b>	<b>GROSS INCOME</b>	
Income			<b>Front End</b>	<i>Debt to Income Ratio</i>
Pension			<b>Back End</b>	<i>Debt to Income Ratio</i>
Rental Income				
Total Household Net Income		\$ -		