



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

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:

	Gross Monthly	Yearly
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		
TOTAL INCOME		

G. Summary of Assets:

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

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

Name	Account No.	Original Amount	Mo. Payments	Balance
TOTAL				

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		TOTAL	

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 nd 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	
TOTAL	

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

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

Name:			<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				
Type of Monthly Income	Customer	Co-Applicant	GROSS INCOME	
Income			Front End Debt to Income Ratio	
Pension			Back End Debt to Income Ratio	
Rental Income				
Total Household Net Income		\$ -		