



NEIGHBORHOOD HOUSING SERVICES OF JAMAICA, INC.
89-70 162ND STREET • JAMAICA, NY 11432

TEL 718.291.7400
FAX 718. 298.6505
www.nhsj.org
Forms@nhsj.org

Dear: Prospective First Time Homebuyers:

Thank you for contacting NHS of Jamaica for your home buying needs. Our **Mortgage Financial Analysis Session** for first-time homebuyers will prepare you for sustainable homeownership. We will connect you with a team of home buying professionals, affordable mortgage products and resources that may assist you with down payment and /or closing cost assistance.*

In order to better assist you with the purchase of your first home, **you are required to attend a homebuyer's workshop followed by a Mortgage Financial Analysis session with a counselor.** The counseling will consist of:

1. Creating/ reviewing your budget.
2. Verifying your income, savings & assets.
3. Reviewing your credit report.
4. Determining your mortgage affordability.

To get started you will need to call NHSJ to schedule an appointment. For the appointment please provide copies of the documents below for NHSJ to keep. **The Mortgage Financial Analysis counseling fee is \$100.00 dollars, (non-refundable) we accept credit cards, cash, & checks.**

REQUIRED DOCUMENTS: (NHSJ DOES NOT MAKE COPIES)

1. Complete NHSJ intake form.
2. Government issued photo Identification (ID).
3. Most recent 2 Years W2 forms & 1040 Federal Tax Returns with all schedules.
4. 30 days most recent & consecutive paystubs.
5. Other Income: Self-employed: year to date profit & loss statement, Social Security, and Pension award letters, etc.)
6. Two (2) months most recent bank statement. **ALL PAGES.**
7. All other asset statements (401K, 403B, annuities etc.) **ALL PAGES.**

Please arrive on time for your appointment. If you arrive 15 minutes late, you will have to reschedule.

NOTE: DOCUMENTS WILL NOT BE RETURNED –ONCE SUBMITTED THEY ARE THE PROPERTY OF NEIGHBORHOOD HOUSING SERVICES OF JAMAICA, INC

****subject to qualification guidelines***



PERSONAL PROFILE INTAKE FORM

Intake Date: _____

Referred By: _____

CLIENT/BORROWER INFORMATION

Please Print Clearly

Name: _____ Gender: Male Female
First MI Last

Street: _____ City: _____ State: _____ Zip code _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email: _____

Mobile/Cell (____) _____ - _____ Birth Date ____/____/____ Years at Current Address: _____

Race (please check): Black or African American White Asian Other
Pacific Islander American Indian/Alaskan Native Chose Not To Respond

Ethnicity (please check) Hispanic: Yes No **Foreign Born (please check)** Yes No

Marital Status (please check): Single Married Divorced Separated Widowed

Handicapped: Yes No **Veteran:** Yes No

CO-CLIENT/SPOUSAL/CO-BORROWER INFORMATION

Please Print Clearly

Name: _____ Gender: Male Female
First MI Last

Street: _____ City: _____ State: _____ Zip code _____

Home: (____) _____ - _____ Work: (____) _____ - _____ Email _____

Fax: (____) _____ - _____ Mobile/Cell (____) _____ - _____ Birth Date ____/____/____

Race (please check): Black or African American White Asian Other
Pacific Islander American Indian/Alaskan Native Chose Not To Respond

Ethnicity (please check) Hispanic: Yes No **Foreign Born (please check)** Yes No

Marital Status (please check): Single Married Divorced Separated Widowed

Handicapped: Yes NO **Veteran:** Yes NO

Total Household Income: _____ (per year) OR _____ (per Month) _____

Current Household Information: Please check one

Renter Homeless Homeowner with mortgage Living with family member /not paying rent

Household Type (please select the most accurate)

Female headed single parent household Male headed single parent household Single adult
 Grandparent w/minors Married without children Married w/Children Other

Family/Household Size (include self): _____ **How many dependents** (other than those listed by any co-borrower)? _____ what ages are they? _____, _____, _____, _____, _____, _____, _____, _____

Are there non-dependents who will be living in the home? Yes No

If yes, _____
Relationship Age Relationship Age Relationship Age

Education: (please check):

Below High School Diploma High School Diploma or Equivalent Some College Two-Year College
Bachelor's Degree Master's Degree PHD

How much money do you have saved to put down towards the down payment for the mortgage? \$ _____

Borrower Employment

Are You Currently Employed: Yes No **Date of Hire:** _____

Position Title: _____ **Name of Company** _____

OTHER EMPLOYMENT: Yes No **Date of Hire:** _____

Position Title: _____ **Name of Company** _____

Co- Borrower Employment

Are You Currently Employed: Yes No **Date of Hire:** _____

Position Title: _____ **Name of Company** _____

OTHER EMPLOYMENT: Yes No **Date of Hire:** _____

Position Title: _____ **Name of Company** _____

How can we help?



Neighborhood Housing Services of Jamaica, Inc. Monthly Expenses

Name: _____

Home

House Payment or Rent _____
 Second Mortgage _____
 Property Tax & Insurance _____
 Total _____

Utilities

Electricity _____
 Household Fuel _____
 Water/Sewer/Garbage _____
 Phone-Basic/Long Distance _____
 Cell Phone/Pager _____
 Total _____

Necessities

Food/Household Supplies _____
 Clothing _____
 School Lunch _____
 Child Care/Sitter _____
 Diapers/Formula _____
 Child Support _____
 Total _____

Transportation

Car Payment/Lease _____
 Insurance _____
 Fuel _____
 Repair Allowance _____
 License/Registration _____
 Bus Fare _____
 Total _____

Insurance (if not out of payroll)

Medical/Dental _____
 Life/Disability _____
 Home/Renters _____
 Co-Pays _____
 Total _____

Monthly Debts

Minimum Credit Card payment _____
 Other Loans _____
 Other Loans _____
 Total _____

Other Expenses

Laundry/Dry Cleaning _____
 Health/Hair/Personal Care _____
 Pet/Veterinary _____
 Dues/Memberships _____
 Total _____

Education

Tuition _____
 Books/Paper and Pen _____
 Uniforms/Lessons/Sports _____
 Total _____

Entertainment

Any Eating Out _____
 Cable TV/Internet _____
 Craft/Computer/Sports _____
 Bars/Gambling/Cigarettes _____
 Total _____

Gifts

Children's Allowances _____
 Contributions/Church/Charities _____
 Holidays/Birthdays/Weddings _____
 Total _____

Total of all Monthly Expenses \$ -
 Monthly Net Income _____
 Minus Expenses _____
 Available Income _____

Type of Monthly Income

Net income (After Taxes)
 Rental income
 Other

	Customer	Co-Applicant
Net income (After Taxes)		
Rental income		
Other		

Total Household Net Income \$ -



MORTGAGE COUNSELING DISCLOSURE STATEMENT
SERVICES TO BE PROVIDED

NHS OF JAMAICA, INC. (the agency) will provide the client(s) signing below with mortgage counseling assistance for financing to buy a house, cooperative, or condominium unit. The services will include:

1. Information on qualifying for a mortgage;
2. The availability of mortgage loan products;
3. Preparation in applying for a mortgage loan; and
4. Help in addressing problems on the credit report through immediate improvements or, if necessary, referral of applicants to other agencies.
5. Reviewing the Good Faith Estimate (GFE), Truth-in-Lending (TIL) and HUD 1 Settlement Statements.

MORTGAGE APPROVAL OR REJECTION

The agency cannot guarantee the lender will approve a mortgage application. The lender makes the decision on who will qualify for a mortgage and who will not. The agency cannot make or issue mortgage commitments. The lender will also determine loan rates, terms, fees and conditions.

MORTGAGE APPLICATION REFERRAL

When a client is believed by the agency to be ready to apply for a loan, based upon the information submitted, the agency will issue a referral letter for the applicant to the lender. However, the client may, at any time, apply to any lender on his/her own.

The agency will not issue a referral letter to a client if the agency believes that the client is not ready to go the lender, based on the information supplied to the agency.

I understand and acknowledge the above information.

Agency Representative	Signature	Date
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Client	Signature	Date
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Neighborhood Housing Services of Jamaica, Inc Service Disclosure

1. Neighborhood Housing Services of Jamaica, Inc. (NHSJ) is a not-for-profit housing agency committed to providing assistance in guiding you through the process of Homeownership. We believe that homeownership should promote stability for you, your family and the neighborhood in which you choose to live.
2. I/We understand that **Neighborhood Housing Services of Jamaica, Inc. is a HUD certified Counseling Agency** and is subject to the Fair Housing Laws under The New York City Human Rights Law prohibiting housing discrimination on the basis of person's race, color, national origin, gender, creed, disability, sexual orientation, marital status, partnership status, citizenship status, age, lawful occupation or children who may be residing with you.
3. Our goal is to assist you in:
 - a) Understanding affordable homeownership and lending options.
 - b) Identifying any obstacles you may face in obtaining a mortgage that promotes stability.
 - c) Setting homeownership goals, establishing a plan to help you reach your goals and provide continued support in the way of pre-purchase and post purchase counseling.
4. Neighborhood Housing Services of Jamaica offers a full range of products and services for LMI residents in our communities. Your participation in our program places you under no obligation to use any of the following services and/or products offered by Neighborhood Housing Services of Jamaica, Inc. :

Program Services

HPD Home First Grant Program A down payment and closing cost assistance program which provides a grant of up to 6% of the purchase price. (Maximum grant is \$40,000.)



Neighborhood Housing Services of Jamaica, Inc. Service Disclosure

You have the right to choose your own real estate agent, lending institution and all other real estate industry professionals. Taking part in our group or individual counseling services does not require you to use any of our real estate or mortgage services or use the services of anyone that we might refer to you.

The information we collect through our intake form is used to aid us in assisting you and evaluating our programs and services. Unless you provide direct written consent, we do not disclose your personal information to any unaffiliated third party other than that required for program auditing. If you have any questions or concerns please feel free to discuss them with any member of our Staff.

I have read and understand the information presented in this document.

Applicant Name

Applicant Signature

Date

Co-Applicant Name

Co-Applicant Signature

Date



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Credit Card Authorization Form

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Card Type: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/>
Name on Card: _____
Card Number: _____
Expiration Date: _____ Secure Code: _____
Amount to Charge: \$ _____ (USD)
Billing Address: _____ _____

I authorize **NHS of Jamaica** to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____



FEES SCHEDULE FOR COUNSELING SERVICES

SERVICES	FEE
Credit Report	\$ 24.00 (pp)
Mortgage Financial Analysis	\$ 100.00
Pre-Purchase/Fastrack One-on-One Counseling Session	\$ 200.00
Refinance One-on-One Counseling Session	\$200.00
Fast Track Counseling Session	\$200.00
Landlord One-on-One Training Session	\$200.00
Rehabilitation One-on-One Counseling Session	\$100.00
Foreclosure One-on-One Counseling Session	\$ 0.00
Document Copies for Counseling	\$ 5.00

- Fees are subject to Change

- Effective 04/23/2020

X _____
Signature

X _____
Signature