



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

TEL 718.291.7400

FAX 718. 298.6505

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

[Forms@nhsj.org](mailto: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 \$75.00 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/Formulas \_\_\_\_\_  
 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 \$ -



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

**Client Authorization**

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

- Pull my/our credit report today and additionally in six months, to review my/our credit file for housing counseling in connection with my/our pursuit of a loan to purchase real property or any other such related activity.
- Contact the attorney and lender that I choose to represent me in my Home Purchase transaction for the purpose of providing my closing documents at the completion of my home purchase transaction.

This authorization is valid for 24 months from the date of signature.

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**Applicant Name**

**Social Security Number**

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**Applicant Signature**

**Date**

**Address:** \_\_\_\_\_

**Street Address**

**Apt #**

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**(Month/day/year)**

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**Co-Applicant Name**

**Social Security Number**

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**Co-Applicant Signature**

**Date**

**Address:** \_\_\_\_\_

**Street Address**

**Apt #**

**City:** \_\_\_\_\_

**State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_



**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

Client	Signature	Date



## 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

<b>HPD Home First Grant Program</b>	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.)
<b>Affordable Housing Corporation Acquisition/Rehab Grant (AHC)</b>	The AHC Acquisition Grant Program provides financial assistance in the form of a grant to low- and moderate-income, first-time home buyers and can fund down payment, closing and rehab costs up to a maximum of \$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**

<b>SERVICES</b>	<b>FEE</b>
Credit Report	\$ 24.00 (pp)
Mortgage Financial Analysis	\$ 75.00
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 05/23/2018

X\_\_\_\_\_

Signature

X\_\_\_\_\_

Signature