



NEIGHBORHOOD HOUSING SERVICES OF JAMAICA, INC. TEL 718.291.7400  
89-70 162<sup>ND</sup> STREET • JAMAICA, NY 11432 FAX 718.298.6500

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

[haydee.amiana@nhsj.org](mailto:haydee.amiana@nhsj.org)

Dear: Sir/Madam:

Thank you for contacting NHS of Jamaica for foreclosure counseling. If you are a homeowner who is facing foreclosure we provide assistance and advice on:

1. Assisting you in contacting your lender
2. Developing a spending plan/budget
3. Assisting you with a refinance or other programs
4. Suggesting referrals or other solutions

**The first thing you need to do is:**

1. Gather and copy the requested documents listed below, and complete the enclosed intake forms.
2. **Once completed mail, hand deliver or email to the above address the completed application, & requested documents. (NO ORIGINALS, there is a \$5.00 fee for copier use.) DO NOT FAX**
3. Upon receipt of the completed application & documents a face to face or telephone appointment will be scheduled.
4. **Your appointment is scheduled for Face to Face or Phone \_\_\_\_\_ at \_\_\_\_\_ AM/PM.**

**REQUIRED DOCUMENTS**

1.  LATEST MORTGAGE STATEMENT/ and any correspondence pertaining to the loan
2.  FEDERAL TAX RETURNS & W2'S (LAST 2 YEARS SIGNED)
3.  ONE COMPLETE MONTH OF CONSECUTIVE PAYSTUBS
4.  PROOF OF ANY OTHER INCOME (SEE REVERSE SIDE FOR FURTHER DETAILS)
5.  TWO (2) MONTHS OF THE MOST RECENT CHECKING/SAVINGS BANK STATEMENT
6.  IDENTIFICATION ( NY STATE) / PROPERTY DEED
7.  BUDGET FORM (COMPLETED) Expenses must be verified
8.  Most recent UTILITIES BILLS
9.  HARDSHIP LETTER (a detailed letter explaining the reasons that caused the delinquency)
10.  SUMMONS & COMPLAINT, and or acceleration letters (if applicable)

**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**



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## Other Types of Income

If it's cash income, and you do not have paystubs or award letters to prove the income, all income must be deposited into your bank account. The Borrower should identify the income on the bank statement before submitting the statements.

Contribution Income	Rental Income	Self Employed Income	Social Security & SSI Income
<p>Money from family members to assist with household expenses.</p> <p>The lender will also require that the contributor authorize them to review <i>their credit</i>.</p>	<p>You have a multi-family house and you rent to a tenant who pays rent on a monthly basis.</p> <p>To document this income you must have a lease agreement and income deposited into a bank on a monthly basis. Your Tax Returns should include a <b>Schedule E</b></p>	<p>You have your own business and have your accountant or tax professional create for you a Profit and Loss statement quarterly.</p> <p>Your Tax Returns should include a <b>Schedule C</b></p>	<p>Money received from SSI and Social Security benefits that are received in a lump sum or monthly amounts.</p>

Retirement & Insurance Income	Alimony, Child Support, & Gift Income	Foster Care Payments	Welfare Assistance
<p>Money received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, in a lump sum or monthly amounts.</p>	<p>Money received from alimony, child support, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.</p>	<p>Money received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone).</p>	<p>Money received from Temporary Assistance for Needy Families (TANF). Such as food stamp or cash assistance.</p>



**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		0		
<b>Type of Monthly Income</b>	<b>Customer</b>	<b>Co-Applicant</b>	<b>GROSS INCOME</b>	
Income			<b>Front End</b> Debt to Income Ratio	#DIV/0!
Pension			<b>Back End</b> Debt to Income Ratio	#DIV/0!
Rental Income				
Total Household Net Income		\$ -		



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: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mobile/Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Race (please check): [ ] Black or African American [ ] Other [ ] White [ ] Asian
[ ] 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 [ ] Other [ ] White [ ] Asian
[ ] 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

HOUSEHOLD INFORMATION

Please Complete

Current Housing Arrangement (please check):

[ ] 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? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Total Household Income: \_\_\_\_\_ (per year) OR \_\_\_\_\_ (per month)

Are there non-dependents who will be living in the home? Yes [ ] No [ ] If yes, list below:

Relationship Age Relationship Age Relationship Age

**Education:** (please check):

- Below High School Diploma   
  High School Diploma or Equivalent   
  Certificate   
  Some College  
 Two-Year College   
  Bachelors Degree   
  Masters Degree   
  PHD

**MORTGAGE INFORMATION**

**What Type of 1<sup>st</sup> Mortgage Do You Have:**   
 FHA    
 Conv.    
 Other    
 Subprime   
 Fixed   
  Adjustable   
 If Adjustable, how many yrs: \_\_\_\_\_   
**Interest Rate** \_\_\_\_\_

**Monthly Mortgage Payments:** \$ \_\_\_\_\_ **# of Months in Arrears** \_\_\_\_\_ **Mortgage balance** \_\_\_\_\_

**Mortgage Company:** \_\_\_\_\_

**Property Type:** \_\_\_\_\_ **Yrs. Owned:** \_\_\_\_\_ **Last Re-fi** \_\_\_\_\_

**Do You Have A 2<sup>nd</sup> Mortgage:**   
 Yes    
 No

**What Type of 2<sup>nd</sup> Mortgage Do You Have:**   
 FHA    
 Conv.    
 Other    
 Subprime    
 Home Equity Line of Credit   
 Fixed   
  Adjustable   
 If Adjustable, how many yrs: \_\_\_\_\_   
**Interest Rate** \_\_\_\_\_

**Monthly Mortgage Payments:** \$ \_\_\_\_\_ **# of Months in Arrears** \_\_\_\_\_ **Mortgage balance** \_\_\_\_\_

**Mortgage Company:** \_\_\_\_\_

**How much money do you have saved to put down towards the mortgage?** \_\_\_\_\_

Are you in arrears due to non-payment of rent?   
 Yes   
 No

**Please check all that apply:**   
 I live in this house   
 This is a second home   
 This is a rental property  
 Single Family    
 2 Family    
 3 Family    
 4 Family    
 5 + unit    
 Condo    
 Co-op

**Did anyone offer to help modify your mortgage, either directly, through advertising, or by other means such as a flyer?**  
 Yes    
 No

**Were you  guaranteed a loan modification or asked to do any of the following:  Pay a fee,  sign a contract,  redirect mortgage payments,  sign over title to your property or  stop making loan payments? Check all that apply.**

**HOW CAN WE HELP YOU?**

**Description of Problem:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Are You Currently Employed:**   
 Yes    
 No    
**Date of Hire:** \_\_\_\_\_   
**Position Title:** \_\_\_\_\_

**Name of Company** (if self-employed, please indicate): \_\_\_\_\_

Do you expect any change to your current employment status:   
 Yes    
 No    
 If yes, please explain:  
 \_\_\_\_\_

**Have you received assistance from other sources?** (Please indicate sources) \_\_\_\_\_

## BORROWER AUTHORIZATION TO RELEASE INFORMATION AND REQUEST FOR COUNSELING

I/We understand that my mortgage servicer and/or HUD may refer me to an independent counseling organization to help me with my financial obligations. For this purpose I hereby authorize the servicer to release certain financial information, related to my mortgage loan, to the **Neighborhood Housing Services of Jamaica, Inc. (NHSJ), 89-70 162 Street Jamaica NY 11432**. All information released to NHSJ will remain strictly confidential. This information will include, but not be limited to:

Original Loan Amount	Current Balance	Amount Past Due
Payment Due Date	Payment History	Date of Last Payment
Credit Report(s)	Monthly Payment Amount	Loss Mitigation Agreement

I further hereby authorize **NHSJ** to furnish any information regarding my financial status which may assist the servicer or its affiliates in determining whether my homeownership may be preserved by restructuring my loan or by other services. I also authorize **Neighborhood Housing Services of Jamaica, Inc. ("NHSJ")** to receive copies of documents pertaining to my financial information including, but not limited to: Forbearance Agreement, Modification, Partial Claim, Reinstatement Figures and Payoff Statements. I authorize NHSJ, to pull my/our credit report.

I acknowledge that I have received a copy of **Neighborhood Housing Services of Jamaica, Inc. and its subsidiaries** Privacy Policy.

I may be referred to other housing services of the organization or another agency or agencies as appropriate that may be able to assist with particular concerns that have been identified. I understand that I am not obligated to use any of the services offered to me.

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.

I understand that **Neighborhood Housing Services of Jamaica, Inc. and its subsidiaries** provides information and education on numerous loan products and housing programs and I further understand that the housing counseling I receive from **Neighborhood Housing Services of Jamaica, Inc. and its subsidiaries** in no way obligates me to choose any of these particular loan products or housing programs.

I understand that personal identifying information, or information that could lead to personal identification, will not be shared with other parties, **but that all other information gathered may be used and uploaded to a data collection system** for research, program or policy development, or other legitimate purposes by **The Center for New York City Neighborhoods, The New York State Attorney General and the City of New York**, or other relevant funders of foreclosure prevention services, including by publication or distribution of non- personally identifying information. **I give permission for relevant funders to follow-up within the next three years for purposes of program evaluation.**

Additionally, I authorize NHSJ:

- (a) to submit client-level information to the Data Collection System for the NFMC grant,
- (b) NFMC to open files to be reviewed for program monitoring and compliance purposes, and
- (c) NFMC to conduct follow-up with the client related to program evaluation.

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**Borrower Name**

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**Date**

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**Borrower Signature**

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**Co-Borrower Name**

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**Date**

---

**Co-Borrower Signature**

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**Property Address**

---

**Borrower Social Security Number**

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**Co-Borrower Social Security Number**

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**Servicer**

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**Loan #1**

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**Servicer**

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**Loan #2**

