

SECTION 4 - EMPLOYMENT & INCOME INFORMATION

1. OCCUPATION

2. CURRENT EMPLOYMENT STATUS Full-Time Part-Time Self-employed Seasonally Employed Unemployed
(If selected, move to question 8)

3. NAME OF PRIMARY EMPLOYER/BUSINESS

4. EMPLOYER/BUSINESS ADDRESS

Street Number & Name

Parish Country

5. LENGTH OF EMPLOYMENT Less than 3 Months 3 to 12 Months 1 to 2 years Over 2 years

6. EMPLOYER/BUSINESS NUMBER

Mobile Home Work

7. TOTAL GROSS MONTHLY SALARY \$

9. DO YOU HAVE ANY OTHER SOURCE OF REGULAR INCOME? Yes No
(If no, go to Section 5)

10. HOW MUCH IS YOUR ADDITIONAL/OTHER MONTHLY INCOME? \$

11. STATE SOURCE OF ADDITIONAL/OTHER MONTHLY INCOME

Second/side job Own business

Other, please specify

PARTICULARS	AMOUNT \$
MORTGAGE/RENT	
UTILITIES	
GROCERIES	
LOANS	
CREDIT CARDS	
MEDICAL EXPENSES	
SCHOOL FEES/LUNCH MONEY	
TRANSPORTATION	
OTHER	
TOTAL	

SECTION 5 - DEPENDENTS & SUPPORT SYSTEM

1. ARE YOU FINANCIALLY RESPONSIBLE FOR ANY DEPENDENTS UNDER THE AGE OF 18? Yes No **1B. HOW MANY?**

2. ARE YOU FINANCIALLY RESPONSIBLE FOR ANY DEPENDENTS OVER THE AGE OF 18? Yes No **2B. HOW MANY?**

3. STATE WHICH DEPENDENT(S) YOU ARE RESPONSIBLE FOR , (SELECT ALL IF APPLICABLE)

Child Parent/Parent-in-law Grandparent

Sister Brother

Other, please specify

4. STATE THE REASON THE DEPENDENT MENTIONED ABOVE IS UNABLE TO CARE FOR HIM/HERSELF

Old age Unemployment

Other, please specify

5. IS THERE ANYONE WHO IS ASSISTING/HAS AGREED TO ASSIST YOU FINANCIALLY? Yes No
If no, go to Section 6)

6. WHO IS ASSISTING/HAS AGREED TO ASSIST YOU FINANCIALLY

Spouse Adult Child Parent Sibling

Other, please specify

7. HOW MUCH DOES/WILL THIS PERSON CONTRIBUTE MONTHLY? \$

SECTION 6 - PROBLEM/SOLUTION

1. WHAT IS THE NATURE OF THE PROBLEM YOU ARE EXPERIENCING?

I am seriously ill My dependent is seriously ill
 I am unemployed My spouse is unemployed I have been laid off I am experiencing marital problems (separation/divorce)
 I have temporary reduction in income/no pay leave I am over-indebted due to recurring short term or long-term expenses for me or my dependent (e.g. medical expenses, school fees)
 Relocation Other, please specify

2. HOW WOULD YOU LIKE THE NHT TO ASSIST YOU?

Short-term break in my mortgage payments (up to 3 months) Long-term break in my mortgage payments (more than 3 months) Reduction in my monthly mortgage payment
 Payment Arrangement Rescheduling of loan by capitalising arrears (fresh start)
 Other, please specify

3. WHAT MONTHLY PAYMENT CAN YOU AFFORD?

\$0 (only applicable to persons who are unemployed and without a support system) \$

4. ARE YOU ABLE TO MAKE A LUMP SUM PAYMENT WITHIN THE NEXT 3 MONTHS?

Yes No
If no, go to question 8)

5. WHEN WOULD YOU BE ABLE TO PAY THIS LUMP SUM

6. HOW MUCH CAN YOU PAY AS LUMP SUM?

\$

7. WHAT IS THE SOURCE OF THE LUMP SUM PAYMENT?

8. IS THERE ANYTHING ELSE YOU WOULD LIKE TO TELL US ABOUT THE PROBLEM OR YOUR PAYMENT PROPOSAL?

SECTION 7 - DECLARATION OF ASSETS

1. PLEASE DETAIL ALL ASSETS FOR WHICH YOU ARE A LEGAL/REGISTERED OWNER

ASSET TYPE	LIEN ON ASSET (YES/NO)	APPROXIMATE VALUE OF ASSET (J\$)
REAL ESTATE		
MOTOR VEHICLE		
INVESTMENT POLICY		
OTHER (PLEASE SPECIFY)		
SAVINGS ACCOUNT BALANCE		
TOTAL		

SECTION 8 - CONFIRMATION & ACCEPTANCE

I _____, a mortgagor with the National Housing Trust, hereby submit my request for mortgage relief to treat with any delinquency in my mortgage loans with the Trust. I understand and accept that by making this request, any relief granted by the National Housing Trust, may constitute a change in the original terms and conditions of my mortgage agreement with the National Housing Trust. I further understand and accept that incorrect or incomplete information may delay the processing of my application and any misrepresentation of the information could result in denial of my request

Accept

By checking this box you are also authorizing the NHT to make contact with you based on the information provided in this form.