



# National Housing Trust

## Loan Application

### (Daily Intake)

Main Applicant

Place  
Photograph  
Here

Co-Applicant

Place  
Photograph  
Here

FOR OFFICIAL USE		LOAN TYPE
<b>CIF #1</b> <input style="width: 95%; height: 15px;" type="text"/>	<b>CIF #2</b> <input style="width: 95%; height: 15px;" type="text"/>	<input style="width: 50px; height: 15px;" type="text"/>
<b>NIS #1</b> <input style="width: 95%; height: 15px;" type="text"/>	<b>NIS #2</b> <input style="width: 95%; height: 15px;" type="text"/>	
<b>TRN #1</b> <input style="width: 95%; height: 15px;" type="text"/>	<b>TRN #2</b> <input style="width: 95%; height: 15px;" type="text"/>	
<b>LOAN A/C #1</b> <input style="width: 95%; height: 15px;" type="text"/>	<b>LOAN A/C #2</b> <input style="width: 95%; height: 15px;" type="text"/>	

**IMPORTANT:**

**PLEASE CAREFULLY READ THE INSTRUCTIONS BELOW BEFORE ATTEMPTING TO COMPLETE THIS FORM. THIS LOAN APPLICATION FORM WILL NOT BE ACCEPTED IF IT IS NOT PROPERLY COMPLETED.**

### INSTRUCTIONS

1. WHERE 'BOXES' ARE PROVIDED, PLACE AN 'X' IN THE BOX WHICH APPLIES TO YOU. WRITE IN YOUR ANSWERS USING CAPITAL LETTERS.
2. COMPLETE ALL SECTIONS OF THE FORM THAT APPLIES TO YOU, **EXCEPT THE SHADED SECTIONS MARKED 'FOR OFFICIAL USE'**. THESE SHADED SECTIONS ARE FOR THE USE OF THE NHT.
3. IF ANY SECTION OF THE FORM DOES NOT APPLY TO YOU, PRINT **"NOT APPLICABLE"** ACROSS THE SECTION.
4. **DO NOT USE WHITEOUT (CORRECTION FLUID) OR RUBBER (ERASER) ON THIS FORM. CORRECT ANY MISTAKE(S) BY DRAWING A LINE THROUGH THE MISTAKE(S) AND INITIALING SAME.**
5. **NAME:** THE NAME YOU PUT ON THE APPLICATION FORM MUST BE THE NAME YOU NOW USE ON ANY LEGAL OR OTHER IMPORTANT DOCUMENT.
6. **DATE:** SHOULD BE FILLED IN AS SHOWN IN THIS EXAMPLE: DD/MM/YYYY: 31/03/2011
7. **ADDRESS:** WRITE THE NUMBER OF THE HOUSE, AND THEN THE NAME OF THE STREET. (e.g., 12 MILKY WAY). IF YOU ARE LIVING IN THE PARISH OF ST. ANDREW, PLEASE ALSO INDICATE THE AREA IN WHICH YOU LIVE (e.g., KINGSTON 10).
8. **OCCUPATION:** PLEASE GIVE YOUR PRECISE OCCUPATION (e.g., POLICE INSPECTOR, TEACHER, CASHIER) IF YOU HAVE MORE THAN ONE OCCUPATION, PLEASE STATE THEM.
9. **SECTION A to SECTION O is to be completed by the MAIN APPLICANT**
10. **SECTION A2 to SECTION K2 is to be completed by the CO-APPLICANT if two persons are jointly applying**

**GENERAL INFORMATION**

• **CONTRIBUTOR STATUS:**

- YOU MUST BE A CURRENT CONTRIBUTOR.

**CONTRIBUTOR MEANS ANY EMPLOYED PERSON, SELF-EMPLOYED PERSON, VOLUNTARY CONTRIBUTOR OR DOMESTIC WORKER AND EVERY EMPLOYER WHO IS REQUIRED TO MAKE CONTRIBUTIONS.**

**EMPLOYED MEANS A PERSON OVER THE AGE OF 18 AND UNDER RETIREMENT AGE, GAINFULLY OCCUPIED IN EMPLOYMENT AND NOT EARNING LESS THAN MINIMUM WAGE.**

**SELF-EMPLOYED MEANS A PERSON WHO IS GAINFULLY OCCUPIED IN JAMAICA WHO, IN RELATION TO THAT OCCUPATION, IS NOT AN EMPLOYED PERSON.**

• **GROSS INCOME**

THE TOTAL AMOUNT THAT YOU EARN BEFORE TAX IS DEDUCTED (THIS SUM MUST INCLUDE SALARY, ALLOWANCES, AND COMMISSIONS).

**NOT TO BE SOLD**



# Housing Loan Application

## SECTION A

### PARTICULARS OF MAIN APPLICANT

1. ARE YOU CURRENTLY CONTRIBUTING TO THE NHT? <input type="checkbox"/> YES <input type="checkbox"/> NO			4. GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
2. NATIONAL INSURANCE NUMBER (NIS)		3. TAXPAYER REGISTRATION NUMBER (TRN)			
5. SURNAME		6. FIRST NAME		7. MIDDLE NAME(S)	
8. HAVE YOU HAD A NAME CHANGE BY MARRIAGE OR DEED POLL? <input type="checkbox"/> YES <input type="checkbox"/> NO		9. IF YES, STATE PREVIOUS NAME(S)		10. DATE OF BIRTH DAY MONTH YEAR	
11. MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> OTHER _____					

## SECTION B

### PARTICULARS OF RESIDENCE AND OWNERSHIP

1. ARE YOU THE REGISTERED OWNER OF ANY RESIDENTIAL PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
1(a) IF YES, WHAT TYPE OF RESIDENTIAL PROPERTY IS IT? <input type="checkbox"/> HOUSE LOT <input type="checkbox"/> HOUSE	
1(b) WHAT IS THE VOLUME, FOLIO NUMBER AND ADDRESS? VOLUME NUMBER: _____ ADDRESS: _____ FOLIO NUMBER: _____	
2. THE HOUSE THAT YOU LIVE IN: <input type="checkbox"/> DO YOU LEASE/RENT IT? <input type="checkbox"/> DO YOU OWN IT? <input type="checkbox"/> DO YOU LIVE RENT FREE? <input type="checkbox"/> IS IT OWNED BY SPOUSE/COMMON LAW PARTNER?	
3. PLEASE TELL US WHERE YOU LIVE, NO./STREET _____ DISTRICT/AREA _____ PARISH _____	5. WHAT IS THE ADDRESS WHERE YOU LIVED PREVIOUSLY? NO./STREET _____ DISTRICT/AREA _____ PARISH _____
4. HOW LONG HAVE YOU BEEN LIVING AT THIS ADDRESS? _____ (YRS/MTHS)	6. HOW LONG DID YOU LIVE AT THIS ADDRESS? _____ (YRS/MTHS)
	7. WHAT IS THE NAME OF THE OWNER OF THE HOUSE WHERE YOU PREVIOUSLY LIVED? _____

## SECTION C

### CONTACT INFORMATION

1. YOUR EMAIL ADDRESS _____	4. WHERE DO YOU RECEIVE LETTERS? NO./STREET _____
2. TELEPHONE NUMBER (HOME) _____	DISTRICT/AREA _____
3. CELLULAR NUMBER _____	PARISH _____
	TELEPHONE NUMBER _____

## SECTION D

### PREVIOUS NHT APPLICATION

1. HAVE YOU EVER RECEIVED A LOAN FROM THE NHT? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. HAVE YOU EVER TAKEN OVER A LOAN FROM SOMEONE WHO RECEIVED THE LOAN FROM THE NHT? <input type="checkbox"/> YES <input type="checkbox"/> NO
3. HAVE YOU EVER JOINED WITH OR CO-APPLIED WITH ANYONE WHO HAS OBTAINED A LOAN FROM THE NHT? <input type="checkbox"/> YES <input type="checkbox"/> NO	4. HAVE YOU EVER GUARANTEED A LOAN AT THE NHT? <input type="checkbox"/> YES <input type="checkbox"/> NO
5. IF YES TO 1 or 3, IS YOUR NAME ON THE TITLE OF THE PROPERTY? <input type="checkbox"/> YES <input type="checkbox"/> NO	6. IF YES TO 2 or 3, STATE NAME(S) OF PERSON(S) AND N.I.S. NUMBER(S) NAME _____ NIS NUMBER
7. IF YES TO 1, 2 or 3, WHAT WAS THE PURPOSE OF THE LOAN? _____	NAME _____ NIS NUMBER

## SECTION E

### LOAN TYPE

1. WHAT DO YOU PLAN TO DO WITH THE LOAN?			
<b>TO BUY</b> <input type="checkbox"/> HOUSE <input type="checkbox"/> LAND	<b>TO BUILD</b> <input type="checkbox"/> ON OWN LAND <input type="checkbox"/> ON ANOTHER OWNER'S LAND	<b>TO IMPROVE</b> <input type="checkbox"/> STUDIO UNIT/ ONE BEDROOM <input type="checkbox"/> HOUSE	<b>OTHER PURPOSES</b> <input type="checkbox"/> SOLAR WATER HEATER <input type="checkbox"/> SOLAR PANEL <input type="checkbox"/> OTHER _____ Please state

**SECTION F**

**PRESENT EMPLOYMENT**

1. WHICH TYPE OF NHT CONTRIBUTOR ARE YOU?  EMPLOYED  SELF-EMPLOYED  BOTH  VOLUNTARY

2. WHAT IS YOUR MAIN OCCUPATION? \_\_\_\_\_ (IF YOU ARE SELF-EMPLOYED ONLY, GO TO SECTION G)

3. PROVIDE DETAILS OF YOUR PRESENT EMPLOYMENT.

NAME OF EMPLOYER/COMPANY \_\_\_\_\_

WORKPLACE LOCATION \_\_\_\_\_

STREET \_\_\_\_\_

DISTRICT/AREA \_\_\_\_\_

PARISH \_\_\_\_\_ TELEPHONE NUMBER(S) \_\_\_\_\_

4. HOW LONG HAVE YOU BEEN WORKING WITH THIS COMPANY? FROM   MONTH     YEAR TO PRESENT

5. WHAT IS YOUR GROSS INCOME (i.e., BEFORE TAX)? \$ \_\_\_\_\_  WEEKLY  FORTNIGHTLY  MONTHLY

6. DO YOU HAVE ANY OTHER SOURCE OF INCOME?  YES  NO

6(a) IF YES, STATE THE AMOUNT AND HOW FREQUENTLY YOU RECEIVE THIS AMOUNT? \$ \_\_\_\_\_  WEEKLY  FORTNIGHTLY  MONTHLY

6(b) DO YOU PAY NHT CONTRIBUTION ON THIS INCOME?  YES  NO

**SECTION G**

**SELF EMPLOYMENT**  
(FOR SELF-EMPLOYED PERSONS ONLY)

1. WHAT IS YOUR INCOME AFTER BUSINESS EXPENSES? \$ \_\_\_\_\_  WEEKLY  FORTNIGHTLY  MONTHLY

2. DO YOU PAY NHT CONTRIBUTIONS ON THIS INCOME?  YES  NO

3. PERIOD OF CONTRIBUTION: FROM:   MONTH     YEAR TO:   MONTH     YEAR

**SECTION H**

**PREVIOUS EMPLOYMENT**

NAME OF EMPLOYER(S)	PERIOD WORKED (MM/YYYY)	
(i)	FROM	TO
(ii)	FROM	TO
(iii)	FROM	TO
(iv)	FROM	TO

**SECTION I**

**MONTHLY INCOME AND EXPENSES**

MONTHLY INCOME		MONTHLY EXPENSES	
(A) INCOME BEFORE DEDUCTIONS	\$	(A) RENT/LEASE/MORTGAGE	\$
(B) TOTAL DEDUCTIONS (Taxes, NIS, etc.)	\$	(B) BANK OR CREDIT UNION LOAN PAYMENTS	\$
(C) INCOME AFTER DEDUCTIONS <i>(i.e. A minus B)</i>	\$	(C) CREDIT CARD PAYMENTS	\$
(D) ADDITIONAL INCOME (MONTHLY)	\$	(D) FOOD/HOUSEHOLD EXPENSES <i>(include ELECTRICITY, WATER, ETC.)</i>	\$
		(E) TRANSPORTATION (MOTOR VEHICLE/ GAS/TAXI/BUS)	\$
		(F) COMPULSORY SAVINGS	\$
		(G) LOANS	\$
		(H) OTHER LIVING EXPENSES <i>(include SCHOOL FEES, ETC.)</i>	\$
<b>TOTAL MONTHLY INCOME</b> <i>(i.e. C plus D above)</i>	<b>\$</b>	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

**SECTION J****TYPE OF COLLATERAL TO BE USED TO SECURE THE LOAN**

1. WHAT WILL YOU BE USING TO SECURE THE LOAN?

REGISTERED TITLE

VOLUME#

FOLIO #

PURCHASE RECEIPT  
& DIAGRAM

BANK GUARANTEE

NHT CONTRIBUTIONS

COMMON LAW TITLE

LETTER OF UNDERTAKING

2. IS THERE ANY OUTSTANDING AMOUNT OWING ON THE PROPERTY?  YES  NO

2(a) IF YES, STATE THE NAME OF THE MORTGAGE INSTITUTION \_\_\_\_\_

3. IS THE PROPERTY OWNED OR TO BE OWNED BY MORE THAN ONE PERSON?  YES  NO

4. STATE THE NAME, ADDRESS, TRN, OCCUPATION AND TELEPHONE NUMBERS OF EACH PERSON WHO OWNS OR WILL OWN THE PROPERTY

4(i). \_\_\_\_\_ FULL NAME OF REGISTERED OWNER OF TITLE \_\_\_\_\_ TAXPAYER REGISTRATION NUMBER (TRN)

OF \_\_\_\_\_ ADDRESS \_\_\_\_\_ OCCUPATION

\_\_\_\_\_  
TELEPHONE NUMBER (HOME) CELLULAR NUMBER

4(ii). \_\_\_\_\_ FULL NAME OF REGISTERED OWNER OF TITLE \_\_\_\_\_ TAXPAYER REGISTRATION NUMBER (TRN)

OF \_\_\_\_\_ ADDRESS \_\_\_\_\_ OCCUPATION

\_\_\_\_\_  
TELEPHONE NUMBER (HOME) CELLULAR NUMBER

4(iii). \_\_\_\_\_ FULL NAME OF REGISTERED OWNER OF TITLE \_\_\_\_\_ TAXPAYER REGISTRATION NUMBER (TRN)

OF \_\_\_\_\_ ADDRESS \_\_\_\_\_ OCCUPATION

\_\_\_\_\_  
TELEPHONE NUMBER (HOME) CELLULAR NUMBER**SECTION K****CONSTRUCTION INFORMATION****(COMPLETE THIS SECTION IF YOU ARE PLANNING TO BUILD)**1. HAS YOUR PLAN BEEN SUBMITTED FOR APPROVAL?  YES  NO2. IS THERE A ROAD LEADING TO THE LAND?  YES  NO**SECTION L****REQUEST FOR ASSISTANCE WITH OTHER COSTS**ARE YOU REQUESTING ASSISTANCE WITH: (1) DEPOSIT BALANCE ON PURCHASE PRICE:  YES  NO(2) LEGAL FEES  YES  NO**SECTION M****NEXT OF KIN AND CONTACT PERSONS**

1. PLEASE STATE THE INFORMATION FOR YOUR NEXT OF KIN \_\_\_\_\_ NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

WORKPLACE ADDRESS &amp; TELEPHONE NUMBER \_\_\_\_\_

2. PLEASE STATE THE INFORMATION FOR TWO OTHER PERSONS WHO THE NHT MAY CONTACT ON YOUR BEHALF:

2(a) \_\_\_\_\_ NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

WORKPLACE ADDRESS &amp; TELEPHONE NUMBER \_\_\_\_\_

2(b) \_\_\_\_\_ NAME \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

WORKPLACE ADDRESS &amp; TELEPHONE NUMBER \_\_\_\_\_

**SECTION N****USE OF POWER OF ATTORNEY**1. ARE YOU USING A POWER OF ATTORNEY?  YES  NO**SECTION O****DECLARATION****UNDER SECTION 37 OF THE NATIONAL HOUSING TRUST ACT (1979), ANY PERSON WHO OBTAINS A LOAN BY MEANS OF FALSE REPRESENTATIONS OR WILFULLY APPLIES ANY LOAN MADE TO HIM/HER TO ANY PURPOSE OTHER THAN THE PURPOSE FOR WHICH THE LOAN WAS MADE, SHALL BE GUILTY OF AN OFFENCE AND SHALL BE LIABLE, ON SUMMARY CONVICTION IN A RESIDENT MAGISTRATES COURT. IN ADDITION, SUCH PERSON(S) SHALL FORFEIT ANY NHT BENEFIT RECEIVED.****I DECLARE THAT THE INFORMATION ENTERED ON THIS FORM IS TRUE.**\_\_\_\_\_  
SIGNATURE OF APPLICANT\_\_\_\_\_  
DATE (DD/MM/YYYY)

**SECTION A2****PARTICULARS OF CO-APPLICANT**

1. ARE YOU CURRENTLY CONTRIBUTING TO THE NHT?  YES  NO

2. NATIONAL INSURANCE NUMBER

3. TAXPAYER REGISTRATION NUMBER

4. GENDER

MALE  FEMALE

5. SURNAME

6. FIRST NAME

7. MIDDLE NAME(S)

8. HAVE YOU HAD A NAME CHANGE BY MARRIAGE OR DEED POLL?

YES  NO

9. IF YES, STATE PREVIOUS NAME(S)

10. DATE OF BIRTH

DAY MONTH YEAR

11. MARITAL STATUS

MARRIED  SINGLE  DIVORCED  OTHER \_\_\_\_\_

**SECTION B2****PARTICULARS OF RESIDENCE AND OWNERSHIP**

1. ARE YOU THE REGISTERED OWNER OF ANY RESIDENTIAL PROPERTY?  YES  NO

1(b) IF YES, WHAT TYPE OF RESIDENTIAL PROPERTY IS IT?  HOUSE LOT  HOUSE

1(c) WHAT IS THE VOLUME, FOLIO NUMBER AND ADDRESS?

VOLUME NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FOLIO NUMBER: \_\_\_\_\_

2. THE HOUSE THAT YOU LIVE IN:  DO YOU LEASE/RENT IT?  DO YOU OWN IT?  DO YOU LIVE RENT FREE?  IS IT OWNED BY SPOUSE/COMMON LAW PARTNER?

3. PLEASE TELL US WHERE YOU LIVE,

NO./STREET \_\_\_\_\_

DISTRICT/AREA \_\_\_\_\_

PARISH \_\_\_\_\_

4. HOW LONG HAVE YOU BEEN LIVING AT THIS ADDRESS? \_\_\_\_\_ (MTHS/YRS)

5. WHAT IS THE ADDRESS WHERE YOU LIVED PREVIOUSLY?

NO./STREET \_\_\_\_\_

DISTRICT/AREA \_\_\_\_\_

PARISH \_\_\_\_\_

6. HOW LONG DID YOU LIVE AT THIS ADDRESS? \_\_\_\_\_ (MTHS/YRS)

7. WHAT IS THE NAME OF THE OWNER OF THE HOUSE WHERE YOU PREVIOUSLY LIVED?

\_\_\_\_\_

**SECTION C2****CONTACT INFORMATION**

1. YOUR EMAIL ADDRESS \_\_\_\_\_

2. TELEPHONE NUMBER (HOME) \_\_\_\_\_

3. CELLULAR NUMBER \_\_\_\_\_

4. WHERE DO YOU RECEIVE LETTERS?

NO./STREET \_\_\_\_\_

DISTRICT/AREA \_\_\_\_\_

PARISH \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

**SECTION D2****PREVIOUS NHT APPLICATION**

1. HAVE YOU EVER RECEIVED A LOAN FROM THE NHT?

YES  NO

3. HAVE YOU EVER JOINED WITH OR CO-APPLIED WITH ANYONE WHO HAS OBTAINED A LOAN FROM THE NHT?

YES  NO

5. IF YES TO 1 or 3, IS YOUR NAME ON THE TITLE OF THE PROPERTY?

YES  NO

7. IF YES TO 1, 2 or 3, WHAT WAS THE PURPOSE OF THE LOAN?

\_\_\_\_\_

2. HAVE YOU EVER TAKEN OVER A LOAN FROM SOMEONE WHO RECEIVED THE LOAN FROM THE NHT?

YES  NO

4. HAVE YOU EVER GUARANTEED A LOAN AT THE NHT?

YES  NO

6. IF YES TO 2 or 3, STATE NAME(S) OF PERSON(S) AND N.I.S. NUMBER(S)

NAME \_\_\_\_\_

NIS NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

NIS NUMBER \_\_\_\_\_

**SECTION E2****USE OF POWER OF ATTORNEY**

1. ARE YOU USING A POWER OF ATTORNEY?  YES  NO

2. IF YES, WHEN THE MORTGAGE LOAN APPLICATION FORM IS BEING SUBMITTED, PLEASE ATTACH A COPY OF THE POWER OF ATTORNEY DOCUMENT AND A COMPLETED MEDICAL CERTIFICATE OF THE PERSON BEING REPRESENTED.

**SECTION F2**

**PRESENT EMPLOYMENT**

1. WHICH TYPE OF NHT CONTRIBUTOR ARE YOU?  EMPLOYED  SELF-EMPLOYED  BOTH  VOLUNTARY

2. WHAT IS YOUR MAIN OCCUPATION? \_\_\_\_\_ (IF YOU ARE SELF-EMPLOYED ONLY, GO TO SECTION G)

3. PROVIDE DETAILS OF YOUR PRESENT EMPLOYMENT.

NAME OF EMPLOYER/COMPANY \_\_\_\_\_

WORKPLACE LOCATION \_\_\_\_\_

STREET \_\_\_\_\_

DISTRICT/AREA \_\_\_\_\_

PARISH \_\_\_\_\_ TELEPHONE NUMBER(S) \_\_\_\_\_

4. HOW LONG HAVE YOU BEEN WORKING WITH THIS COMPANY? FROM   MONTH    YEAR TO PRESENT

5. WHAT IS YOUR GROSS INCOME (i.e., BEFORE TAX)? \$ \_\_\_\_\_  WEEKLY  FORTNIGHTLY  MONTHLY

6. DO YOU HAVE ANY OTHER SOURCE OF INCOME?  YES  NO

6(a) IF YES, STATE THE AMOUNT AND HOW FREQUENTLY YOU RECEIVE THIS AMOUNT? \$ \_\_\_\_\_  WEEKLY  FORTNIGHTLY  MONTHLY

6(b) DO YOU PAY NHT CONTRIBUTION ON THIS INCOME?  YES  NO

**SECTION G2**

**SELF EMPLOYMENT**  
(FOR SELF-EMPLOYED PERSONS ONLY)

1. WHAT IS YOUR INCOME AFTER BUSINESS EXPENSES? \$ \_\_\_\_\_  WEEKLY  FORTNIGHTLY  MONTHLY

2. DO YOU PAY NHT CONTRIBUTIONS ON THIS INCOME?  YES  NO

3. PERIOD OF CONTRIBUTION: FROM:   MONTH    YEAR TO:   MONTH    YEAR

**SECTION H2**

**PREVIOUS EMPLOYMENT**

	NAME OF EMPLOYER(S)	PERIOD WORKED (MM/YYYY)	
		FROM	TO
(i)			
(ii)			
(iii)			
(iv)			

**SECTION I2**

**MONTHLY INCOME AND EXPENSES**

MONTHLY INCOME		MONTHLY EXPENSES	
(A) INCOME BEFORE DEDUCTIONS	\$	(A) RENT/LEASE/MORTGAGE	\$
(B) TOTAL DEDUCTIONS (Taxes, NIS, etc.)	\$	(B) BANK OR CREDIT UNION LOAN PAYMENTS	\$
(C) INCOME AFTER DEDUCTIONS <i>(i.e. A minus B)</i>	\$	(C) CREDIT CARD PAYMENTS	\$
(D) ADDITIONAL INCOME (MONTHLY)	\$	(D) FOOD/HOUSEHOLD EXPENSES <i>(include ELECTRICITY, WATER, ETC.)</i>	\$
		(E) TRANSPORTATION (MOTOR VEHICLE/ GAS/TAXI/BUS)	\$
		(F) COMPULSORY SAVINGS	\$
		(G) LOANS	\$
		(H) OTHER LIVING EXPENSES <i>(include SCHOOL FEES, ETC.)</i>	\$
<b>TOTAL MONTHLY INCOME</b> <i>(i.e. C plus D above)</i>	<b>\$</b>	<b>TOTAL MONTHLY EXPENSES</b>	<b>\$</b>

**SECTION J2**

**NEXT OF KIN AND CONTACT PERSONS**

1. PLEASE STATE THE INFORMATION FOR YOUR NEXT OF KIN \_\_\_\_\_  
NAME TELEPHONE NUMBER  
\_\_\_\_\_  
HOME ADDRESS  
\_\_\_\_\_  
WORKPLACE ADDRESS & TELEPHONE NUMBER

2. PLEASE STATE THE INFORMATION FOR TWO OTHER PERSONS WHO THE NHT MAY CONTACT ON YOUR BEHALF:

2(a) \_\_\_\_\_  
NAME TELEPHONE NUMBER  
\_\_\_\_\_  
HOME ADDRESS  
\_\_\_\_\_  
WORKPLACE ADDRESS & TELEPHONE NUMBER

2(b) \_\_\_\_\_  
NAME TELEPHONE NUMBER  
\_\_\_\_\_  
HOME ADDRESS  
\_\_\_\_\_  
WORKPLACE ADDRESS & TELEPHONE NUMBER

**SECTION K2**

**CO-APPLICANT'S DECLARATION**

UNDER SECTION 37 OF THE NATIONAL HOUSING TRUST ACT (1979), ANY PERSON WHO OBTAINS A LOAN BY MEANS OF FALSE REPRESENTATIONS OR WILFULLY APPLIES ANY LOAN MADE TO HIM/HER TO ANY PURPOSE OTHER THAN THE PURPOSE FOR WHICH THE LOAN WAS MADE, SHALL BE GUILTY OF AN OFFENCE AND SHALL BE LIABLE, ON SUMMARY CONVICTION IN A RESIDENT MAGISTRATES COURT. IN ADDITION, SUCH PERSON(S) SHALL FORFEIT ANY NHT BENEFIT RECEIVED.

I DECLARE THAT THE INFORMATION ENTERED ON THIS FORM IS TRUE.

\_\_\_\_\_  
SIGNATURE OF CO-APPLICANT

\_\_\_\_\_  
DATE (DD/MM/YYYY)