



Neighborhood Housing Services of Jamaica, Inc.

89-70 162nd Street Jamaica, New York 11432

Tel: (718) 291-7400 Fax: (718) 298-6505

www.nhsj.org

Dear Prospective Client:

Thank you for contacting NHSJ for your Rental Counseling needs.

Below is a checklist of documents that are required for your counseling session.
Please call our office at **(718) 291-7400** to schedule an appointment.

Required Documents (Please make copies of all documents prior to appointment)

1. Four most recent pay stubs (consecutive)
2. Proof of any other income (SSI, Pension, Child Support, SSD, Workers' Comp.)
3. Current Month Utility Bills and other housing bills (telephone, con Edison, national grid,)
4. Last two (2) years sign Income Tax Returns 1040 all pages and schedules and W2s Forms
5. Last 2 month Bank Statements, all pages
6. Photo Identification (NY State)

Sincerely,

NHSJ,

Enclosure

Your appointment is scheduled for _____ at _____ AM/PM.



Neighborhood Housing Services of Jamaica, Inc.
89-70 162nd Street, Jamaica, NY 11432
718-291-7400

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):

- White Black or African American American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and Black
 Asian and White Black/African American and White Other

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):

- White Black or African American American Indian/Alaskan Native
 Asian Native Hawaiian/Other Pacific Islander American Indian/Alaskan Native and Black
 Asian and White Black/African American and White Other

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):

Rent 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
 Two or more unrelated adults Married without 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 1st 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 2nd Mortgage: Yes No

What Type of 2nd 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

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)*



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.

Customer

Date

Co - Applicant

Date



Neighborhood Housing Services of Jamaica, Inc. Monthly Expenses -

Name: _____

Home

House Payment or Rent _____
 Second Mortgage _____
 Property Tax & Insurance _____
 Total 0

Utilities

Electricity _____
 Household Fuel (oil) _____
 Water/Sewer/Garbage _____
 Phone-Basic/Long Distance _____
 Cell Phone/Pager _____
 Total 0

Necessities

Food/Household Supplies _____
 Clothing _____
 School Lunch _____
 Child Care/ Sitter _____
 Diapers/Formula _____
 Child Support _____
 Total 0

Transportation

Car Payment/Lease _____
 Insurance _____
 Gas _____
 Fuel/tolls/repair _____
 Repair Allowance _____
 License/Registration _____
 Bus Fare _____
 Total 0

Insurance (if not out of payroll)

Medical/Dental _____
 Life/Disability _____
 Home/Renters _____
 Co-Pays/pharmacy _____
 Total 0

Monthly Debts

Minimum Credit Card payment _____
 Other Loans (car) _____
 Other Loans _____
 Total 0

Other Expenses

Laundry/Dry Cleaning _____
 Health/Hair/Personal Care _____
 other housing exp _____
 Dues/Memberships _____
 Total 0

Education

Tuition _____
 Books/Paper and Pen _____
 Uniforms/Lessons/Sports _____
 Total 0

Entertainment

Any Eating Out/Entertainment _____
 Internet/cable/phone _____
 Craft/Computer/Sports _____
 Bars/Gambling/Cigarettes _____
 Total 0

Gifts

Children's Allowances _____
 Contributions/Church/Charities _____
 Holidays/Birthdays/Weddings _____
 Total 0

Total of all Monthly Expenses \$0.00

Monthly Net Income \$0.00
 Minus Expenses \$0.00
 Available Income \$0.00

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

