

NATIONAL INSURANCE BOARD

P.O. BOX 322, MELVILLE STREET, ST. GEORGE'S

Mortgage Loan Application Form

Failure to provide all the necessary information could prejudice the Board's decision in considering this and/or future applications.

APPLICANT

CO-APPLICANT

Surname:	Other Names:	Surname:	Other Names:
Marital Status: Single () Married () Divorced ()		Marital Status: Single () Married () Divorced ()	
Widow/er () Separated ()		Widow/er () Separated ()	
Present Address:			
Mailing Address:			
Previous Address			
Telephone: (WK) (HM)		Telephone: (WK) (HM)	
Date of Birth: Day Mth Year		Date of Birth: Day Mth Year	
No. of Dependents:			
Citizenship:		Citizenship:	
N.I.S. Number:		N.I.S. Number:	
Spouse's Name if not Applicant:			

EMPLOYMENT HISTORY

Name of Employer:	Name of Employer:
Address:	Address:
Your Occupation:	Your Occupation:
Length of Employment:	Length of Employment:
Previous Employer:	Previous Employer:
Length of Employment:	Length of Employment:

IF SELF EMPLOYED

Name of Business: _____
Business Address: _____
Type of Business: _____

TYPE OF OWNERSHIP

Partnership () Limited Liability Co. () Sole Proprietor ()
Age of Business
No. of Employees

DETAILS OF LOAN REQUIRED

Purpose of Loan: Purchase () Construction () Repair/Remodel () Refinance ()

Purchase Price: \$ _____
Estimated cost of Construction/Repairs/Remodelling: \$ _____
Loan Balance: \$ _____
Less Applicant's Contribution: \$ _____
Loan Required: \$ _____

STATEMENT OF MONTHLY INCOME & COMMITMENTS

Main Employment Income: \$ _____
Other Income: \$ _____ Source: _____
Other Income: \$ _____ Source: _____

(A) Gross Income: \$ _____

MONTHLY EXPENSES

Rent/Mortgage: \$ _____ Credit Union Shares: \$ _____
Travel (Bus/Gas): \$ _____ Vehicle Maintenance: \$ _____
Entertainment: \$ _____ Life Insurance Premium: \$ _____
Telephone: \$ _____ Child Allowance(s): \$ _____
Electricity: \$ _____ Pension Plan: \$ _____
Water: \$ _____ N.I.S. Contribution: \$ _____
Food: \$ _____ Hire Purchase: \$ _____
Union Dues: \$ _____ Health Insurance: \$ _____
Credit Card: \$ _____ Miscellaneous: \$ _____
Credit Union Loan: \$ _____ Other Loan (1): \$ _____
Other Loan (2): \$ _____ Other Loan (3): \$ _____
NRL: \$ _____

(B) Total Expenses: \$ _____

(A) – (B) Surplus/Deficit: \$ _____

ASSETS

Cash: \$ _____
Savings: \$ _____
Insurance Policy CSV: \$ _____
Accounts Receivable: \$ _____
Properties: \$ _____
Furniture & Equipment: \$ _____
Automobile: \$ _____
Other Assets: \$ _____

LIABILITIES

Loan Balance (1): \$ _____
Loan Balance (2): \$ _____
Loan Balance (3): \$ _____
Credit Union Loan Balance: \$ _____
Mortgage Loan Balance: \$ _____
Short Term Loan Balance: \$ _____
Long Term Loan Balance: \$ _____
Overdraft: \$ _____

Total Assets: \$ _____

Total Liabilities: \$ _____

Details of Life Insurance _____

Do you own the house you now occupy? Yes () No ()

Signature of Applicant **Date** **Signature of Co-Applicant**

FOR OFFICIAL USE ONLY

Date Received: _____ By Whom: _____

Total Amount of Insurance in Force: _____ Checked By: _____

Documents Received & Checked: Building Plans () Estimates () Proof of Income () Title Deed ()

Purchase Agreement () Survey Plan () Contract ()

Date Interviewed: _____ **Interviewer's Signature:** _____

Assessment prepared by: _____ **Date:** _____