



Mortgage Assistance Application

Applicant Name:		Applicant Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Date of Birth:	Primary Phone:	Email:	
Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic		Race: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Other	
Current Address:		City:	State: Zip:
Co- Applicant Name:		Number of People in Household:	
Occupation of Applicant:		2019 Total Annual Household Income:	
Do you live in the Property?	# of Units:		
How has household been impacted by the Corona virus? <input type="checkbox"/> Laid-off <input type="checkbox"/> Furloughed <input type="checkbox"/> Reduced business Income <input type="checkbox"/> Business Closed <input type="checkbox"/> Reduced work hours			
Are you in forbearance with Lender/Service?	Who is your Lender/Service?		
DISCLOSURE STATEMENT			
<input type="checkbox"/> I acknowledge that, <ul style="list-style-type: none">• Providing false, misleading or incomplete information or documentation may result in the application being declared void. I understand that it may be a criminal violation of federal, state or local law to provide false or misleading information for the purpose of procuring assistance through the program.			
<input type="checkbox"/> Privacy <ul style="list-style-type: none">• I authorize NHS to verify all application information and supporting documentation provided as part of the application process. I further authorize NHS to share my application information and supporting documentation with the City of Chicago as required			
<p>Please contact us at 800-831-7949 if you need assistance. Si necesita asistencia en español, contáctenos al 800-831-7949</p> <p>Email: EmergencyAssistance@nhschicago.org</p>			
Signature: _____		Date: _____	