

# PAY - OFF STATEMENT REQUEST

SECTION A

PLEASE READ THE INFORMATION IN THIS SECTION BEFORE COMPLETING THIS FORM

1. THE FIRST PAY-OFF STATEMENT REQUESTED IS AT NO CHARGE TO THE MORTGAGOR.
2. ALL SUBSEQUENT REQUESTS FOR PAY-OFF STATEMENTS WILL ATTRACT A FEE OF \$500 PER ACCOUNT.
3. A RECEIPT MUST BE SUBMITTED TO VERIFY PAYMENT FOR A SUBSEQUENT STATEMENT.
4. PAY-OFF STATEMENT WILL BE AVAILABLE WITHIN SEVEN (7) WORKING DAYS AFTER THE DATE REQUEST IS RECEIVED BY NHT.
5. A NEW PAY-OFF STATEMENT IS REQUIRED IF YOU DECIDE TO SETTLE YOUR ACCOUNT OUTSIDE OF THE STATEMENT PAY-OFF DATE.
6. PAY-OFF AMOUNT MUST BE ACCOMPANIED BY FINAL STATEMENTS ONLY. PAYMENTS CAN BE MADE AT ANY NHT OFFICE USING CASH, MANAGER'S CHEQUE, CREDIT/DEBIT CARD OR ELECTRONICALLY.
- N.B. FOR ELECTRONIC PAYMENT, ASK YOUR BANK OR ATTORNEY TO REQUEST BANKING INFORMATION FROM THE FINANCE DEPARTMENT OF THE NHT.
7. YOU MAY CHOOSE TO SUBMIT THIS FORM USING ANY OF THE FOLLOWING OPTIONS:
- Mail it to the National Housing Trust, The Settlement Section, Loan Management Department, 4 Park Boulevard, Kingston 5

Hand deliver it to Customer Service at any Branch Office islandwide

Fax it to (876) 926-7144

Scan the form and email it to [LoanSettlement@nht.gov.jm](mailto:LoanSettlement@nht.gov.jm)

Simply email your request if you have already signed-up for electronic communication. Otherwise, you can make your request by email after completing and submitting the **Authorisation and Indemnity Form**. You may ask an NHT Officer for assistance.

SECTION B

MORTGAGOR'S INFORMATION

1. MORTGAGOR'S FULL NAME: 

LAST NAME

FIRST NAME

MIDDLE NAME
2. NIS #:
3. SPECIFY LOAN ACCOUNT (S) TO BE PAID OFF: ACCOUNT #1:
- ACCOUNT #2:
- ACCOUNT #3:
4. PROPERTY ADDRESS:
5. TELEPHONE CONTACT: (HOME)  (WORK)  (CELL)
6. DATE YOU INTEND TO PAY-OFF LOAN BALANCE: 

DAY

MONTH

2

0

YEAR
- N.B. (The payoff balance will be calculated as at the date specified in 6. above)
7. IS THIS YOUR FIRST PAY-OFF STATEMENT ? ☐ YES ☐ NO (Answer 8., only if you ticked No)
8. IF NO, HOW WILL THE FEE BE PAID ? (i) ☐ I WILL PAY FEE AT THE NHT OFFICE (ii) ☐ PLEASE ADD FEE TO MY LOAN ACCOUNT
9. DO YOU WISH TO CONTINUE WITH PERIL INSURANCE COVERAGE UP TO THE FINANCIAL YEAR-END? ☐ YES ☐ NO
10. WILL YOU BE SELLING THE MORTGAGED PROPERTY? ☐ YES ☐ NO
11. IF YOUR ANSWER IN 10. ABOVE IS NO, PLEASE STATE REASON FOR PAY-OFF STATEMENT

SECTION C

COLLECTING PAY-OFF STATEMENT

1. I WILL COLLECT MY PAY-OFF STATEMENT: [tick (✓) one box only]
- ☐ AT MY EMAIL ADDRESS 

N.B. THIS OPTION IS ONLY AVAILABLE TO PERSONS WHO HAVE COMPLETED AND SUBMITTED THE AUTHORISATION AND INDEMNITY FORM

☐ THROUGH THE POSTAL SERVICE 

MAILING ADDRESS

☐ AT THE NHT BRANCH OFFICE IN 

PARISH

☐ BY A BEARER AT THE NHT BRANCH OFFICE IN 

PARISH

 NAME OF BEARER:
- N.B. (Bearer will be required to show valid identification)
- APPLICANT'S SIGNATURE  DATE:

SECTION D

FOR NHT USE ONLY

<div>Branch Network:</div> <div>Fee Amount: \$ <div></div></div> <div>Payment Date: <div></div></div> <div>Receipt Number: <div></div></div> <div>Memo Pad Updated: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>First Pay-off Statement: <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>CSR's Name: <div></div></div> <div>CSR's Signature: <div></div></div>	<div>Settlement Section:</div> <div>Date Received: <div></div></div> <div><input type="checkbox"/> Fees Posted</div> <div><input type="checkbox"/> Fees Received</div> <div><input type="checkbox"/> Pay-off Statement Prepared</div> <div><input type="checkbox"/> Memo Pad Updated</div> <div>Settlement Officer's Name: <div></div></div> <div>Settlement Officer's Signature: <div></div></div>
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