



# HOUSING LOAN APPLICATION

| Pag-IBIG MID Number/RTN |  |  |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|--|
|                         |  |  |  |  |  |  |  |  |  |

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

| LOAN PARTICULARS  |  |   |  |
|---|--|---|--|
| <b>PURPOSE OF LOAN</b>  |  | <b>DESIRED LOAN AMOUNT</b>  |  |
| <input type="checkbox"/> Purchase of Fully Developed Lot or Adjoining Lots<br><input type="checkbox"/> Purchase of Fully Developed Lot and Construction of a Residential Unit<br><input type="checkbox"/> Purchase of Pag-IBIG Fund Acquired Properties<br><input type="checkbox"/> Purchase of a Residential Unit (House & Lot)<br><input type="checkbox"/> Purchase of Townhouse or Condominium Unit<br><input type="checkbox"/> Purchase of Townhouse or Condominium Unit inclusive of a parking slot<br><input type="checkbox"/> Refinancing of an Existing Mortgage Loan |  | <input type="checkbox"/> Home Improvement<br><input type="checkbox"/> House Construction<br><input type="checkbox"/> Purchase of a Residential Unit with Home Improvement<br><input type="checkbox"/> Refinancing of an Existing Mortgage with Home Improvement<br><input type="checkbox"/> Refinancing of an Existing Mortgage with Construction of a Residential Unit<br><input type="checkbox"/> Additional Loan: House Construction<br><input type="checkbox"/> Additional Loan: Home Improvement |  |
|   |  | DESIRED LOAN TERM (Years)<br><input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15  |  |
|   |  | DESIRED RE-PRICING PERIOD (Years)<br><input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15  |  |
|   |  | <b>MODE OF PAYMENT</b><br><input type="checkbox"/> Salary deduction <input type="checkbox"/> Collecting Agent<br><input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Bank<br><input type="checkbox"/> Post-Dated Checks <input type="checkbox"/> Developer<br><input type="checkbox"/> Cash/Check <input type="checkbox"/> Remittance Center   |  |

| COLLATERAL   |                     |  |                             |          |          |
|--|---------------------|--|-----------------------------|----------|----------|
| PROPERTY LOCATION (Street, Municipality, Province) |                     | IS PROPERTY PRESENTLY MORTGAGED?<br><input type="checkbox"/> YES <input type="checkbox"/> NO | DESCRIPTION OF IMPROVEMENTS | EXISTING | PROPOSED |
| NAME OF DEVELOPER/REGISTERED TITLE HOLDER          |                     | LAND AREA  | No. of STOREYS              |          |          |
| TCT/OCT/CCT NO.                                    | TAX DECLARATION NO. | LOT/UNIT NO.   | TOTAL FLOOR AREA            | SQM      | SQM      |
| BLOCK/BLDG NO.                                     |                     |  |                             |          |          |
| AGE OF HOUSE (For Purchase of a Residential Unit)  |                     |  |                             |          |          |

| BORROWER'S DATA   |            |                |             |  |                          |  |  |
|---|------------|----------------|-------------|--|--------------------------|--|--|
| LAST NAME   | FIRST NAME | NAME EXTENSION | MIDDLE NAME | CITIZENSHIP  | DATE OF BIRTH (mm/dd/yy) | SEX<br><input type="checkbox"/> M <input type="checkbox"/> F | <b>ATTACH HERE 1"X1" ID PHOTO OF APPLICANT</b> |
| PERMANENT HOME ADDRESS<br>Unit/Room No., Floor   Building Name   Lot No., Blk No., Phase No., House No.   Street Name   |            |                |             | MARITAL STATUS<br><input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Legally Separated<br><input type="checkbox"/> Married <input type="checkbox"/> Annulled/Divorced<br><input type="checkbox"/> Widow/er |                          |  |  |
| Subdivision   Barangay   Municipality/City   Province and State Country (if abroad)   Zip Code  |            |                |             | CONTACT DETAILS (Indicate country code if abroad)  |                          |  | <b>For HDMF USE ONLY</b>                       |
| PRESENT HOME ADDRESS<br>Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No., House No.   Street Name   |            |                |             | COUNTRY + AREA CODE TELEPHONE NO.<br>Home  |                          |  |  |
| Subdivision   Barangay   Municipality/City   Province and State Country (if abroad)   Zip Code  |            |                |             | Cell Phone   |                          |  | <b>MONTHLY HDMF CONTRIBUTION</b>               |
| HOME OWNERSHIP<br><input type="checkbox"/> Owned <input type="checkbox"/> Company <input type="checkbox"/> Living w/ relatives/parents<br><input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented at P_____ /mo.   |            |                |             | Email Address  |                          |  |  |
| EMPLOYER/BUSINESS NAME (If self-employed)   |            |                |             | TIN  |                          |  | <b>LOAN ENTITLEMENT</b>                        |
| EMPLOYER/BUSINESS ADDRESS<br>Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No., House No.   Street Name  |            |                |             | OCCUPATION<br><input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed   |                          |  |  |
| Subdivision   Barangay   Municipality/City   Province and State Country (if abroad)   Zip Code  |            |                |             | CONTACT DETAILS (Indicate country code if abroad)  |                          |  | <b>CERTIFIED BY</b>                            |
| INDUSTRY  |            |                |             | COUNTRY + AREA CODE TELEPHONE NO.<br>Business (Direct Line)  |                          |  |  |
| <input type="checkbox"/> Accounting <input type="checkbox"/> Basic Materials <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Technology<br><input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production Activities of Private Households<br><input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Construction <input type="checkbox"/> Education & Training <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security<br><input type="checkbox"/> Life Sciences <input type="checkbox"/> Management <input type="checkbox"/> Manufacturing <input type="checkbox"/> Media <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security<br><input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods |            |                |             | Business (Trunk Line)  |                          |  | <b>YEARS IN EMPLOYMENT/ BUSINESS</b>           |
|   |            |                |             | Employer/Business Email Address  |                          |  |  |
|   |            |                |             | POSITION & DEPARTMENT  |                          |  | <b>NO. OF DEPENDENT/S</b>                      |
|   |            |                |             | PREFERRED MAILING ADDRESS<br><input type="checkbox"/> Present Home Address<br><input type="checkbox"/> Employer/Business Address<br><input type="checkbox"/> Permanent Home Address  |                          |  |  |

| SPOUSE'S PERSONAL DATA   |            |                |             |             |                          |  |  |
|--|------------|----------------|-------------|-------------|--------------------------|--|--|
| LAST NAME  | FIRST NAME | NAME EXTENSION | MIDDLE NAME | CITIZENSHIP | DATE OF BIRTH (mm/dd/yy) | TIN  |  |
| EMPLOYER/BUSINESS NAME (If self-employed)  |            |                |             |             |                          | YEARS IN EMPLOYMENT/ BUSINESS  |  |
| EMPLOYER/BUSINESS ADDRESS<br>Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No., House No.   Street Name   |            |                |             |             |                          | OCCUPATION<br><input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed |  |
| Subdivision   Barangay   Municipality/City   Province and State Country (if abroad)   Zip Code   |            |                |             |             |                          | POSITION & DEPARTMENT  |  |
| INDUSTRY   |            |                |             |             |                          | BUSINESS TEL. NO.  |  |
| <input type="checkbox"/> Accounting <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production Activities of Private Households<br><input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Basic Materials <input type="checkbox"/> Construction <input type="checkbox"/> Education & Training <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Health and Social Work; Health and Medical Services<br><input type="checkbox"/> Life Sciences <input type="checkbox"/> Management <input type="checkbox"/> Manufacturing <input type="checkbox"/> Media <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security<br><input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods |            |                |             |             |                          |  |  |

**GROSS MONTHLY INCOME**

| PARTICULARS                | PRINCIPAL BORROWER | SPOUSE |
|----------------------------|--------------------|--------|
| BASIC MONTHLY COMPENSATION | ₱                  | ₱      |
| COST OF LIVING ALLOWANCE   | ₱                  | ₱      |
| OTHER SOURCE/S             | ₱                  | ₱      |
| TOTAL                      | ₱                  | ₱      |

**BANK ACCOUNTS** (Indicate your 3 most active)

| BANK | BRANCH/ADDRESS | TYPE OF ACCOUNT | ACCOUNT NO. | DATE OPENED | AVE. BALANCE |
|------|----------------|-----------------|-------------|-------------|--------------|
|      |                |                 |             |             |              |
|      |                |                 |             |             |              |
|      |                |                 |             |             |              |

**CREDIT CARDS OWNED** (Indicate your 3 most active)

| ISSUER NAME | CARD TYPE<br>(e.g. Visa/Mastercard) | CARD EXPIRY<br>(mm/yyyy) | CREDIT LIMIT |
|-------------|-------------------------------------|--------------------------|--------------|
|             |                                     |                          |              |
|             |                                     |                          |              |
|             |                                     |                          |              |

**REAL ESTATE OWNED**

| LOCATION | TYPE OF PROPERTY | TCT NO. | ACQUISITION COST | MARKET VALUE | MORTGAGE BALANCE | RENTAL INCOME |
|----------|------------------|---------|------------------|--------------|------------------|---------------|
|          |                  |         |                  |              |                  |               |
|          |                  |         |                  |              |                  |               |
|          |                  |         |                  |              |                  |               |

**OUTSTANDING CREDITS/LOAN AVAILMENTS**

|                    |          |                |                  |
|--------------------|----------|----------------|------------------|
|                    | Security | Type           | Maturity Date    |
|                    |          | Amount/Balance | Mo. Amortization |
| Creditor & Address | Security | Type           | Maturity Date    |
|                    |          | Amount/Balance | Mo. Amortization |
| Creditor & Address | Security | Type           | Maturity Date    |
|                    |          | Amount/Balance | Mo. Amortization |

**MISCELLANEOUS**

(Answer the following questions with YES or NO. If your answer is YES, please elaborate on the details as required)

|   |
|---|
| Are there past or pending cases against you? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If Yes, please indicate the nature, plaintiff, amount involved and the status.                               |
| Do you have past due obligations? If yes, please indicate the creditor's name, nature, amount involved and due date.<br><input type="checkbox"/> Yes <input type="checkbox"/> No                                      |
| Was your bank account ever closed because of mishandling or issuance of bouncing checks? If yes, please indicate the bank's name, nature amount and date.<br><input type="checkbox"/> Yes <input type="checkbox"/> No |

**LOAN AND CREDIT REFERENCES**

| BANK/FINANCIAL INSTITUTION | ADDRESS | PURPOSE | SECURITY | HIGHEST AMOUNT OWED | PRESENT BALANCE | DATE OBTAINED | DATE FULLY PAID |
|----------------------------|---------|---------|----------|---------------------|-----------------|---------------|-----------------|
|                            |         |         |          |                     |                 |               |                 |
|                            |         |         |          |                     |                 |               |                 |
|                            |         |         |          |                     |                 |               |                 |

**TRADE REFERENCES** (For Self-Employed Only)

| NAME OF SUPPLIER | ADDRESS | TEL. NO. |
|------------------|---------|----------|
|                  |         |          |
|                  |         |          |
|                  |         |          |

**CHARACTER REFERENCES**

| NAME | ADDRESS | TEL. NO. |
|------|---------|----------|
|      |         |          |
|      |         |          |
|      |         |          |

**CERTIFICATION**

I/We certify that the foregoing information/statement is to my/our knowledge, true, correct, complete, and updated. The signature/s appearing below is/are genuine. I/We authorize Pag-IBIG Fund to conduct verification on all the details stated on this document as well as the other documents I/We have submitted from whatever source that it may consider appropriate to establish its correctness, validity, and authenticity.

I/We hereby agree that any misrepresentation of a material fact is a ground for disapproval of the application, cancellation of the loan, and shall be a cause for the total outstanding obligation to be due and demandable and shall be subject to other sanctions provided in existing Pag-IBIG guidelines. I/We agree to notify Pag-IBIG Fund of any material change affecting the information contained herein. I/We agree that all information obtained by Pag-IBIG Fund shall remain its property whether or not the loan is granted.

I/We further agree to pay Pag-IBIG Fund a non-refundable sum of One Thousand Pesos (P1,000.00) as processing/filing fee to be paid upon filing of the loan application and Two Thousand Pesos (P2,000.00) to be paid upon loan takeout. I/We understand that should my/our application be approved, notarial and all other fees pertaining to the registration of mortgage on property shall be for my/our account.

\_\_\_\_\_  
SIGNATURE OF BORROWER\_\_\_\_\_  
SIGNATURE OF SPOUSE\_\_\_\_\_  
DATE\_\_\_\_\_  
DATE