



# HOUSING LOAN APPLICATION

Pag-IBIG MID Number/RTN									

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

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

COLLATERAL					
PROPERTY LOCATION (Street, Municipality, Province)		IS PROPERTY PRESENTLY MORTGAGED? <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 <input type="checkbox"/> M <input type="checkbox"/> F	<b>ATTACH HERE 1"X1" ID PHOTO OF APPLICANT</b>
PERMANENT HOME ADDRESS Unit/Room No., Floor   Building Name   Lot No., Blk No., Phase No., House No.   Street Name				MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widow/er			
Subdivision   Barangay   Municipality/City   Province and State Country (if abroad)   Zip Code				CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Home _____ Cell Phone _____ Email Address _____			
PRESENT HOME ADDRESS Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No., House No.   Street Name				CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) _____ Business (Trunk Line) _____ Employer/Business Email Address _____			
HOME OWNERSHIP <input type="checkbox"/> Owned <input type="checkbox"/> Company <input type="checkbox"/> Living w/ relatives/parents <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented at P _____/mo.			YEARS OF STAY IN PRESENT HOME ADDRESS	EE SSS/GSIS ID No.	For HDMF USE ONLY		
EMPLOYER/BUSINESS NAME (If self-employed)				TIN	MONTHLY HDMF CONTRIBUTION		
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No., House No.   Street Name				OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	LOAN ENTITLEMENT		
Subdivision   Barangay   Municipality/City   Province and State Country (if abroad)   Zip Code				POSITION & DEPARTMENT		CERTIFIED BY	
INDUSTRY <input type="checkbox"/> Accounting <input type="checkbox"/> Basic Materials <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Technology <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production Activities of Private Households <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Management <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> Media <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods				PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/> Permanent Home Address			
EMPLOYER/BUSINESS NAME (If self-employed)				YEARS IN EMPLOYMENT/BUSINESS		NO. OF DEPENDENT/S	

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 Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No., House No.   Street Name					OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	POSITION & DEPARTMENT
Subdivision   Barangay   Municipality/City   Province and State Country (if abroad)   Zip Code					BUSINESS TEL. NO.	
INDUSTRY <input type="checkbox"/> Accounting <input type="checkbox"/> Construction <input type="checkbox"/> Life Sciences <input type="checkbox"/> Technology <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production Activities of Private Households <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Management <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods <input type="checkbox"/> Basic Materials <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security						

**GROSS MONTHLY INCOME**

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

**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 <i>(e.g. Visa/Mastercard)</i>	CARD EXPIRY <i>(mm/yyyy)</i>	CREDIT LIMIT

**REAL ESTATE OWNED**

LOCATION	TYPE OF PROPERTY	ACQUISITION COST	MARKET VALUE	MORTGAGE BALANCE	RENTAL INCOME

**OUTSTANDING CREDITS/LOAN AVAILMENTS**

Creditor & Address	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?  Yes  No  
 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.  
 Yes  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.  
 Yes  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