



APPLICATION FOR LOAN RESTRUCTURING/ PENALTY CONDONATION

| | |
|-----------------|------|
| APPLICATION NO. | |
| DATE FILED | TIME |
| DUE DATE | TIME |

LOAN INFORMATION

| <input type="checkbox"/> LOAN RESTRUCTURING | <input type="checkbox"/> FULL PAYMENT | <input type="checkbox"/> FULL UPDATING | |
|---|---------------------------------------|--|-------|
| ORIGINATOR | BRANCH | TAKEOUT DATE | |
| TYPE OF LOAN | LOAN AMOUNT/VALUE | INTEREST VALUE | TERM |
| Pag-IBIG (PI) | P | % | years |
| OPEN HOUSING (OH) | P | % | years |
| UNIFIED HOMELENDING PROGRAM (UHLP) | P | % | years |
| OTHERS (Pls. specify) _____ | P | % | years |
| REASON FOR NON-PAYMENT OF HOUSING LOAN | | ANNUAL FAMILY INCOME | |

PRINCIPAL BORROWER'S DATA

| | | | | | |
|--|--------------------|--------------------------------|------------|---|---|
| LAST NAME | FIRSTNAME | (FOR ORIGINAL BORROWER) | | HL ACCOUNT NO. | DATE OF BIRTH (mm/dd/yy) |
| | | NAME EXTENSION | MIDDLENAME | | |
| | | | | MAIDEN NAME <i>(for married women only)</i> | |
| | | | | HL ACCOUNT NO. | DATE OF BIRTH (mm/dd/yy) |
| | | | | (FOR SUCCESSOR IN-INTEREST) | |
| | | | | MAIDEN NAME <i>(for married women only)</i> | |
| PERMANENT HOME ADDRESS | | | | ZIP CODE | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| PRESENT HOME ADDRESS | | | | CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> ANNULLED | MEMBERSHIP CATEGORY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> COOPERATIVE/TRADE ASSOCIATION <input type="checkbox"/> NON WORKING SPOUSE |
| RESIDENCE ADDRESS <i>(if based abroad)</i> | | | | | |
| COMPANY/EMPLOYER/BUSINESS NAME <i>(if self-employed)</i> | | | | | |
| COMPANY/EMPLOYER/BUSINESS ADDRESS | | | | CONTACT NUMBER/S HOME TEL. NO. | |
| PREFERRED MAILING ADDRESS | | | | BUSINESS TEL. NO. | TIN |
| | | | | CELLPHONE NO. | SSS/GSIS ID NO. |
| YEARS IN EMPLOYMENT/BUSINESS | NATURE OF BUSINESS | POSITION AND DEPT. | | | |

EMPLOYMENT HISTORY FROM DATE OF Pag-IBIG MEMBERSHIP

| NAME & ADDRESS OF THE EMPLOYER <i>(Use another sheet if necessary)</i> | FROM (Mo/Yr) | TO (Mo/Yr) |
|--|--------------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |

CO-BORROWER'S DATA

| | | | | | |
|--|--------------------|--------------------------------|------------|---|--|
| LAST NAME | FIRSTNAME | (FOR ORIGINAL BORROWER) | | HL ACCOUNT NO. | DATE OF BIRTH (mm/dd/yy) |
| | | NAME EXTENSION | MIDDLENAME | | |
| | | | | MAIDEN NAME <i>(for married women only)</i> | |
| | | | | HL ACCOUNT NO. | DATE OF BIRTH (mm/dd/yy) |
| | | | | (FOR SUCCESSOR IN-INTEREST) | |
| | | | | MAIDEN NAME <i>(for married women only)</i> | |
| PERMANENT HOME ADDRESS | | | | ZIP CODE | GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| PRESENT HOME ADDRESS | | | | CIVIL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOW/ER <input type="checkbox"/> LEGALLY SEPARATED <input type="checkbox"/> ANNULLED | MEMBERSHIP CATEGORY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> SELF EMPLOYED <input type="checkbox"/> OVERSEAS FILIPINO WORKER (OFW) <input type="checkbox"/> COOPERATIVE/ TRADE ASSOCIATION <input type="checkbox"/> NON WORKING SPOUSE |
| RESIDENCE ADDRESS <i>(if based abroad)</i> | | | | | |
| COMPANY/EMPLOYER/BUSINESS NAME <i>(if self-employed)</i> | | | | | |
| COMPANY/EMPLOYER/BUSINESS ADDRESS | | | | CONTACT NUMBER/S HOME TEL. NO. | |
| PREFERRED MAILING ADDRESS | | | | BUSINESS TEL. NO. | TIN |
| | | | | CELLPHONE NO. | SSS/GSIS ID NO. |
| YEARS IN EMPLOYMENT/BUSINESS | NATURE OF BUSINESS | POSITION AND DEPT. | | | |

I HEREBY CERTIFY THAT THE INFORMATION GIVEN AND ALL STATEMENT MADE HEREIN ARE TRUE AND CORRECT.

| | | | |
|------|---|------|--|
| DATE | PRINCIPAL BORROWER'S SIGNATURE OVER PRINTED NAME | DATE | CO-BORROWER'S SIGNATURE OVER PRINTED NAME |
|------|---|------|--|

FOR Pag-IBIG USE ONLY

WITH TAV OFFSETTING

WITHOUT TAV OFFSETTING

| PARTICULARS | PFR NO. | DATE | AMOUNT | VERIFIED BY |
|---|---------|------|--------|-------------|
| <input type="checkbox"/> DOWNPAYMENT | | | P | |
| <input type="checkbox"/> INSURANCE PREMIUMS | | | P | |
| <input type="checkbox"/> DOC STAMPS | | | P | |
| <input type="checkbox"/> PROCESSING FEE | | | P | |
| <input type="checkbox"/> FULL PAYMENT/ FULL UPDATING | | | P | |

LOAN RESTRUCTURING INFORMATION

ORIGINAL LOAN

| | | |
|------------|----------------|---------------|
| PROGRAM | HL ACCOUNT NO. | TAKE OUT DATE |
| LOAN VALUE | INTEREST RATE | TERM |

AMOUNT TO BE RESTRUCTURED

| FOR ACCOUNTS UNDER THE BILLING & COLLECTION DEPARTMENT II/REMEDATION SECTION | | FOR ACCOUNTS UNDER THE FORECLOSURE DEPARTMENT/SECTION | |
|--|--------------|--|----------------|
| RESTRUCTURED LOAN ARREARAGES | | FORECLOSURE EXPENSES | |
| Advances/Expenses made by the Fund | P _____ | Filing Fee | P _____ |
| Insurance Premium | _____ | Cost of Publication of the EJF | _____ |
| HCF/MOF/MAF/SAF | _____ | Sheriff's Fee | _____ |
| Penalties not Condoned | _____ | Notarial Fee | _____ |
| Interest | _____ | Attorney's Fee | _____ |
| Principal | _____ | Certificate of Sale | _____ |
| TOTAL ADVANCES/ARREARAGES FOR LOAN RESTRUCTURING | ===== | Insurance Premium | _____ |
| 10% DOWNPAYMENT (<i>minimum</i>) | ===== | HCF/MOF/MAF/SAF | _____ |
| | | Penalties not Condoned | _____ |
| | | Interest | _____ |
| | | Outstanding Principal Balance | _____ |
| | | TOTAL ADVANCES/ ARREARAGES FOR LOAN RESTRUCTURING | P ===== |
| | | 10% DOWNPAYMENT | P _____ |
| PREPARED BY | DATE | PREPARED BY | DATE |
| REVIEWED BY | DATE | REVIEWED BY | DATE |

MEMBERSHIP/LOAN VERIFICATION

| | |
|---|---|
| CLAIM <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT | TOTAL ACCUMULATED VALUE (TAV) P _____ |
| MPL <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT | As of _____ |
| TAV OFFSETTING <input type="checkbox"/> WITH <input type="checkbox"/> WITHOUT | 20% OF TAV (<i>If with MPL</i>) _____ |
| MEMBERSHIP STATUS | TAV TO BE APPLIED AS DOWNPAYMENT ON LOAN RESTRUCTURING P _____ |
| <input type="checkbox"/> UPDATED as of _____ | |
| <input type="checkbox"/> NOT UPDATED | |
| LATEST CONTRIBUTION RECORD MONTH/YEAR PFR NO./DATE AMOUNT | REMARKS |
| PREPARED BY | DATE |
| REVIEWED BY | DATE |

APPROVAL OF LOAN RESTRUCTURING

*(BILLING & COLLECTION DEPARTMENT II/MONITORING DIVISION-FORECLOSURE DEPARTMENT-NCR OPERATIONS/
REMEDATION SECTION/FORECLOSURE SECTION-REGIONAL OPERATIONS)*

| | | |
|--------------------------------|--|--|
| TOTAL RESTRUCTURED LOAN AMOUNT | INTEREST RATE | |
| 10% DOWNPAYMENT | TERM | DUE DATE OF FIRST MONTHLY AMORTIZATION |
| REMARKS | APPROVED FOR <input type="checkbox"/> LOAN RESTRUCTURING <input type="checkbox"/> FULL PAYMENT <input type="checkbox"/> With Penalty Condonation <input type="checkbox"/> FULL UPDATING <input type="checkbox"/> Without Penalty Condonation | |
| PREPARED BY | DATE | REVIEWED/APPROVED BY |
| | | DATE |