



# CO-BUYER'S INFORMATION SHEET

## (For Purchase of Acquired Assets thru Long-Term Installment Sale)

**(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)**

### CO-BUYER'S DATA

LAST NAME		FIRST NAME		NAME EXTENSION		MIDDLE NAME		Pag-IBIG MID NO./RTN		<b>ATTACH HERE 1"X1" ID PHOTO OF APPLICANT</b>	
RELATIONSHIP TO PRINCIPAL BUYER		CITIZENSHIP		DATE OF BIRTH (mm/dd/yy)		EE SSS/GSIS ID NO.		SEX <input type="checkbox"/> M <input type="checkbox"/> F			
TIN		MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Widow/er						NO. OF DEPENDENT/S			
PERMANENT HOME ADDRESS Unit/Room No., Floor   Building Name   Lot No., Blk No., Phase No., House No.   Street Name								PREFERRED LIABILITY SHARE ON THE NET SELLING PRICE OF THE PROPERTY TO BE PURCHASED BY PRINCIPAL BUYER (Note: Must not be higher than 50%) <input type="checkbox"/> 10% <input type="checkbox"/> 30% <input type="checkbox"/> 50% <input type="checkbox"/> 20% <input type="checkbox"/> 40% <input type="checkbox"/> Other _____%			
Subdivision		Barangay		Municipality/City		Province and State Country (if abroad)					
PRESENT HOME ADDRESS Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No., House No.   Street Name								BUYER'S CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Home [ ] [ ] Cell Phone [ ] [ ] Email Address [ ] [ ] [ ] [ ]			
Subdivision		Barangay		Municipality/City		Province and State Country (if abroad)					
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							
EMPLOYER/BUSINESS NAME (If self-employed)				Pag-IBIG EMPLOYER ID NO.				EMPLOYER'S CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) [ ] [ ] Business (Trunk Line) [ ] [ ] Employer/Business Email Address [ ] [ ] [ ] [ ]			
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No., House No.   Street Name											
Subdivision		Barangay		Municipality/City		Province and State Country (if abroad)		Zip Code			
OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		POSITION & DEPARTMENT		YEARS IN EMPLOYMENT/ BUSINESS		PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/> Permanent Home Address					
INDUSTRY <input type="checkbox"/> Accounting <input type="checkbox"/> Education & Training <input type="checkbox"/> Management <input type="checkbox"/> Technology <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Activities of Private Households <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Media <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Financial Services/Intermediation <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"/> HR/Recruitment <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Business Process Outsourcing (BPO) <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> Construction <input type="checkbox"/> Life Sciences											

### SPOUSE'S PERSONAL DATA

LAST NAME		FIRST NAME		NAME EXTENSION		MIDDLE NAME		Pag-IBIG MID NO./RTN		
CITIZENSHIP		DATE OF BIRTH (mm/dd/yy)		TIN		OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed				
EMPLOYER/BUSINESS NAME (If self-employed)				Pag-IBIG EMPLOYER ID NO.				YEARS IN EMPLOYMENT/ BUSINESS		
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor   Building Name   Lot No., Block No., Phase No., House No.   Street Name								POSITION & DEPARTMENT		
Subdivision		Barangay		Municipality/City		Province and State Country (if abroad)		BUSINESS TEL. NO.		
INDUSTRY <input type="checkbox"/> Accounting <input type="checkbox"/> Education & Training <input type="checkbox"/> Management <input type="checkbox"/> Technology <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Activities of Private Households <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Media <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Financial Services/Intermediation <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"/> HR/Recruitment <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Business Process Outsourcing (BPO) <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> Construction <input type="checkbox"/> Life Sciences										

### 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 FROM OTHER INSTITUTIONS**

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)*

Do you have any existing Housing Account with Pag-IBIG Fund?  Yes  No  
If yes, please indicate the Housing Account Number (HAN) of all existing housing account with Pag-IBIG Fund and name of co-borrowers, if any.

Do you have any other pending housing loan or long-term installment application with Pag-IBIG Fund?  Yes  No  
If yes, please indicate the date and Pag-IBIG Branch where the application/s was/were filed.

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?  Yes  No  
If yes, please indicate the creditor's name, nature, amount involved and due date.

Was your bank account ever closed because of mishandling or issuance of bouncing checks?  Yes  No  
If yes, please indicate the bank's name, nature amount and date.

Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider?  Yes  No  
If yes, please indicate the condition/diagnosis.

**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.

**SOURCE OF Pag-IBIG FUND HOUSING INFORMATION**

TV Ad   
  Radio Ad   
  Pag-IBIG Fund Personnel   
  Flyer/Poster/Brochure   
  Employer   
  Newspaper/Magazine Ad  
 Website   
  Agency   
  Pag-IBIG Fund Branch   
  Real Estate Developer   
  Seller of the Property   
  Others (pls. specify) \_\_\_\_\_

**CERTIFICATION**

I express my intention to purchase the Pag-IBIG Fund acquired asset as described herein as a co-buyer and I further agree to purchase the property on "as is, where is" basis.

I certify that the foregoing information/statement is to my knowledge, true, correct, complete, and updated. The signature/s appearing above my printed name below is genuine.

I authorize 1) Pag-IBIG Fund or its duly authorized representative to verify necessary information or data (i.e., certificate of employment, pay slips and income tax return) with the concerned government agencies or third parties including banks and other financial institutions from whom Pag-IBIG Fund had obtained information; to regularly submit and disclose my credit data (as defined under Republic Act No. 9510 and its Implementing Rules and Regulations) to Credit Information Corporation (CIC) as well as any updates or corrections thereof; and to send me/us updates about our application/account via SMS/text, email, mail or other available means of communication; and 2) CIC to share my credit data with accessing entities, special accessing entities, outsource entities and data subjects, in accordance with the Implementing Rules and Regulations of Republic Act No. 9510.

I authorize Pag-IBIG Fund to share my personal information and other details of my account with other government agencies and third parties, as may be necessary in the management of my account/s and for collection purposes, subject to the limits under Republic Act No. 10173 (Data Privacy Act of 2012), and its Implementing Rules and Regulations. Further, I promise to notify Pag-IBIG Fund of any amendments or changes in my personal information indicated herein.

I hereby further waive confidentiality rules and laws as applicable to establish correctness, validity, and authenticity of documents that would help facilitate the processing and evaluation of my application including the relevant employment/income information that shall be provided by my employer.

I hereby agree that any misrepresentation of a material fact is a ground for disapproval of the application, cancellation of the sale, 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 Fund guidelines. I agree to notify Pag-IBIG Fund of any material change affecting the information contained herein. I agree that all information obtained by Pag-IBIG Fund shall remain its property whether or not the application is approved.

I further agree to be bound by the current and general policies of Pag-IBIG Fund and those that the Pag-IBIG Fund may adopt in the future, that may have relation to or in any way affect our account.

\_\_\_\_\_  
SIGNATURE OF CO-BUYER

\_\_\_\_\_  
DATE