



HOUSING LOAN APPLICATION

HQP-HLF-068
(V09, 03/2024)

Pag-IBIG MID Number/RTN OF APPLICANT									

Housing Account Number (HAN), if with existing HAN									

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

LOAN PARTICULARS

PURPOSE OF LOAN <input type="checkbox"/> Purchase of fully developed residential lot or adjoining residential lots <input type="checkbox"/> Purchase of a residential house and lot, townhouse or condominium unit, inclusive of a parking slot <input type="checkbox"/> Construction or completion of a residential unit on a residential lot <input type="checkbox"/> Home improvement <input type="checkbox"/> Refinancing of an existing housing loan <input type="checkbox"/> Purchase of a parking slot <input type="checkbox"/> Purchase of residential lot plus cost of transfer of title <input type="checkbox"/> Purchase of residential unit plus cost of transfer of title P _____ (Transfer Cost)	WITH EXISTING HOUSING APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate Housing Application No. _____	
	DESIRED LOAN AMOUNT (Exclusive of the co-borrower's desired loan amount, if any) P _____	DESIRED LOAN TERM (Years) _____
	DESIRED RE-PRICING PERIOD (Year/s) <input type="checkbox"/> 1 <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25 <input type="checkbox"/> 30	
	MODE OF PAYMENT <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)				TYPE OF PROPERTY <input type="checkbox"/> Rowhouse <input type="checkbox"/> Single Detached <input type="checkbox"/> Townhouse <input type="checkbox"/> Single Attached <input type="checkbox"/> Condominium <input type="checkbox"/> Duplex		
NAME OF DEVELOPER/REGISTERED TITLE HOLDER				DESCRIPTION OF IMPROVEMENTS	EXISTING	PROPOSED
TCT/OCT/CCT NO.	TAX DECLARATION NO.	LOT/UNIT NO.	BLOCK/BLDG NO.	No. of STOREYS		
IS PROPERTY PRESENTLY MORTGAGED? <input type="checkbox"/> YES <input type="checkbox"/> NO	LAND AREA SQM	FLOOR AREA SQM	AGE OF HOUSE (For Purchase of a Residential Unit)	TOTAL FLOOR AREA SQM		
IS THE PROPERTY AN OFFSITE COLLATERAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASONS FOR USE OF OFFSITE COLLATERAL				
If yes, use separate sheet for the offsite collateral details						

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
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"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated		ATTACH HERE 1"X1" ID PHOTO
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	ZIP Code	NO. OF DEPENDENT/S	
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name				BORROWER'S CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Home [] [] Cell Phone [] []		
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.	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 NAME (If self-employed)			TIN			
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			
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	ZIP Code		
MAILING ADDRESS/CONTACT DETAIL Email Address _____			ALTERNATE MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Employer/Business Address			

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 <input type="checkbox"/> Construction <input type="checkbox"/> Business Process Outsourcing (BPO) <input type="checkbox"/> Life Sciences <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Manufacturing <input type="checkbox"/> Management <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Education & Training <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Media <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> HR/Recruitment					PREFERRED TIME TO BE CONTACTED (For Employer) _____	
POSITION & DEPARTMENT				YEARS IN EMPLOYMENT/ BUSINESS		

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
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"/> Business Process Outsourcing (BPO)	<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"/> Education & Training	<input type="checkbox"/> Management	<input type="checkbox"/> Transport, Storage and Communications
<input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing	<input type="checkbox"/> Electricity, Gas and Water Supply	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Travel and Leisure
<input type="checkbox"/> Basic Materials	<input type="checkbox"/> Extra-Territorial Organization & Bodies	<input type="checkbox"/> Media	<input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods
<input type="checkbox"/> Construction	<input type="checkbox"/> Financial Services/ Intermediation	<input type="checkbox"/> Mining and Quarrying	
	<input type="checkbox"/> HR/Recruitment	<input type="checkbox"/> Other Community, Social & Personal Service Activities	
	<input type="checkbox"/> Health and Social Work; Health and Medical Services	<input type="checkbox"/> Public Administration & Defense; Compulsory Social Security	

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 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? 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.

SELLER'S DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	Pag-IBIG MID NO./RTN	TIN
Unit/Room No., Floor	Building Name	Lot No., Blk No., Phase No., House No.		Street Name	CONTACT NUMBER
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	ZIP Code	EMAIL ADDRESS

SELLER'S DATA (IF SELLER IS DEVELOPER/INSTITUTION)

DEVELOPER/INSTITUTION NAME	EMPLOYER ID NO.	TIN			
Unit/Room No., Floor	Building Name	Lot No., Blk No., Phase No., House No.		Street Name	CONTACT NUMBER
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	ZIP Code	EMAIL ADDRESS

SOURCE OF Pag-IBIG FUND HOUSING LOAN 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/We certify that the foregoing information/statement indicated in the Housing Loan Application is to my/our knowledge, true, correct, complete, and updated. The signature/s appearing above my/our printed name/names below is/are genuine.

I/We 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/our 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 my/our housing loan application/account via SMS/text, email, mail or other available means of communication; and 2) CIC to share my/our 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/We authorize Pag-IBIG Fund to share my/our personal information and other details of my/our loan account with other government agencies and third parties, as may be necessary in the management of my/our 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/we promise to notify Pag-IBIG Fund of any amendments or changes in my/our personal information indicated herein.

I/We 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/our application including the relevant employment/income information that shall be provided by my/our employer.

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 Fund 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 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 my/our loan.

I/We understand that the processing/service/filing fee, notarial and all other fees pertaining to the registration of mortgage on property shall be for my/our account.

SIGNATURE OVER PRINTED NAME OF BORROWER

SIGNATURE OVER PRINTED NAME OF SPOUSE

DATE

DATE

THIS FORM CAN BE REPRODUCED. NOT FOR SALE.