



# HOME REHABILITATION/RECONSTRUCTION LOAN APPLICATION

Express     Regular

Pag-IBIG MID Number/RTN									

Housing Loan (HL) Account Number, if with existing HL									

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

LOAN PARTICULARS		
<b>PURPOSE OF LOAN</b> <input type="checkbox"/> Purchase of Residential House and Lot, Townhouse or Condominium Unit <input type="checkbox"/> Rehabilitation/Construction of a damaged Residential Unit <input type="checkbox"/> Rehabilitation/Construction of a Residential Unit Mortgage with or assigned to the Fund <input type="checkbox"/> Construction/Completion of a Residential Unit <input type="checkbox"/> Home Improvement <input type="checkbox"/> Purchase of a Fully Developed Lot and Construction of Residential Unit <input type="checkbox"/> Purchase of a Residential Unit with Home Improvement	<b>DESIRED LOAN AMOUNT</b> ₱ _____ <b>DESIRED LOAN TERM (No. of years)</b> _____	<b>WITH EXISTING HL APPLICATION</b> <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate HL Application No. _____
	<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 Check <input type="checkbox"/> Developer <input type="checkbox"/> Cash/Check <input type="checkbox"/> Remittance Center	<b>DESIRED RE-PRICING PERIOD (Years)</b> <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

COLLATERAL					
PROPERTY LOCATION (Street, Municipality, Province)			TYPE OF PROPERTY <input type="checkbox"/> Rowhouse <input type="checkbox"/> Townhouse <input type="checkbox"/> Condominium <input type="checkbox"/> Single Attached <input type="checkbox"/> Single Detached <input type="checkbox"/> Duplex		
NAME OF REGISTERED TITLE HOLDER/DEVELOPER			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	AGE OF HOUSE (For Purchase of a Residential Unit)	TOTAL FLOOR AREA SQM		

BORROWER'S/BUYER'S DATA					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	MARITAL STATUS	<b>ATTACH HERE 1"X1" ID PHOTO OF APPLICANT</b>
SEX <input type="checkbox"/> M <input type="checkbox"/> F	CITIZENSHIP	DATE OF BIRTH (mm/dd/yy)		<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled	
TIN	EE SSS/GSIS ID No.	NO. OF DEPENDENT/S			
PERMANENT HOME ADDRESS Unit/Room No., Floor    Building Name    Lot No., Blk No., Phase No., House No.    Street Name				CONTACT DETAILS (Indicate country code if abroad)	
Subdivision    Barangay    Municipality/City    Province and State Country (if abroad)    Zip Code				COUNTRY + AREA CODE TELEPHONE NO.	
PRESENT HOME ADDRESS Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No., House No.    Street Name				Home	
Subdivision    Barangay    Municipality/City    Province and State Country (if abroad)    Zip Code				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.				Email Address	
EMPLOYER/BUSINESS NAME (If self-employed)			Pag-IBIG EMPLOYER ID No.		
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor    Building Name    Lot No., Block No., Phase No., House No.,    Street Name				CONTACT DETAILS (Indicate country code if abroad)	
Subdivision    Barangay    Municipality/City    Province and State Country (if abroad)    Zip Code				COUNTRY + AREA CODE TELEPHONE NO.	
OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed				Business (Direct Line)	
POSITION & DEPARTMENT			Business (Trunk Line)		
YEARS IN EMPLOYMENT/ BUSINESS		Employer/Business Email Address			
PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/> Permanent Home Address					

SPOUSE'S PERSONAL DATA					
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	OCCUPATION	
CITIZENSHIP	DATE OF BIRTH (mm/dd/yy)	TIN		<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	
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				POSITION & DEPARTMENT	
Subdivision    Barangay    Municipality/City    Province and State Country (if abroad)    Zip Code				BUSINESS TEL. NO.	

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 (e.g. Visa/Mastercard)	CARD EXPIRY (mm/yyyy)	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?  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 HOME REHABILITATION/RECONSTRUCTION LOAN PROGRAM INFORMATION**

<input type="checkbox"/> TV Ad	<input type="checkbox"/> Radio Ad	<input type="checkbox"/> Pag-IBIG Fund Personnel	<input type="checkbox"/> Flyer/Poster/Brochure	<input type="checkbox"/> Employer	<input type="checkbox"/> Newspaper/Magazine Ad
<input type="checkbox"/> Website	<input type="checkbox"/> Agency	<input type="checkbox"/> Pag-IBIG Fund Branch	<input type="checkbox"/> Real Estate Developer	<input type="checkbox"/> Seller of the Property	<input type="checkbox"/> Others (pls. specify) _____

**CERTIFICATION**

I/We certify that I/we are victim/s and resident/s of calamity-stricken areas affected by calamity.

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 or its duly authorized representative: 1) to verify necessary information or data (i.e., certificate of employment, pay slips and income tax return) with the concerned government agencies, any other or third parties including banks and other financial institutions from whom Pag-IBIG Fund had obtained information; 2) to submit and disclose to any credit information service providers that may be commissioned/subscribed by Pag-IBIG Fund whether positive or negative information relating to my/our housing application/account and any updates or corrections thereof; and 3) to send me/us updates about my/our housing loan application/account via SMS/text, email, mail or other available means of communication.

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.

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 the corresponding processing fees and appraisal fees, if applicable.

\_\_\_\_\_  
SIGNATURE OF BORROWER/BUYER

\_\_\_\_\_  
SIGNATURE OF SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

**For Pag-IBIG Fund USE ONLY**

<b>DATE FILED</b>	<b>RESIDENT OF CALAMITY STRICKEN AREA?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PROOF OF DAMAGED PROPERTY SUBMITTED</b>
<b>DATE INSPECTED:</b>	<b>INSPECTED BY:</b>	<b>REMARKS ON INSPECTION</b>
<b>CERTIFIED BY:</b>	<b>VERIFIED BY:</b>	<b>REMARKS</b>