



# APPLICATION FOR HOME EQUITY APPRECIATION LOAN (HEAL)

Pag-IBIG MID Number

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HOUSING ACCOUNT NO.

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(PLEASE PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

## LOAN PARTICULARS

<b>LOAN PURPOSE</b> <input type="checkbox"/> Home Improvement <input type="checkbox"/> Livelihood/additional capital for business <input type="checkbox"/> Educational expenses <input type="checkbox"/> Health and wellness <input type="checkbox"/> Travel and leisure <input type="checkbox"/> Special Events <input type="checkbox"/> Car Repair <input type="checkbox"/> Purchase of appliance/electronic gadgets and furniture <input type="checkbox"/> Purchase of memorial lot or columbarry niche and/or funeral expense <input type="checkbox"/> Payment of utilities/credit card bills <input type="checkbox"/> Others _____	<b>DESIRED LOAN AMOUNT</b>	<b>DESIRED LOAN TERM (YEARS)</b>	<b>DESIRED PROPORTIONATE SHARE (%)</b>	
	<b>REQUEST FOR RE-INSPECTION</b> <i>(In case your desired loan amount exceeds 1M or your original loan value)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>DESIRED RE-PRICING PERIOD (YEAR/S)</b> <input type="checkbox"/> 1 <input type="checkbox"/> 10 <input type="checkbox"/> 25 <input type="checkbox"/> 3 <input type="checkbox"/> 15 <input type="checkbox"/> 30 <input type="checkbox"/> 5 <input type="checkbox"/> 20	<b>MODE OF PAYMENT</b> <input type="checkbox"/> Salary deduction <input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Post-Dated Checks <input type="checkbox"/> Cash/Check <input type="checkbox"/> Collecting Agent <input type="checkbox"/> Bank <input type="checkbox"/> Collection Partner	
	<b>MODE OF DISBURSEMENT</b> <input type="checkbox"/> Credit to Disbursement Card Account <input type="checkbox"/> Check Disbursement	<b>DISBURSEMENT CARD</b> <b>NAME OF BANK/BRANCH</b>	<b>PREFERRED BRANCH</b>	

## PRINCIPAL BORROWER'S DATA

<b>LAST NAME</b>	<b>FIRST NAME</b>	<b>NAME EXTENSION</b> <i>(e.g. Jr., II)</i>	<b>MIDDLE NAME</b>	<b>MAIDEN NAME</b> <i>(for married women only)</i>
<b>DATE OF BIRTH (mm/dd/yy)</b>	<b>SEX</b> <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>CITIZENSHIP</b>	<b>MARITAL STATUS</b> <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Annulled <input type="checkbox"/> Widow/er <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated	<b>NO. OF DEPENDENT/S</b>
<b>PERMANENT HOME ADDRESS</b> Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code				<b>CONTACT DETAILS</b> <i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE TELEPHONE NO. HOME TEL. NO. BUSINESS TEL. NO. CELLPHONE NO. (REQUIRED) E-MAIL ADDRESS (REQUIRED)
<b>PRESENT HOME ADDRESS</b> Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code				<b>PREFERRED MAILING ADDRESS</b> <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Present Address <input type="checkbox"/> Employer/Business Address
<b>HOME OWNERSHIP</b> <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		<b>YEARS OF STAY IN PRESENT HOME ADDRESS</b>		
<b>OCCUPATION</b> <input type="checkbox"/> Locally Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Overseas Filipino Worker (OFW)	<b>TAXPAYERS IDENTIFICATION NO. (TIN)</b>	<b>SSS/GSIS ID NUMBER</b>		
<b>EMPLOYER/BUSINESS NAME</b>				<b>EMPLOYER'S CONTACT DETAILS</b> <i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) Business (Trunk Line) Employer/Business Email Address
<b>EMPLOYER/BUSINESS ADDRESS</b> Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code				
<b>POSITION &amp; DEPARTMENT</b>	<b>PREFERRED TIME TO BE CONTACTED (For Employer)</b>	<b>YEARS IN EMPLOYMENT/ BUSINESS</b>	<b>PLACE OF ASSIGNMENT</b>	
<b>INDUSTRY</b> <input type="checkbox"/> Accounting <input type="checkbox"/> Business Process Outsourcing (BPO) <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production <input type="checkbox"/> Education & Training <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security 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"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Manufacturing <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Basic Materials <input type="checkbox"/> Financial Services/ Intermediation <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"/> HR/Recruitment <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Technology				

**SPOUSE'S PERSONAL DATA**

<b>LAST NAME</b>		<b>FIRST NAME</b>		<b>NAME EXTENSION</b>		<b>MIDDLE NAME</b>	
<b>DATE OF BIRTH</b> (mm/dd/yy)		<b>CITIZENSHIP</b>		<b>TIN</b>		<b>OCCUPATION</b> <input type="checkbox"/> Locally Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Overseas Filipino Worker (OFW)	
<b>EMPLOYER/BUSINESS NAME</b>				<b>PLACE OF ASSIGNMENT</b>		<b>YEARS IN EMPLOYMENT/ BUSINESS</b>	
<b>EMPLOYER/BUSINESS ADDRESS</b> Unit/Room No., Floor      Building Name      Lot No., Blk No., Phase No., House No.      Street Name						<b>POSITION &amp; DEPARTMENT</b>	
Subdivision		Barangay		Municipality/City		Province and State Country (if abroad)	
				Zip Code		<b>BUSINESS TEL NO.</b>	

**INDUSTRY**

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

**CERTIFICATION**

I/We certify that the foregoing information/statement 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 agency/ies or third parties including banks and other financial institutions, 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 hereby further waive confidentiality rules and laws to establish correctness, validity, and authenticity of documents that would help facilitate the processing and evaluation of my/our application, and remediation of my/our housing loan account in case I/we default in our obligations.

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 in addition to any other sanctions that may be provided in the existing Pag-IBIG Fund guidelines. I/We agree to notify Pag-IBIG Fund of any material changes in 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 including 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 should my application be approved, notarial and all other fees shall be for my/our account.

I/We guarantee that the loan will be used according to my/our intended purpose stated above, without need for Pag-IBIG Fund to verify.

I/We agree to defend Pag-IBIG Fund officers and employees from suit if the loan will be used for purpose other than the intended purpose and that any misuse of the loan is ground for default.

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SIGNATURE OVER PRINTED NAME OF BORROWER

\_\_\_\_\_  
SIGNATURE OVER PRINTED NAME OF SPOUSE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE