



APPLICATION FOR HOME EQUITY APPRECIATION LOAN (HEAL)

(For co-borrower only)

Pag-IBIG MID Number/

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HOUSING ACCOUNT NO.

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(PLEASE PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

CO-BORROWER'S DATA

LAST NAME					FIRST NAME					NAME EXTENSION <small>(e.g. Jr., II)</small>					MIDDLE NAME					MAIDEN NAME <small>(for married women only)</small>					Attach Here 1" x 1" ID PHOTO
DESIRED PROPORIONATE SHARE (%)			DATE OF BIRTH <small>(mm/dd/yy)</small>			CITIZENSHIP			SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE			RELATIONSHIP TO PRINCIPAL BORROWER <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Son/Daughter <input type="checkbox"/> Other <small>(please specify)</small> <input type="checkbox"/> Brother/Sister					MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Annulled/Divorced <input type="checkbox"/> Widower								
PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name															CONTACT DETAILS <small>(Indicate country code if abroad)</small> COUNTRY + AREA CODE TELEPHONE NO. HOME TEL. NO. BUSINESS TEL. NO. CELLPHONE NO. (REQUIRED) E-MAIL ADDRESS (REQUIRED)										
Subdivision Barangay Municipality/City Province and State Country <small>(if abroad)</small> Zip Code																									
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name																									
Subdivision Barangay Municipality/City Province and State Country <small>(if abroad)</small> Zip Code																									
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															
OCCUPATION <input type="checkbox"/> Locally Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Overseas Filipino Worker (OFW)					TAXPAYERS IDENTIFICATION NO. (TIN)					SSS/GSIS ID NUMBER					EMPLOYER'S CONTACT DETAILS <small>(Indicate country code if abroad)</small> COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) Business (Trunk Line) Employer/Business Email Address										
EMPLOYER/BUSINESS NAME																									
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name																									
Subdivision Barangay Municipality/City Province and State Country <small>(if abroad)</small> Zip Code															PREFERRED MAILING ADDRESS <input type="checkbox"/> Permanent Home Address <input type="checkbox"/> Present Address <input type="checkbox"/> Employer/Business Address										
POSITION & DEPARTMENT					PREFERRED TIME TO BE CONTACTED (For Employer)					PLACE OF ASSIGNMENT					YEARS IN EMPLOYMENT/ BUSINESS					NO. OF DEPENDENT/S					
INDUSTRY <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"/> Activities of Private Households as Employer's & Undifferentiated Production Activities of Private Households <input type="checkbox"/> Education & Training <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Management <input type="checkbox"/> Manufacturing <input type="checkbox"/> Media <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Technology <input type="checkbox"/> Basic Materials <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Life Sciences <input type="checkbox"/> Construction <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods																									

SPOUSE'S PERSONAL DATA

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

INDUSTRY

- | | | | |
|--|--|--|--|
| <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 Activities of Private Households | <input type="checkbox"/> Education & Training | <input type="checkbox"/> Management | <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"/> Manufacturing | <input type="checkbox"/> Transport, Storage and Communications |
| <input type="checkbox"/> Basic Materials | <input type="checkbox"/> Extra-Territorial Organization & Bodies | <input type="checkbox"/> Media | <input type="checkbox"/> Travel and Leisure |
| <input type="checkbox"/> Construction | <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"/> HR/Recruitment | <input type="checkbox"/> Technology | |
| | <input type="checkbox"/> Life Sciences | | |

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.

SIGNATURE OVER PRINTED NAME OF CO-BORROWER

SIGNATURE OVER PRINTED NAME OF SPOUSE

DATE

DATE

THIS FORM MAY BE REPRODUCED. NOT FOR SALE.