



APPLICATION FOR MORATORIUM ON SHORT-TERM LOAN (STL) AMORTIZATION PAYMENTS

HQP-SLF-028
(V05, 05/2020)

PLEASE READ GUIDELINES AND INSTRUCTIONS AT THE BACK. TYPE OR PRINT ALL INFORMATION IN CAPITAL LETTERS.

| | | | | |
|--|-------------------|--------------------------------------|-------------|--|
| LAST NAME | FIRST NAME | NAME EXTENSION (e.g., Jr., II, etc.) | MIDDLE NAME | Pag-IBIG MID No./RTN |
| PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name Subdivision | | | | CONTACT DETAILS (indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home |
| Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code | <input type="text"/> <input type="text"/> |
| PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name Subdivision | | | | Cell Phone |
| Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code | <input type="text"/> <input type="text"/> |
| EMPLOYER/BUSINESS NAME | | | | E-mail Address |
| EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name Subdivision | | | | CONTACT DETAILS (indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Business (Direct Line) |
| Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code | <input type="text"/> <input type="text"/> |
| EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name Subdivision | | | | Business (Trunk Line) |
| Barangay | Municipality/City | Province/State/Country (if abroad) | ZIP Code | <input type="text"/> <input type="text"/> |
| | | | | Employer/Business Email Address |
| | | | | <input type="text"/> |

CERTIFICATION

I hereby certify, under pain of perjury that:

1. I am a victim of _____
(Name of Calamity/Disaster)
2. The information given and any or all statements made herein are true and correct to the best of my knowledge and belief; and
3. My signature appearing herein is genuine and authentic.

4. If upon verification of Pag-IBIG Fund, it found out that there is a falsification, misrepresentation or any similar acts committed by me, Pag-IBIG Fund shall automatically disapprove my application and I shall pay Pag-IBIG Fund the STL amortization due with corresponding penalties. I shall abide with all applicable rules and regulations governing this moratorium that Pag-IBIG Fund may promulgate from time to time.

Signature of Applicant Over Printed Name

Date

EMPLOYER/BARANGAY CERTIFICATION

This is to certify that _____ with residence/employer's address at _____ was affected by _____ and/or his source of income has been impaired. This Certification is being issued in relation to the application for moratorium of the above-mentioned Pag-IBIG member.

Issued this _____ day of _____, 20__ at _____.

**HEAD OF OFFICE OR AUTHORIZED REPRESENTATIVE/
HEAD OF BARANGAY**
(Signature Over Printed Name)

DESIGNATION/POSITION

THIS PORTION IS FOR Pag-IBIG Fund USE ONLY

MEMBER SERVICES II - FRONTLINE SERVICING - BRANCH

| | | | |
|-------------|------|--|---------|
| RECEIVED BY | DATE | WITH CLAIMS APPLICATION <input type="checkbox"/> WITH PENDING CLAIMS <i>Date Filed</i> _____ <input type="checkbox"/> WITHOUT PENDING CLAIMS | REMARKS |
|-------------|------|--|---------|

BILLING AND COLLECTION DIVISION - TECHNICAL AND ADMINISTRATIVE SUPPORT (BCD-TAS)

| | | |
|--|-------------------|----------------|
| STATUS OF ACCOUNT <input type="checkbox"/> UPDATED <input type="checkbox"/> IN ARREARS <i>No. of months in arrears</i> _____ | MORATORIUM PERIOD | REMARKS |
| VERIFIED BY | DATE | APPROVED BY |
| | | DATE |
| | | DISAPPROVED BY |
| | | DATE |

GUIDELINES AND INSTRUCTIONS

A. WHO MAY FILE

To qualify for the moratorium, the borrower must meet the following eligibility requirements:

1. His residence or place of work is affected.
2. He is adversely affected by the calamity/disaster, or its after effect and as a result:
 - a. His residence is damaged; or
 - b. His source of income has been impaired.
3. With updated STL amortization payment as of month prior to date of application.

B. FILING OF APPLICATION

1. The application may be filed through any of the following modes:
 - Through the Pag-IBIG Website under the Virtual Pag-IBIG; or
 - Submission of two (2) copies of accomplished Application for Moratorium on Short-Term Loan (STL) Amortization Payments and required supporting documents at any Pag-IBIG branch.
2. The application may be filed by the borrower, his or her spouse, or the duly authorized representative.

NOTE: No processing fee shall be collected upon availment of the moratorium program.

C. DOCUMENTS TO BE SUBMITTED

Picture/s of damage property or any proof that his residence or place of work has been affected by the calamity, as applicable.

D. TERMS AND CONDITIONS

Eligible borrower shall be granted a moratorium subject to the terms and conditions provided in the applicable guidelines.