



Pag-IBIG HEALTH AND EDUCATION LOAN PROGRAMS (Pag-IBIG HELPs) APPLICATION FORM

INSTRUCTIONS:

1. Accomplish this form in one (1) copy only. Print this form back to back on one single sheet of paper.
2. Type or print all entries in BLOCK or CAPITAL LETTERS.
3. All data fields are mandatory. Otherwise, put N/A if not applicable.

LAST NAME					FIRST NAME					NAME EXTENSION (e.g., Jr., II)					MIDDLE NAME					MAIDEN MIDDLE NAME (For married women)					Pag-IBIG MID NO.	APPLICATION NO.													
COMPLETE MOTHER'S MAIDEN NAME										SEX <input type="checkbox"/> Male <input type="checkbox"/> Female					MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Married <input type="checkbox"/> Legally Separated					CITIZENSHIP					NATIONALITY														
PRESENT HOME ADDRESS										Unit/Room No., Floor					Building Name					Lot No., Block No., Phase No. House No.					Street Name					CELL PHONE NUMBER (Required)					HOME TELEPHONE NUMBER				
Subdivision										Barangay					Municipality/City					Province/State/Country (if abroad)					ZIP Code					EMAIL ADDRESS					APPLICANT'S TAXPAYER IDENTIFICATION NUMBER (TIN)				
PERMANENT HOME ADDRESS										Unit/Room No., Floor					Building Name					Lot No., Block No., Phase No. House No.					Street Name					EMPLOYEE ID NUMBER					NATURE OF WORK				
Subdivision										Barangay					Municipality/City					Province/State/Country (if abroad)					ZIP Code					SSS/GSIS No.					BUSINESS TEL. NUMBER				
EMPLOYER/BUSINESS NAME										DATE OF EMPLOYMENT					DESIRED LOAN AMOUNT <input type="checkbox"/> Maximum Loan Amount <input type="checkbox"/> Others, specify:																								
EMPLOYER/BUSINESS ADDRESS										Unit/Room No., Floor					Building Name					Lot No., Block No., Phase No. House No.					Street Name					LOAN PURPOSE <input type="checkbox"/> Educational Expenses <input type="checkbox"/> Healthcare Plan from accredited HMO <input type="checkbox"/> Medical Expenses									
Subdivision										Barangay					Municipality/City					Province/State/Country (if abroad)					ZIP Code					REPAYMENT TERM <input type="checkbox"/> Six (6) Months <input type="checkbox"/> Twenty-four (24) Months <input type="checkbox"/> Twelve (12) Months <input type="checkbox"/> Thirty-six (36) Months									
BENEFICIARY'S DETAILS LAST NAME					FIRST NAME					NAME EXTENSION (e.g., Jr., II)					MIDDLE NAME					STUDENT NUMBER/IDENTIFICATION NUMBER																			
PREVIOUS EMPLOYMENT DETAILS FROM DATE OF Pag-IBIG MEMBERSHIP (Use another sheet if necessary)																																							
EMPLOYER/BUSINESS NAME										EMPLOYER/BUSINESS ADDRESS										FROM (mm/yy)					TO (mm/yy)														

In the event of the approval of my application for the Pag-IBIG Health and Education Loan Programs (Pag-IBIG HELPs), I hereby authorize Pag-IBIG Fund to credit/pay my loan proceeds to (Partner-Merchant) as payment for (Educational, Medical, or Healthcare Plan expenses) of my beneficiary.

SIGNATURE OF APPLICANT

APPLICATION AGREEMENT

In consideration of the loan that may be granted by virtue of this application subject to the pertinent provisions of the Implementing Rules and Regulations of Pag-IBIG Fund, I hereby waive my rights under R.A. No. 1405 (Secrecy of Bank Deposits Act). Furthermore, I hereby authorize my present employer, _____ or any employer with whom I may get employed in the future, to deduct the membership savings (MS) and monthly amortization due from my salary and remit the same to Pag-IBIG Fund. If the resulting monthly net take home pay after deducting the computed monthly amortization on Health and Education Loan Programs (HELPS) falls below the monthly net take home pay as required under the GAA/company policy, I authorize Pag-IBIG Fund to compute for a lower loanable amount.

I understand that should I fail to pay the monthly amortization due; I shall be charged with a penalty of 1/20 of 1% of any unpaid amount for every day of delay.

I authorize Pag-IBIG Fund to disclose, submit, share or exchange any of my account information to legal and government regulating agencies, other banks, partner-merchants or third party in accordance with R.A. No. 9510 (Credit Information System Act), R.A. No. 10173 (Data Privacy Act of 2012) and other related or pertinent laws and regulations, as described in Pag-IBIG Fund's Freedom of Information (FOI) Manual. The credit information may also be transferred to service providers (e.g., Credit Information Corporation, Bankers Association of the Philippines - Credit Bureau), likewise in accordance with laws and regulations.

I certify that the information given and any or all statements made herein are true and correct to the best of my knowledge and belief. I hereby certify under pain of perjury that my signature appearing herein is genuine and authentic.

Signature of Applicant over Printed Name

This office agrees to collect the corresponding monthly amortization on this loan and the MS of herein applicant through salary deduction, together with the employer counterpart, and remit said amounts to Pag-IBIG Fund on or before the 15th day of each month, for the duration that the loan remains outstanding. However, should we deduct the monthly amortization due from the applicant's salary but failed to remit it on due date, this office agrees to pay the corresponding penalty charged to applicant equivalent to 1/20 of 1% of any unpaid amount for every day of delay and penalty for non-remittance equivalent to 1/10 of 1% per day of delay of the amount payable from the date the loan amortization or payments fall due until paid.

AUTHORIZED SIGNATORY
(Signature over Printed Name)

DESIGNATION

Pag-IBIG EMPLOYER ID NO. AGENCY CODE BRANCH CODE

PROMISSORY NOTE

For value received, I promise to pay on due date without need of demand to the order of Pag-IBIG Fund with principal office at Petron MegaPlaza, 358, Sen. Gil Puyat Avenue., City of Makati the sum of Pesos:

(P. _____) Philippine Currency, with an interest at the rate of 10.5% per annum (equivalent rate of 17.50% based on diminishing principal balance), with interest during the grace period and shall be amortized equally over the term of the loan.

I hereby waive notice of demand for payment and agree that any legal action, which may arise in relation to this note, may be instituted in the proper court of Makati City.

Finally, this note shall likewise be subject to the following terms and conditions:

1. I shall pay the amount of Pesos: _____ (P. _____) through salary deductions, whenever feasible, based on my repayment term. In case of suspension from work, leave of absence without pay, insufficiency of net take home pay at any time during the term of the loan, payments should be made directly to the Fund or its accredited collecting agents.
2. Payments are due on or before the 15th day of the month starting on _____.
3. Payments shall be applied according to the following order of priorities: Penalties, Interest and Principal.
4. A penalty of 1/20 of 1% of any unpaid amount shall be charged to me for every day of delay.
5. I shall be considered in default in any of the following cases, without need for demand:
 - a. Any willful misrepresentation made in any of the documents executed in relation hereto;
 - b. Failure to pay any three (3) consecutive monthly amortizations;

Signed in the presence of:

Witness
(Signature over Printed Name)

Witness
(Signature over Printed Name)

Applicant
(Signature over Printed Name)

AUTHORITY TO DEDUCT (Optional)

In case of retirement/separation from employment, I hereby authorize my employer to deduct any outstanding Pag-IBIG Health and Education Loan Programs (Pag-IBIG HELPs) balance from my retirement or separation benefits to fully settle my loan obligation. In the event that my retirement/separation benefit is not sufficient to settle the outstanding balance of my Pag-IBIG HELPs or my employer fails for whatever reason, to deduct the same from said retirement/separation benefits, I hereby authorize Pag-IBIG Fund to apply whatever benefits are due me from the Fund to settle the said obligation.

SIGNATURE OF APPLICANT

THIS PORTION IS FOR Pag-IBIG FUND USE ONLY

RECEIVED BY: Signature over Printed Name	Date	APPROVED/DISAPPROVED BY: Signature over Printed Name	Date	REMARKS:
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GUIDELINES AND INSTRUCTIONS

CERTIFICATE OF NET PAY

NAME OF BORROWER

For the month of: _____

Basic Salary _____

Add: Allowances

Gross Monthly Income _____

Less: Deductions

Total Deductions _____

Net Monthly Income _____

Issued this _____ day of _____, 20____.

I certify under pain of perjury that the above-mentioned information is true and correct.

AUTHORIZED SIGNATORY
(Signature Over Printed Name)

- A. Who May File**
Any Pag-IBIG Fund member who satisfies the following requirements:
- Has made at least twenty-four (24) monthly membership savings (MS);
 - A member who has withdrawn his MS due to membership maturity, or who has optionally withdrawn his MS, shall be allowed to apply for Pag-IBIG HELPs provided said member has subsequently accumulated 24 MS or at least its equivalent from the cut-off date of membership maturity or optional withdrawal.
 - A member who does not meet the required 24 MS may nevertheless, be allowed to avail of Pag-IBIG HELPs if his total savings is at least equivalent to 24 MS, at the rate applicable to him.
 - Has made at least one (1) MS within the last six (6) months prior to the date of loan application;
 - If with existing Pag-IBIG housing loan, the account must not be in default as of date of application;
 - If with existing MPL and/or Calamity loan, the account/s must not be in default as of date of application; and
 - Submission of sufficient proof of income.
- B. How to File**
The applicant shall:
- Secure the Pag-IBIG Health and Education Loan Programs (Pag-IBIG HELPs) Application Form (HQP-SLF-089) from any Pag-IBIG Fund Branch or download from Pag-IBIG website at www.pagibigfund.gov.ph.
 - Accomplish one (1) copy of the application form.
 - Submit the accomplished application form, together with the required documents to any Pag-IBIG Fund Branch. Processing of loans shall commence only upon submission of complete documents.
- C. Loan Features**
- Loan Amount**
A qualified Pag-IBIG member shall be allowed to borrow an amount based on the lowest of the following:
 - Desired Loan Amount
 - Loan Entitlement
The loan entitlement shall be equivalent to eighty percent (80%) of TAV. However, if the borrower has an existing MPL and/or Calamity Loan, the loanable amount shall be the difference between the eighty percent (80%) of the borrower's TAV and the outstanding balance of his MPL and/or Calamity Loan.
 - Capacity to Pay
The loanable amount shall be limited to an amount which will not render the borrower's Net Take Home Pay (NTHP) to fall below the minimum requirements as prescribed by the General Appropriations Act (GAA) or company policy, whichever is applicable.
 - Actual Need
 - Interest Rate**
The loan shall be charged with an interest of 10.5% per annum (equivalent rate of 17.50% based on the diminishing principal balance), with interest during the grace period and shall be amortized equally over the term of the loan.
 - Loan Period**
The loan shall be repaid over a period of six (6) months, twelve (12) months, twenty-four (24) months or thirty-six (36) months at the option of the borrower. No grace period shall be applied for the six (6)-month loan term, while other terms shall have a two (2)-month grace period. In the event that the borrower does not indicate the chosen loan term, the default term shall be three (3) years.
 - Loan Payments**
 - The loan shall be paid in equal monthly installments in such amounts as may fully cover the principal and interest over the loan period. Said amortization shall be made, whenever feasible, through salary deduction.
 - For self-employed individual, Overseas Filipino Workers (OFWs) or other types of individual payors, monthly payments shall be paid over-the-counter, through Virtual Pag-IBIG, or any other modes of payment approved by the Fund.
 - HELPs Application Number must be indicated in the remittance form.
 - Payments shall be remitted to the Pag-IBIG Fund on or before the fifteenth (15th) day of each month, starting on the next month following the DV/Check date or manual disbursement voucher for loan releases with loan term of six (6) months.
 - Payments shall be remitted to the Pag-IBIG Fund on or before the fifteenth (15th) day of each month, starting on the third (3rd) month following the DV/Check date or manual disbursement voucher for loan releases with loan terms of twelve (12), twenty-four (24) and thirty-six (36) months.
 - If the due date falls on a non-working day, the monthly amortization shall be paid on the first working day after the due date.
 - The borrower may fully pay the outstanding balance of the loan prior to loan maturity.
 - The borrower shall pay directly to Pag-IBIG Fund or its accredited collecting agents in case the borrower is unable to pay through salary deduction due to any of the following circumstances, such as but not limited to:
 - Suspension from work;
 - Leave of absence without pay;
 - Insufficiency of net take home pay at any time during the term of the loan; and
 - Other circumstances analogous to the foregoing.
 - Payments shall be applied according to the following order of priorities:
 - Penalties, if any
 - Interest; and,
 - Principal
 - Any amount in excess of the required monthly amortizations shall be applied to succeeding amortizations which will be posted on the next due date.
 - Penalties**
 - A penalty of one-twentieth of one percent (1/20 of 1%) of any unpaid amount shall be charged to the borrower for every day of delay.
 - For borrowers paying through salary deduction, penalties shall only be reversed upon presentation of proof that non-payment was due to the fault of the employer. In such case, penalties due from the borrower shall be charged to the employer. Non-remittance of the total loan amortization shall likewise subject the employer with an additional penalty of one-tenth of one percent (1/10 of 1%) per day of delay of the amounts payable from the date the loan amortization falls due until paid.
 - Default**
The borrower shall be in default in any of the following cases, without need for demand:
 - Any willful misrepresentation made by the borrower in any of the documents executed in relation hereto;
 - Failure of the borrower to pay any three (3) consecutive monthly amortizations;
 - Failure of the borrower to pay any three (3) consecutive Pag-IBIG monthly savings;
 - Violation by the borrower of any of the membership/STL/housing loan policies, rules, regulations and guidelines of Pag-IBIG Fund.
 - Effects of Default**
In the event of default, the outstanding loan obligation shall become due and demandable. The outstanding loan obligation shall be deducted from the TAV after exerting all collection efforts.
- D. Other Provisions**
- An eligible member who is an active member under more than one employer shall have only one outstanding Pag-IBIG HELPs at any given time. At point of application, the member shall choose which employer shall deduct and remit his Pag-IBIG HELPs amortization.
 - Loan Renewal**
 - For loans with a repayment term of six (6) months, the borrower may be allowed to renew his Pag-IBIG HELPs upon payment of at least four (4) posted monthly amortizations.
 - For loans with a repayment term of twelve (12) months, twenty-four (24), and thirty-six (36) months, the borrower may be allowed to renew his Pag-IBIG HELPs upon payment of at least six (6) posted amortizations.
 - Any outstanding Pag-IBIG HELPs obligation shall be deducted from the approved loan and the net proceeds shall be released to the partner-merchant.
 - In case of full payment prior to loan maturity, a borrower shall be allowed to apply for a new loan anytime thereafter.
 - The Pag-IBIG HELPs, MPL and/or Calamity Loan Program shall be treated as separate and distinct from each other. Hence, the member shall be allowed to avail of HELPs while he still has an outstanding MPL and/or Calamity Loan, and vice versa. Application for loans on these three (3) programs shall be governed by their corresponding guidelines.
 - A borrower may request for the immediate offsetting of his/her outstanding HELPs balance against his/her TAV. It shall be effected upon approval of the borrower's request, provided, the request is based on the following justifiable reasons: Total disability/insanity; separation from service by reason of health; death of the member's immediate family member; distressed member due to unemployment limited to layoff and/or closure of company; critical illness of the member or any of his immediate family member as certified by a licensed physician, subject to approval; repatriation of OFW member from host country; and other meritorious ground as may be approved by the Board.
 - If TAV offsetting has been effected on the borrower's defaulting Pag-IBIG HELPs, he may apply for a new Pag-IBIG HELPs subject to the following conditions:
 - For six (6) months loan term, if the borrower has paid at least four (4) monthly amortization prior to default and its consequent offsetting against the borrower's TAV, the borrower, may immediately apply for a new loan, subject to eligibility criteria.
 - For other loan terms, if the borrower has paid at least six (6) monthly amortizations prior to default and its consequent offsetting against the borrower's TAV, the borrower may immediately apply for a new loan, subject to eligibility criteria.
 - If the borrower has paid less than four (4) or six (6) monthly amortizations based on loan term prior to default and its consequent offsetting against the borrower's TAV, the borrower may apply for a new loan only after two (2) years from date of TAV offsetting. However, in case the TAV offsetting was due to justifiable reasons, the borrower may immediately apply for a new loan, subject to the eligibility criteria.
 - In the event of membership termination prior to loan maturity, any outstanding loan obligation shall be deducted from the borrowers TAV and/or any amount due him or his beneficiaries in the possession of the Fund. In case of borrower's death, the outstanding loan obligation shall be computed up to date of death. Any payments received after date of death shall be refunded to the borrower's beneficiaries.
 - In case there is a need to update in the borrower's address and contact details (i.e. present home address, permanent home address, email address, cell phone number, home telephone number and business telephone number) at point of loan application, the borrower shall not be required to submit Member's Change of Information Form (MCIF, HQP-PFF-049). The updating of information shall be based on the submitted Pag-IBIG HELPs application form.
However, in case the information that needs to change/update is other than the address and contact details, the concerned borrower is required to submit the accomplished MCIF together with the supporting documents, if necessary. Please refer to the Checklist of Requirements specified at the back portion of the MCIF.