



HOUSING LOAN APPLICATION

HQP-HLF-068

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

Pag-IBIG MID Number/RTN									

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

LOAN PARTICULARS		
PURPOSE OF LOAN Purchase: <input type="checkbox"/> Fully Developed Residential Lot or Adjoining Residential Lots <input type="checkbox"/> Fully Developed Residential Lot with Construction of a Residential Unit <input type="checkbox"/> Pag-IBIG Fund Acquired Properties <input type="checkbox"/> Residential Unit (House & Lot) <input type="checkbox"/> Townhouse or Condominium Unit <input type="checkbox"/> Townhouse or Condominium Unit inclusive of a parking slot <input type="checkbox"/> Adjoining Property <input type="checkbox"/> Residential Unit with Home Improvement	Construction/Improvement: <input type="checkbox"/> House Construction <input type="checkbox"/> Home Improvement Refinancing: <input type="checkbox"/> Existing Mortgage Loan <input type="checkbox"/> Existing Mortgage with Home Improvement <input type="checkbox"/> Existing Mortgage on a Residential Lot with Construction of a Residential Unit Additional Loan: <input type="checkbox"/> House Construction <input type="checkbox"/> Home Improvement <input type="checkbox"/> Purchase of Parking Lot (for vertical development)	WITH EXISTING HL APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate HL Application No. _____
		DESIRED LOAN AMOUNT ₱ _____
		DESIRED LOAN TERM (Years) <input type="checkbox"/> 1 <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
		DESIRED RE-PRICING PERIOD (Year/s) <input type="checkbox"/> 1 <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
MODE OF PAYMENT <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 Checks <input type="checkbox"/> Developer <input type="checkbox"/> Cash/Check <input type="checkbox"/> Remittance Center		

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

BORROWER'S DATA								
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	CITIZENSHIP	DATE OF BIRTH (mm/dd/yy)	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ATTACH HERE 1"X1" ID PHOTO OF APPLICANT	
PERMANENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name				MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widower				
Subdivision Barangay Municipality/City Province and State Country (if abroad) ZIP Code				BORROWER'S CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Home _____ Cell Phone _____ Email Address _____				
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name				BORROWER'S CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) _____ Business (Trunk Line) _____ Employer/Business Email Address _____			For Pag-IBIG Fund USE ONLY MEMBERSHIP SAVINGS <input type="checkbox"/>	
Subdivision Barangay Municipality/City Province and State Country (if abroad) ZIP Code				EMPLOYER'S CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) _____ Business (Trunk Line) _____ Employer/Business Email Address _____				
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	EE SSS/GSIS ID No.	EMPLOYER'S CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) _____ Business (Trunk Line) _____ Employer/Business Email Address _____				LOAN ENTITLEMENT <input type="checkbox"/>
EMPLOYER/BUSINESS NAME (If self-employed)				TIN	EMPLOYER'S CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) _____ Business (Trunk Line) _____ Employer/Business Email Address _____			CERTIFIED BY <input type="checkbox"/>
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name				OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	POSITION & DEPARTMENT _____			YEARS IN EMPLOYMENT/ BUSINESS _____
Subdivision Barangay Municipality/City Province and State Country (if abroad) ZIP Code				PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/> Permanent Home Address				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"/> Technology <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated <input type="checkbox"/> Construction <input type="checkbox"/> Life Sciences <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Production Activities of Private Households <input type="checkbox"/> Education & Training <input type="checkbox"/> Management <input type="checkbox"/> Manufacturing <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Media <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods <input type="checkbox"/> Basic Materials <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security								

SPOUSE'S PERSONAL DATA				
LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	Pag-IBIG MID NO./RTN
CITIZENSHIP			DATE OF BIRTH (mm/dd/yy)	TIN
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			OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	POSITION & DEPARTMENT
Subdivision Barangay Municipality/City Province and State Country (if abroad) ZIP Code			ZIP Code	BUSINESS TEL. NO.
INDUSTRY <input type="checkbox"/> Accounting <input type="checkbox"/> Business Process Outsourcing (BPO) <input type="checkbox"/> Life Sciences <input type="checkbox"/> Technology <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production <input type="checkbox"/> Education & Training <input type="checkbox"/> Management <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Manufacturing <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Basic Materials <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods <input type="checkbox"/> Construction <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> Health and Medical Services				

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 <i>(e.g. Visa/Mastercard)</i>	CARD EXPIRY <i>(mm/yyyy)</i>	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 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.

SELLER'S DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	Pag-IBIG MID NO./RTN	TIN
Unit/Room No., Floor	Building Name	Lot No., Blk No., Phase No., House No.	Street Name	CONTACT NUMBER	
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	ZIP Code	EMAIL ADDRESS

SOURCE OF Pag-IBIG FUND HOUSING LOAN INFORMATION

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

CERTIFICATION

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 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; 3) to share my/our credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC; and 4) 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 Fund 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 a non-refundable sum of One Thousand Pesos (P1,000.00) as processing fee and Two Thousand Pesos (P2,000.00) as appraisal fee to be paid upon filing of the loan application and Two Thousand Pesos (P2,000.00) as additional processing fee to be paid upon loan takeout.

I/We understand that should my/our application be approved, notarial and all other fees pertaining to the registration of mortgage on property shall be for my/our account.

SIGNATURE OF BORROWER

SIGNATURE OF SPOUSE

DATE

DATE

THIS FORM CAN BE REPRODUCED. NOT FOR SALE.