HOUSING LOAN APPLICATION

Pag- IBIG	P	ag-IBIG MID Number/l	RTN		Hou	sing Accou	nt Number (HAN), if v	with existing HAN
PRINT ALL ENTRIES IN BLOCK OR	CAPITAL LETTERS)							
		LOA	N PARTIC			NO APPLIO	ATION	
PURPOSE OF LOAN	valamad raaidamtial lat		antial lata		NO			
☐ Purchase of fully de☐ Purchase of a reside				If yes, indicate		• •		
unit, inclusive of a p ☐ Construction or com	arking slot pletion of a residentia			DESIRED LOA the co-borrower's				AN TERM (Years)
☐ Home improvement☐ Refinancing of an example.				DESIRED RE-		PERIOD (Ye	,	25 🗖 30
☐ Purchase of residen☐ Purchase of residen☐ Purchase of a parkir	tial unit plus cost of tr			MODE OF PA □ Salary ded □ Over-the-C □ Post-Dat	uction Counter	10	☐ Collecting A☐ Bank☐ Develope	
				☐ Cash/Ch			☐ Remittan	
		C	OLLATE	RAL				
PROPERTY LOCATION (Street					☐ Rowh	e Attached	Y ☐ Single Detached ☐ Condominium	☐ Townhouse ☐ Duplex
NAME OF DEVELOPER/REGI	STERED TITLE HOLDER					PTION OF EMENTS	EXISTING	PROPOSED
TCT/OCT/CCT NO.	TAX DECLARATION	NO. LOT/UNI	IT NO. BLC	OCK/BLDG NO.		o. of REYS		
IS PROPERTY PRESENTLY MORTGAGED?			HOUSE (For l	Purchase of a		FLOOR		
☐ YES ☐ NO				OF OFFSITE COL		REA	SQM	SQM
If yes, use separate sheet for the		3 2 110						
LAST NAME FIR	ST NAME NAME	BOR E EXTENSION	ROWER'S		ISHIP D	ATE OF BIR	TH (mm/dd/yy)	SEX
LAST NAME TIN	OTNAME NAME	LATENSION	WIIDDEL INA	WIL OTTIZEN		ATE OF BILL	TTT (mm/dd/yy)	□ M □ F
PERMANENT HOME ADDRES Unit/Room No., Floor Buildir		o., Phase No., House No.		Street Name		MARITAL STA		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Single/Unn Married	narried	ATTACH HERE 1"X1"
Subdivision Barangay	/ Municipality/City	Province and State Co.	untry (if abroad)	ZIP Code		Annulled Legally S Widow/er	Separated	ID PHOTO OF APPLICANT
PRESENT HOME ADDRESS				0		BORROWER	'S CONTACT DETAIL	S (Indicate country code
Unit/Room No., Floor Buildi	ng Name Lot No., Block	No., Phase No., House No.		Street Name	C		REA CODE TELEPHONE	NO.
Subdivision Barangay	Municipality/City	Province and State Co.	untry (<i>if abroad</i>)	ZIP Code	[Cell Phone		
HOME OWNERSHIP Owned Company	☐ Living w/ relatives/pare	YEARS OF STAY IN PRESENT HOME ADDRESS	N EE SSS/	GSIS ID No.	L	Email Addres	S	<u> </u>
☐ Mortgaged ☐ Rented at P_ EMPLOYER/BUSINESS NAM	/mo. E (If self-employed)		TIN		L	MPI OVER'S	S CONTACT DETAILS	6 (Indicate country code
EMPLOYER/BUSINESS ADDI			OCCUP	ATION	if	abroad)	REA CODE TELEPHONE	,
Unit/Room No., Floor Building Na	me Lot No., Block No., Phase N	No., House No. Street Nan	p	loyed Employed		Business (Dir		
Subdivision Barangay	/ Municipality/City	Province and State Co	untry (if abroad)	ZIP Code	E	Business (Tru	ınk Line)	_
INDUSTRY □ Accounting □ Bus	iness Process Outsourcing	☐ Health and Social Wo	ork:	☐ Technology	Ę	mployer/Bus	siness Email Address	
☐ Activities of Private (BP		Health and Medical S		☐ Transport, Sto				
Employer's & ☐ Edu Undifferentiated ☐ Elec	cation & Training ctricity, Gas and Water	☐ Management☐ Manufacturing		□ Travel and Le □ Wholesale &	eisure Retail	REFERRED Employer)	TIME TO BE CONTA	CTED (For
Production Activities Sup of Private □ Extr Households Bod	a-Territorial Organization &	☐ Media☐ Mining and Quarrying☐ Other Community, So		Trade; Repair Motor Vehicle Motorcycles,		POSITION &	DEPARTMENT	YEARS IN EMPLOYMENT/
☐ Agriculture, Hunting, ☐ Final Forestry & Fishing Inte	ivities & Defense;	Personal & Household G	oods F	REFERRED				
	Recruitment	Compulsory Social S					me Address Business Address Home Address	DEPENDENT/S
LAST NAME	FIRST NAME	SPOUSE ³ NAME EXTENSION		DAL DATA	P	ag-IBIG MII	NO /RTN	
	T INCO TWINE			DDEE 147 WILL			5 NO./ICTIV	
CITIZENSHIP		DATE OF BIRTH (mi	m/aa/yy)			IN		
EMPLOYER/BUSINESS NAMI						-	IPLOYMENT/ BUSINE	ESS
EMPLOYER/BUSINESS ADDR Unit/Room No., Floor Building Nat		No., House No. Street Nam	1		P	OSITION & I	DEPARTMENT	
Subdivision Barangay	/ Municipality/City	Province and State Con		ZIP Code	В	USINESS TE	EL. NO.	
INDUSTRY Accounting Activities of Private Household Employer's & Undifferentiated Activities of Private Household Agriculture, Hunting, Forestry Basic Materials Construction	s as	Gas and Water Supply orial Organization & Bodi ervices/ Intermediation ment	☐ Mana ☐ Manu es ☐ Media ☐ Minin ☐ Other	ig and Quarrying r Community, Socia c Administration & I			Communication Co	ology port, Storage and unications and Leisure sale & Retail Trade; of Motor Vehicles, cycles, Personal & thold Goods

5 4 1 1 1			BANK ACC	PTALLO	(Indicate v	our 3 most	active)							
BANK BRANCH/ADDRESS		BANK ACCOUNTS (Indicate your 3 most TYPE OF ACCOUNT ACCOUNT NO.			DATE OPENE	D	AVE. BALANCE							
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,												
		C	REDIT CARD	S OWNE	ED (Indicate	your 3 mc	ost active)							
ISSUER NAME		CARD TYPE (e.g. Visa/Mastercard)			CARD EXPIR (mm/yyyy)	CREDIT LIMIT								
				DEAL E	CTATE OVA	NED								
100	ATION		TYPE OF PROPERTY ACQUISITION OF				MARKET VALL	MORTGAGE RENTAL INCOME			TAL INCOME			
	ATION		TIPE OF PROPERTY		ACQUISITION COST		MARKET VALUE		BALANCE		RENTAL INCOME			
Creditor & Address			OUTSTAND Security	ING CRI	EDITS/LOA	N AVAILN	Type		I N	Maturity D)ate			
		Security				Amount/Balance			Mo. Amortization					
Creditor & Address		Security			Туре			Maturity Date						
						Amount/Balance	Mo. Amortization							
Creditor & Address	Creditor & Address			Security				Туре			Maturity Date			
				MISCELLANEOUS				Amount/Balance			Mo. Amortization			
			questions with YES	S or NO. If	your answer is	YES, please	elaborate the details	as requir	ed)					
Are there past or pending If Yes, please indicate the			☐ No ed and the status											
Do you have past due obl	igations? 🚨	Yes 🔲 No												
If yes, please indicate the Was your bank account e					checks? Y	es 🖵 No								
If yes, please indicate the Have you ever been diagr	bank's name,	nature amount a	nd date.				Yes 🔲 No							
If yes, please indicate the			advice by a physi	cian or othe	er nealth care p	provider?	res 🗖 No							
		1	LOAN	N AND C	REDIT REF	ERENCES								
BANK/FINANCIAL INS	TITUTION	ADD	RESS	PURI	POSE	SECURITY	HIGHEST AMOUNT OWED	PRES BALA		DATE OBTAIN		DATE FULLY PAID		
			TRADE REI	FERENC	ES (For Se	lf-Employe	d Only)							
	NAME OF	SUPPLIER		ADDRESS							TEL.	. NO.		
	NA	ME	CI	HARACT	ER REFER		Egg				TEI	NO		
	NA	ME	CI	HARACT	ER REFER	ENCES ADDRI	ESS				TEL	. NO.		
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