



\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/Madam:

This refers to my housing loan account involving that property located at (Property Location). I was informed that the Fund has a Plan of Payment Program for delinquent housing loan borrowers. May I request to avail of the said program to pay my housing loan arrearages, with the following schedule of payment:

Installment Date	Amount Due
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<b>Total Amount Due</b>	_____

Please rest assured that I will maintain the account in good standing.

Thank you.

Very truly yours,

\_\_\_\_\_  
Signature of Member-Borrower  
Over Printed Name

**THIS PORTION IS FOR HDMF USE ONLY**

BILLING AND COLLECTION DIVISION/LOANS AND CONTRIBUTION MANAGEMENT AND RECOVERY DIVISION						
COMPLIES ELIGIBILITY REQUIREMENT			<input type="checkbox"/> YES	<input type="checkbox"/> NO	VERIFIED BY	DATE
TOTAL AMOUNT DUE	AMOUNT TO BE PAID	NET AMOUNT DUE				
APPROVED BY	DATE	DISAPPROVED BY	DATE	REMARKS		