



HOUSING LOAN APPLICATION

Pag-IBIG MID Number/RTN									

Housing Account Number (HAN), if with existing HAN									

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

LOAN PARTICULARS

PURPOSE OF LOAN <input type="checkbox"/> Purchase of fully developed residential lot or adjoining residential lots <input type="checkbox"/> Purchase of a residential house and lot, townhouse or condominium unit, inclusive of a parking slot <input type="checkbox"/> Construction or completion of a residential unit on a residential lot <input type="checkbox"/> Home improvement <input type="checkbox"/> Refinancing of an existing housing loan <input type="checkbox"/> Purchase of residential lot plus cost of transfer of title <input type="checkbox"/> Purchase of residential unit plus cost of transfer of title <input type="checkbox"/> Purchase of a parking slot	WITH EXISTING HOUSING APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate Housing Application No. _____
	DESIRED LOAN AMOUNT DESIRED LOAN TERM (Years) ₱ _____ _____
	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	SQM
IS THE PROPERTY AN OFFSITE COLLATERAL? <input type="checkbox"/> YES <input type="checkbox"/> NO		REASONS FOR USE OF OFFSITE COLLATERAL				
If yes, use separate sheet for the offsite collateral details						

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
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"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widow/er	
Subdivision Barangay Municipality/City Province and State Country (if abroad) ZIP Code					ATTACH HERE 1"X1" ID PHOTO OF APPLICANT	
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name						
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 _____	
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/BUSINESS NAME (If self-employed)					TIN	
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	
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) _____	
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 Production Activities of Private Households <input type="checkbox"/> Construction <input type="checkbox"/> Life Sciences <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Education & Training <input type="checkbox"/> Management <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Basic Materials <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods <input type="checkbox"/> <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Media <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security					Business (Trunk Line) _____	
EMPLOYER/BUSINESS NAME (If self-employed)					Employer/Business Email Address _____	
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name					POSITION & DEPARTMENT	
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	
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 Activities of Private Households <input type="checkbox"/> Construction <input type="checkbox"/> Management <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Education & Training <input type="checkbox"/> Manufacturing <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Basic Materials <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"/> <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> <input type="checkbox"/> Health and Social Work; Health and Medical Services					YEARS IN EMPLOYMENT/ BUSINESS	
EMPLOYER/BUSINESS NAME (If self-employed)					NO. OF DEPENDENT/S	
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name					POSITION & DEPARTMENT	
Subdivision Barangay Municipality/City Province and State Country (if abroad) 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 Activities of Private Households <input type="checkbox"/> Construction <input type="checkbox"/> Management <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Education & Training <input type="checkbox"/> Manufacturing <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Basic Materials <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"/> <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> <input type="checkbox"/> Health and Social Work; Health and Medical Services						

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				POSITION & DEPARTMENT
Subdivision Barangay Municipality/City Province and State Country (if abroad) 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 Activities of Private Households <input type="checkbox"/> Construction <input type="checkbox"/> Management <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Education & Training <input type="checkbox"/> Manufacturing <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Basic Materials <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"/> <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> <input type="checkbox"/> Health and Social Work; 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 (e.g. Visa/Mastercard)	CARD EXPIRY (mm/yyyy)	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
		Type	Maturity Date
		Amount/Balance	Mo. Amortization
		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 above my/our printed name/names below is/are genuine.

I/We authorize 1) Pag-IBIG Fund or its duly authorized representative to verify necessary information or data (i.e., certificate of employment, pay slips and income tax return) with the concerned government agencies or third parties including banks and other financial institutions from whom Pag-IBIG Fund had obtained information; 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; and to send me/us updates about my/our housing loan application/account via SMS/text, email, mail or other available means of communication; and 2) CIC to share my/our credit data with accessing entities, special accessing entities, outsource entities and data subjects, in accordance with the Implementing Rules and Regulations of Republic Act No. 9510.

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 be bound by the current and general policies of Pag-IBIG Fund and those that the Pag-IBIG Fund may adopt in the future, that may have relation to or in any way affect my/our loan.

I/We understand that the processing/service/filing fee, notarial and all other fees pertaining to the registration of mortgage on property shall be for my/our account.

SIGNATURE OVER PRINTED NAME OF BORROWER

SIGNATURE OVER PRINTED NAME OF SPOUSE

DATE

DATE