



CO-BUYER'S INFORMATION SHEET

(For Purchase of Acquired Assets thru Long-Term Installment Sale)

HQP-AAF-117

Pag-IBIG MID NO./RTN
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

HL Account Number if with existing HL Account
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

CO-BUYER'S DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	SEX <input type="checkbox"/> M <input type="checkbox"/> F	ATTACH HERE 1"X1" ID PHOTO OF APPLICANT		
CITIZENSHIP	DATE OF BIRTH (mm/dd/yy)	EE SSS/GSIS ID NO.	TIN				
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"/> Legally Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Widow/er			
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	Zip Code	NO. OF DEPENDENT/S		
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name				BUYER'S CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO.			
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	Zip Code	Home <input type="text"/> <input type="text"/>		
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		Cell Phone <input type="text"/> <input type="text"/>		
EMPLOYER/BUSINESS NAME (If self-employed)			Pag-IBIG EMPLOYER ID NO.		Email Address <input type="text"/>		
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name			EMPLOYER'S CONTACT DETAILS (Indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NO.				
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	Zip Code	Business (Direct Line) <input type="text"/> <input type="text"/>		
					Business (Trunk Line) <input type="text"/> <input type="text"/>		
			Employer/Business Email Address <input type="text"/>				
OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	POSITION & DEPARTMENT		YEARS IN EMPLOYMENT/ BUSINESS		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"/> Activities of Private Households as Employer's & Undifferentiated Production <input type="checkbox"/> Activities of Private Households <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Basic Materials <input type="checkbox"/> Business Process Outsourcing (BPO) <input type="checkbox"/> Construction		<input type="checkbox"/> Education & Training <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Financial Services/Intermediation <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Life Sciences		<input type="checkbox"/> Management <input type="checkbox"/> Manufacturing <input type="checkbox"/> Media <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security		<input type="checkbox"/> Technology <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods	

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	OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	
EMPLOYER/BUSINESS NAME (If self-employed)			Pag-IBIG EMPLOYER ID NO.	
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name			YEARS IN EMPLOYMENT/ BUSINESS	
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	Zip Code
			POSITION & DEPARTMENT	
			BUSINESS TEL. NO.	
INDUSTRY				
<input type="checkbox"/> Accounting <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production <input type="checkbox"/> Activities of Private Households <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Basic Materials <input type="checkbox"/> Business Process Outsourcing (BPO) <input type="checkbox"/> Construction		<input type="checkbox"/> Education & Training <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Financial Services/Intermediation <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Life Sciences		<input type="checkbox"/> Management <input type="checkbox"/> Manufacturing <input type="checkbox"/> Media <input type="checkbox"/> Mining and Quarrying <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security

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 on 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.

SOURCE OF Pag-IBIG FUND HOUSING 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 express my/our intention to purchase the Pag-IBIG Fund acquired asset as described herein and I/We further agree to purchase the property on "as is, where is" basis.

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 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 purchase and shall be subject to other sanctions provided in existing Pag-IBIG 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 application is granted.

SIGNATURE OF CO-BUYER

DATE