



# HOME REHABILITATION/RECONSTRUCTION LOAN APPLICATION

Express     Regular

Pag-IBIG MID Number/RTN									

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

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

## LOAN PARTICULARS

<b>PURPOSE OF LOAN</b> <input type="checkbox"/> Purchase of Residential House and Lot, Townhouse or Condominium Unit <input type="checkbox"/> Rehabilitation/Construction of a damaged Residential Unit <input type="checkbox"/> Rehabilitation/Construction of a Residential Unit Mortgage with or assigned to the Fund <input type="checkbox"/> Construction/Completion of a Residential Unit <input type="checkbox"/> Home Improvement <input type="checkbox"/> Purchase of a Fully Developed Lot and Construction of Residential Unit <input type="checkbox"/> Purchase of a Residential Unit with Home Improvement	<b>DESIRED LOAN AMOUNT</b> ₱ _____	WITH EXISTING HL APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate HL Application No. _____
	<b>DESIRED LOAN TERM (No. of years)</b> _____	<b>MODE OF PAYMENT</b> <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 Check <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"/> Townhouse <input type="checkbox"/> Condominium <input type="checkbox"/> Single Attached <input type="checkbox"/> Single Detached <input type="checkbox"/> Duplex		
NAME OF REGISTERED TITLE HOLDER/DEVELOPER				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 SQM	AGE OF HOUSE (For Purchase of a Residential Unit)		TOTAL FLOOR AREA SQM		

## BORROWER'S/BUYER'S DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	MARITAL STATUS <input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled	<b>ATTACH HERE 1"X1" ID PHOTO OF APPLICANT</b>
SEX <input type="checkbox"/> M <input type="checkbox"/> F	CITIZENSHIP		DATE OF BIRTH (mm/dd/yy)		
TIN	EE SSS/GSIS ID No.		NO. OF DEPENDENT/S		

<b>PERMANENT HOME ADDRESS</b>				<b>CONTACT DETAILS (Indicate country code if abroad)</b>	
Unit/Room No., Floor	Building Name	Lot No., Blk No., Phase No., House No.	Street Name	COUNTRY + AREA CODE TELEPHONE NO.	
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	Zip Code	Home
				Cell Phone	
				Email Address	

<b>PRESENT HOME ADDRESS</b>				<b>CONTACT DETAILS (Indicate country code if abroad)</b>	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No., House No.	Street Name	COUNTRY + AREA CODE TELEPHONE NO.	
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	Zip Code	Business (Direct Line)
				Business (Trunk Line)	
				Employer/Business Email Address	

<b>HOME OWNERSHIP</b> <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.				<b>CONTACT DETAILS (Indicate country code if abroad)</b>	
EMPLOYER/BUSINESS NAME (If self-employed)			Pag-IBIG EMPLOYER ID No.		
<b>EMPLOYER/BUSINESS ADDRESS</b>				<b>Business (Direct Line)</b>	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No., House No.	Street Name	<b>Business (Trunk Line)</b>	
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)	Zip Code	Employer/Business Email Address
<b>OCCUPATION</b> <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed		<b>POSITION &amp; DEPARTMENT</b>		<b>YEARS IN EMPLOYMENT/ BUSINESS</b>	
<b>PREFERRED MAILING ADDRESS</b> <input type="checkbox"/> Present Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/> Permanent Home Address					

## SPOUSE'S PERSONAL DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed	
CITIZENSHIP	DATE OF BIRTH (mm/dd/yy)		TIN	YEARS IN EMPLOYMENT/ BUSINESS	
EMPLOYER/BUSINESS NAME (If self-employed)				POSITION & DEPARTMENT	
<b>EMPLOYER/BUSINESS ADDRESS</b>				BUSINESS TEL. NO.	
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	

## 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
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 HOME REHABILITATION/RECONSTRUCTION LOAN PROGRAM INFORMATION**

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

**CERTIFICATION**

I/We certify that I/we are victim/s and resident/s of calamity-stricken areas affected by calamity.

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 submit and disclose to any credit information service providers that may be commissioned/subscribed by Pag-IBIG Fund whether positive or negative information relating to my/our housing application/account and any updates or corrections thereof; and 3) 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 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 the corresponding processing fees and appraisal fees, if applicable.

\_\_\_\_\_ SIGNATURE OF BORROWER/BUYER \_\_\_\_\_ SIGNATURE OF SPOUSE \_\_\_\_\_

\_\_\_\_\_ DATE \_\_\_\_\_ DATE \_\_\_\_\_

**For Pag-IBIG Fund USE ONLY**

DATE FILED	RESIDENT OF CALAMITY STRICKEN AREA? <input type="checkbox"/> Yes <input type="checkbox"/> No	PROOF OF DAMAGED PROPERTY SUBMITTED
DATE INSPECTED:	INSPECTED BY:	REMARKS ON INSPECTION
CERTIFIED BY:	VERIFIED BY:	REMARKS