



APPLICATION FOR PLAN OF PAYMENT

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS.)

Pag-IBIG MID Number/RTN											

Housing Account Number, if with existing Housing Account											

PARTICULARS

MODE OF PAYMENT <input type="checkbox"/> CASH <input type="checkbox"/> Post Dated Checks (PDCs)	TYPE OF PLAN OF PAYMENT <input type="checkbox"/> One-time payment <input type="checkbox"/> Installment	WITH MULTIPLE HOUSING? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, INDICATE THE HOUSING ACCOUNT NUMBER
	IF THRU INSTALLMENT, INDICATE THE DESIRED TERM OF PAYMENT (in months) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	

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"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Widower/er	
Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code					CONTACT DETAILS (Indicate country code if abroad)	
PRESENT HOME ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name					COUNTRY + AREA CODE TELEPHONE NO. Home	
Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code					Cell Phone	
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.	Email Address	
EMPLOYER/BUSINESS NAME (If self-employed)				TIN	CONTACT DETAILS (Indicate country code if abroad)	
EMPLOYER/BUSINESS ADDRESS Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name.					COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line)	
Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code					Business (Trunk Line)	
					Employer/Business Email Address	

CERTIFICATION

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 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 2) to share my/our credit data with other lenders authorized by the CIC, and credit reporting agencies duly accredited by the CIC.

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 application is granted.

I/We understand that should my/our application be approved, notarial and all other fees shall be for my/our account.

SIGNATURE OF BORROWER

SIGNATURE OF SPOUSE

DATE

DATE

FOR PAG-IBIG FUND USE ONLY

COMPLIES ELIGIBILITY REQUIREMENT <input type="checkbox"/> YES <input type="checkbox"/> NO			VERIFIED BY	DATE
TOTAL AMOUNT DUE	AMOUNT TO BE PAID Down payment: Insurance: Foreclosure Expenses:	NET AMOUNT DUE		
APPROVED BY	DATE	DISAPPROVED BY	DATE	REMARKS