



4PH HOUSING LOAN APPLICATION

Pag-IBIG MID Number/RTN

3

2

4

1

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3

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6

4

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5

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6

8

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

LOAN PARTICULARS

<div>DESIRED LOAN AMOUNT <i>(Exclusive of the co-borrower's desired loan amount, if any)</i></div> <div><div>P</div>0.00</div>	<div>DESIRED LOAN TERM <i>(Years)</i></div> <div>0</div>	<div>MODE OF PAYMENT</div> <div><div><input type="checkbox"/> Salary deduction</div><input type="checkbox"/> Over-the-Counter<div><input type="checkbox"/> Post-Dated Checks<input type="checkbox"/> Cash/Check</div><div><input type="checkbox"/> Collecting Agent<div><input type="checkbox"/> Bank</div><input type="checkbox"/> Developer<div><input type="checkbox"/> Remittance Center</div></div></div>
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COLLATERAL

PROPERTY LOCATION <i>(Street, Municipality, Province)</i>		TYPE OF PROPERTY <div><input type="checkbox"/> Rowhouse<div><input type="checkbox"/> Single Attached</div><input type="checkbox"/> Single Detached<div><input type="checkbox"/> Condominium</div><input type="checkbox"/> Townhouse<div><input type="checkbox"/> Duplex</div></div>			
NAME OF PROJECT PROPONENT/REGISTERED TITLE HOLDER	TCT/OCT/CCT NO.	TAX DECLARATION NO.	LOT/UNIT NO.	BLOCK/BLDG NO.	LAND AREA/FLOOR AREA SQM

BORROWER-BENEFICIARY'S DATA

LAST NAME CORTEL	FIRST NAME ALBERT	NAME EXTENSION <i>(if applicable)</i>	MIDDLE NAME LA VIÑA	CITIZENSHIP ASDASD	DATE OF BIRTH <i>(mm/dd/yy)</i> 05/04/2000	SEX <input type="checkbox"/> M <input type="checkbox"/> F
PERMANENT HOME ADDRESS <div>Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name</div>					MARITAL STATUS <div><input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Married <input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated <input type="checkbox"/> Widower/er</div>	ATTACH HERE 1"X1" ID PHOTO OF APPLICANT
Subdivision Barangay Municipality/City Province and State Country <i>(if abroad)</i> ZIP Code						
PRESENT HOME ADDRESS <div>Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name</div>					BORROWER'S CONTACT DETAILS <i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE TELEPHONE NO. Home <div></div> <div></div>	
Subdivision Barangay Municipality/City Province and State Country <i>(if abroad)</i> ZIP Code A AA AA 234					Cell Phone 235 4 <div></div>	
HOME OWNERSHIP <div><input type="checkbox"/> Company <input type="checkbox"/> Living w/ relatives/parents <input type="checkbox"/> Rented at P /mo.</div>			YEARS OF STAY IN PRESENT HOME ADDRESS	EE SSS/GSIS ID No.	Email Address BENEFICIARY@EMAIL.COM	
EMPLOYER/BUSINESS NAME <i>(If self-employed)</i>				TIN	EMPLOYER'S CONTACT DETAILS <i>(Indicate country code if abroad)</i> COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) <div></div> <div></div>	
EMPLOYER/BUSINESS ADDRESS <div>Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name</div>				OCCUPATION <div><input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed</div>	Business (Trunk Line) <div></div> <div></div>	
Subdivision Barangay Municipality/City Province and State Country <i>(if abroad)</i> ZIP Code				Employer/Business Email Address <div></div>		
INDUSTRY <div><div><input type="checkbox"/> Accounting <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production Activities of Private Households <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Basic Materials</div><div><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</div><div><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</div><div><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</div></div>						
PREFERRED TIME TO BE CONTACTED (For Employer)					POSITION & DEPARTMENT	
PREFERRED MAILING ADDRESS <div><input type="checkbox"/> Present Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/> Permanent Home Address</div>					YEARS IN EMPLOYMENT/ BUSINESS NO. OF DEPENDENT/S	

SPOUSE'S PERSONAL DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	Pag-IBIG MID NO./RTN
CITIZENSHIP	DATE OF BIRTH <i>(mm/dd/yy)</i>			TIN
EMPLOYER/BUSINESS NAME <i>(If self-employed)</i>				YEARS IN EMPLOYMENT/ BUSINESS
EMPLOYER/BUSINESS ADDRESS <div>Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name</div>				POSITION & DEPARTMENT
Subdivision Barangay Municipality/City Province and State Country <i>(if abroad)</i> ZIP Code				BUSINESS TEL. NO.
INDUSTRY <div><div><input type="checkbox"/> Accounting <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production Activities of Private Households <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Basic Materials <input type="checkbox"/> Construction</div><div><input type="checkbox"/> Business Process Outsourcing (BPO) <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</div><div><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</div><div><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</div></div>				

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 <small>(e.g. Visa/Mastercard)</small>	CARD EXPIRY <small>(mm/yyyy)</small>	CREDIT LIMIT				
REAL ESTATE OWNED							
LOCATION	TYPE OF PROPERTY	ACQUISITION CCOST	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							
<i>(Answer the following questions with YES or NO. If your answer is YES, please elaborate the details as required)</i>							
Are there past or pending cases against you? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please indicate the nature, plaintiff, amount involved and the status.							
Do you have past due obligations? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.	
CERTIFICATION							
<p>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.</p> <p>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.</p> <p>I/We authorize Pag-IBIG Fund to share my/our personal information and other details of my/our loan account with other government agencies and third parties, as may be necessary in the management of my/our account/s and for collection purposes, subject to the limits under Republic Act No. 10173 (Data Privacy Act of 2012), and its Implementing Rules and Regulations. Further, I/we promise to notify Pag-IBIG Fund of any amendments or changes in my/our personal information indicated herein.</p> <p>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 including the relevant employment/income information that shall be provided by my/our employer.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I/We am/are aware that I/we am/are obliged to pay for the interest subsidy and/or amortization support if the said dues are not remitted and/or terminated; otherwise, my/our housing account will be in arrears and shall be charged with applicable penalty until it is paid.</p>							
ALBERT LA VIÑA CORTEL							
SIGNATURE OVER PRINTED NAME OF BORROWER-BENEFICIARY				SIGNATURE OVER PRINTED NAME OF SPOUSE			
DATE				DATE			