

4PH HOUSING LOAN APPLICATION

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

Pag-IBIG MID Number/RTN													
3	2	4	1	-	3	5	6	4	- 1	5	7	6	8

		LOAN	PARTICULA	RS				
DESIRED LOAN AMOU	NT (Exclusive of the co-	DESIRED LOAN TERM	VI (Years)	MODE	OF PAY	MENT		
borrower's desired loan amo		0.000.000000000000000000000000000000000		☐ Salary	•		Collecting	Agent
₱ 0.00		0		Over-	the-Cou st-Dated		□ Bank □ Develop	or
					sh/Chec		☐ Remittar	
		CO	LLATERAL					
PROPERTY LOCATION (Street, Municipality, Province)				TYPE	OF PROPERTY		
,	, , ,						ngle Detached	Townhouse
NAME OF PROJECT PRO	PONENT/REGISTERED TITL	E HOLDER	TCT/OCT/CCT	NO		<u> </u>	ondominium _OT/ BLOC	☐ Duplex CK/ LAND AREA/
			101/001/001				JNIT NO. BLDG	NO. FLOOR AREA
		BORROWER-E	RENIEFICIAR	V'S DA	ТЛ			SQM
LAST NAME FIRST	NAME NAME EXTENSI		IDDLE NAME	CITIZEN		DATE OF BIRTH (n	nm/dd/vv)	SEX
CORTEL	ALBERT	LA V		100,000,000	ASD	05/04/200		□ M □ F
PERMANENT HOME ADD	DRESS					MARITAL STATUS		
Unit/Room No., Floor B	uilding Name Lot No., Blk	No., Phase No., House No.	Street Na	ame		☐ Single/Unmarrie	d	ATTACH HERE
						☐ Married☐ Annulled		1"X1"
Subdivision Bara	angay Municipality/City	Province and State Country	y (if abroad) ZIP C	ode		☐ Legally Separate	ed	ID PHOTO OF APPLICANT
						☐ Widow/er		
PRESENT HOME ADDRE	SS					BORROWER'S CO	NTACT DETAIL	S (Indicate country code
		k No., Phase No., House No.	Street Na	ame		if abroad)		3
			AA			COUNTRY + AREA CO	ODE LELEPHONE	NU.
Subdivision Bara	ngay Municipality/City	Province and State Country	y (if abroad) ZIP Co	ode				
A	AA	AA	234			Cell Phone		
HOME OWNERSHIP		YEARS OF STAY	IN EE SSS/GS	IS ID No.		235 4		
	w/ relatives/parents	PRESENT HOME ADDRESS				Email Address		
Rented at P EMPLOYER/BUSINESS N	_/mo. JAME (If self-employed)	3.0000000000000000000000000000000000000	TIN			BENEFICIARY@EM	IAIL.COM	
EMI EOTETOBOOMEOOT	www (in doin omproyed)		1				NTACT DETAILS	6 (Indicate country code
EMPLOYER/BUSINESS A	ADDRESS		OCCUPATI	ON		if abroad) COUNTRY + AREA C	ODE TELEBHONE	NO
Unit/Room No., Floor Buildin	g Name Lot No., Block No., Phase	No., House No. Street Name	☐ Employ			Business (Direct Lin		. 110.
			☐ Self-Em					
Subdivision Bara	angay Municipality/City	Province and State Country	y (if abroad) ZIP C	Code		Business (Trunk Lir	ne)	
INDUSTRY						Employer/Business	Email Address	
☐ Accounting ☐	Business Process Outsourcing	☐ Health and Social Work;		chnology				
☐ Activities of Private Households as ☐	(BPO) Construction	Health and Medical Servi ☐ Life Sciences		ansport, Sto d Communi		PREFERRED TIME Employer)	E TO BE CONTA	ACTED (For
Employer's & □	Education & Training	☐ Management	□ Tra	avel and Lei holesale & F	isure			
Production Activities	Electricity, Gas and Water Supply	☐ Manufacturing☐ Media	Tra	ade; Repair	of	POSITION & DEPA	ARTMENT	YEARS IN EMPLOYMENT/
of Private □ Households	Extra-Territorial Organization & Bodies	☐ Mining and Quarrying☐ Other Community, Social		otor Vehicle: otorcycles,	s,	PREFERRED MAIL	ING ADDDESS	BUSINESS NO. OF
☐ Agriculture, Hunting, ☐ Forestry & Fishing	Financial Services/ Intermediation	Personal Service Activitie Public Administration & D		ersonal & ousehold Go	nnds	☐ Present Home A		DEPENDENT/S
,	HR/Recruitment	Compulsory Social Secur				☐ Employer/Busine		
		SDOUSE'S	DEBSONAL	DATA		☐ Permanent Home	e Address	
LAST NAME	FIRST NAME	SPOUSE'S NAME EXTENSION	MIDDLE N			Pag-IBIG MID NO	/RTN	
LAOT NAIVIL	TINOTIVAME	NAME EXTENSION	WIDDEL	VAIVIL		rag-ibig iviib NO	./IXIIN	
CITIZENSHIP		DATE OF BIRTH (mm/da	d/yy)			TIN		
EMPLOYER/BUSINESS N	IAME (If self-employed)					YEARS IN EMPLO	YMEN I/ BUSINI	=88
EMPLOYER/BUSINESS A	DDRESS		OCCUPATI			POSITION & DEPA	RTMENT	
Unit/Room No., Floor Buildin	g Name Lot No., Block No., Phase	No., House No. Street Name	☐ Employ Self-Em					
Subdivision Bara	angay Municipality/City	Province and State Country		•		BUSINESS TEL. NO	O.	
INDUSTRY ☐ Accounting	□ Rusiness Pro	cess Outsourcing (BPO)	☐ Life Sciences				☐ Techn	ology
☐ Activities of Private House	eholds as ☐ Education & ∃	raining	☐ Management				□ Transp	port, Storage and
Employer's & Undifferentic Production Activities of Production	ivate □ Extra-Territor	s and Water Supply al Organization & Bodies	☐ Manufacturing ☐ Media	-			□ Travel	nunications and Leisure
Households ☐ Agriculture, Hunting, Fore		vices/ Intermediation ent	☐ Mining and Q ☐ Other Comm		l & Persor	nal Service Activities		sale & Retail Trade; r of Motor Vehicles,
Fishing	☐ Health and So	ocial Work;	☐ Public Admin			Compulsory Social	Motoro	cycles, Personal &
☐ Basic Materials☐ Construction	nealth and M	edical Services	Security				House	hold Goods
		BANK ACCOUNTS	(Indicate you	r 3 most	active)			
BANK	BRANCH/ADDRESS	TYPE OF ACCOUNT	ACCOUNT N	0.	DA	TE OPENED	AVE.	BALANCE

		CREDIT CARDS (OWNE	ED (Indica	ate your 3 ma	ost active)					
ISSUER NAME		CARD TYPE				CARD EXPIR	Y	CREDIT LIMIT			
		(e.g. Visa/Mastercard)				(mm/yyyy)					
LOCATION		RE TYPE OF PROPER		STATE O	WNED TON CCOST	MARKET VALU	E N	MORTGAGE	RENTAL		
LOCATION		TIPE OF PROPER	ACQUISIT	ION CCC31	WARRET VALO		BALANCE	INCOME			
		OUTSTANDING	G CRE	EDITS/LC	AN AVAILN	MENTS					
Creditor & Address		Security				Туре		Maturity Date	Э		
					Amount/Balance		Mo. Amortiza	ation			
Creditor & Address	Security				Туре		Maturity Date	Э			
						Amount/Balance		Mo. Amortiza	Mo. Amortization		
Creditor & Address		Security				Туре			Maturity Date		
						Amount/Balance		Mo. Amortiza	Mo. Amortization		
/Angue	or the following	questions with YES or		ELLANE(elahorato the details	as roquirod)			
Are there past or pending cases against y	ou? 🛭 Yes	☐ No	NO. 11	your answe	−is r∟s, piease	craporate the details	as requireu,				
If Yes, please indicate the nature, plaintiff Do you have past due obligations?		ed and the status.									
If yes, please indicate the creditor's name		nt involved and due da	ite.								
Was your bank account ever closed beca If yes, please indicate the bank's name, n	use of mishand	lling or issuance of bou		checks? 🗖	Yes 🔲 No						
Have you ever been diagnosed, treated o			or othe	er health car	e provider?	Yes 🔲 No					
If yes, please indicate the condition/diagn					•						
		LOAN A	ND C	REDIT RI	EFERENCES		PPECEN	T DATE	DATE ELLLY		
BANK/FINANCIAL INSTITUTION	ADI	DRESS	PURF	POSE	SECURITY	HIGHEST AMOUNT OWED	PRESEN BALANC		DATE FULLY PAID		
		TDADE DEEEL	PENC	ES (For S	Self Employe	nd Only)					
NAME OF S	SUPPLIER	TRADE REFER	RENC	ES (For S		•			EL NO		
NAME OF S	SUPPLIER	TRADE REFER	RENC	ES (For S	Self-Employe ADDR	•		1	EL. NO.		
NAME OF S	SUPPLIER	TRADE REFER	RENC	ES (For S		•		1	EL. NO.		
NAME OF S	SUPPLIER				ADDR	•		1	EL. NO.		
					ADDR	ESS					
NAME OF S					ADDR	ESS			EL. NO.		
					ADDR	ESS					
			RACT	ER REFE	ADDRI ERENCES ADDRI	ESS					
			RACT		ADDRI ERENCES ADDRI	ESS					
	МΕ	CHAF	RACT	ER REFE	ADDRI ERENCES ADDRI	ESS	g above my/	1	EL. NO.		
I/We certify that the foregoing informa genuine. I/We authorize 1) Pag-IBIG Fund or	ME ation/statement is	CHAR s to my/our knowledge, to	CER	TIFICAT	ADDRI ERENCES ADDRI ON e, and updated. T	ESS The signature/s appearin e., certificate of employ	ment, pay s	/our printed name/	rEL. NO. names below is/are tax return) with the		
I/We certify that the foregoing information genuine. I/We authorize 1) Pag-IBIG Fund or concerned government agencies or third page.	ME ation/statement is its duly authori.	CHAF s to my/our knowledge, to zed representative to ve anks and other financial	CER rue, correctify neceinstitution	TIFICATION TO THE TOTAL TO THE TOTAL	ADDRI ERENCES ADDRI ON e, and updated. T mation or data (i. m Pag-IBIG Func	ESS The signature/s appearin e., certificate of employ d had obtained informati	ment, pay s	/our printed name/	rel. No. names below is/are tax return) with the close my/our credit		
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I/We certify that the foregoing informate genuine. I/We authorize 1) Pag-IBIG Fund or concerned government agencies or third padata (as defined under Republic Act No. 95' updates about my/our housing loan applicat accessing entities, outsource entities and dollar liwe authorize Pag-IBIG Fund to sharmanagement of my/our account/s and for collar liwe promise to notify Pag-IBIG Fund of any I/We hereby further waive confidentia of my/our application including the relevant I/We hereby agree that any misreprest obe due and demandable and shall be subjcontained herein. I/We agree that all inform I/We further agree to be bound by the	its duly authoriaties including billo and its Implemental including billowers and law employment/including sentation of a maject to other sandation obtained billowers.	char s to my/our knowledge, to zed representative to ve anks and other financial nenting Rules and Regul SMS/text, email, mail or of accordance with the Implemental information and other s, subject to the limits u or changes in my/our pers vs as applicable to estable ome information that sha aterial fact is a ground for titions provided in existing y Pag-IBIG Fund shall re neral policies of Pag-IBIG	CER rue, corr erify nece institution ations) to other ava- lementric r details nder Re sonal inf blish corr all be pro r disappin g Pag-IB emain its	TIFICAT rect, complete the sessary informed the sessary information independent of the sessary information independent the sessary information independent information independent information independent information independent information in the sessary information in the sessar	ADDRI ERENCES ADDRI ON e, and updated. T mation or data (i. m Pag-IBIG Func mation Corporati s of communicatic Regulations of R an account with c b. 10173 (Data Pr icated herein. dity, and authenti //our employer. pplication, cancel lelines. I/We agree ether or not the le tt the Pag-IBIG Func the lease of the lease	ESS The signature/s appearing the signature/s appearing the signature of employed had obtained information (CIC) as well as any on; and 2) CIC to share epublic Act No. 9510. The signature of t	wment, pay son; to regula updates or comy/our cred ites and third its Implement would help fathall be a caund of any marture, that ma	/our printed name/ slips and income arly submit and dis corrections thereof it data with access d parties, as may I nting Rules and R acilitate the proces use for the total ou terial change affect by have relation to	names below is/are tax return) with the tolose my/our credit and to send me/us sing entities, special the necessary in the egulations. Further, sing and evaluation tstanding obligation ting the information		
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I/We certify that the foregoing informate genuine. I/We authorize 1) Pag-IBIG Fund or concerned government agencies or third padata (as defined under Republic Act No. 95' updates about my/our housing loan applicat accessing entities, outsource entities and done in the control of the contro	ation/statement is its duly authorizaties including b 10 and its Implemion/account via sata subjects, in a re my/our person ollection purpose y amendments of a maject to other sandation obtained be current and gereservice/filling fee obliged to pay for applicable penal	char zed representative to ve anks and other financial nenting Rules and Regul SMS/text, email, mail or o accordance with the Impl and information and other es, subject to the limits u r changes in my/our pers vs as applicable to estab ome information that sha aterial fact is a ground for tions provided in existing y Pag-IBIG Fund shall re meral policies of Pag-IBIG , notarial and all other fe the interest subsidy and ty until it is paid.	CER rue, corr erify nece institutic ations) to other avvi lementir r details nder Re sonal inf olish corr all be pro r disapp g Pag-IB emain its G Fund a sees perta	TIFICAT rect, complete rects and information from who aliable mean ng Rules and of my/our lo rectness, vali ovided by my roval of the a stig Fund guic s property whe	ADDRI ERENCES ADDRI ON e, and updated. T mation or data (i. m Pag-IBIG Funciation Corporation of communication of Regulations of R an account with co. 10173 (Data Pricated herein. dity, and authentityour employer. pplication, cancel elines. I/We agreether or not the lot at the Pag-IBIG Funciation of more	ESS The signature/s appearing the signature/s appearing the signature/s appearing the signature of the sign	ment, pay son; to regula updates or comy/our cred sies and third its Implement would help fathall be a caund of any marture, that mathall be for my/out	/our printed name/ slips and income arrly submit and dis- corrections thereof it data with access d parties, as may inting Rules and R acilitate the proces use for the total outerial change affect by have relation to ur account.	names below is/are tax return) with the close my/our credit; and to send me/us; sing entities, special be necessary in the egulations. Further, sing and evaluation tstanding obligation of in any way affect		
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THIS FORM CAN BE REPRODUCED. NOT FOR SALE.

DATE

DATE