**HOUSING LOAN APPLICATION**

**(For Co-Borrower Only)**



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| **Pag-IBIG MID Number/RTN**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

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| **Housing Account Number (HAN), if with existing HAN**   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

***(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)***

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| **CO-BORROWER’S DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAST NAME FIRST NAME NAME EXTENSION MIDDLE NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WITH EXISTING HOUSING APPLICATION  ❑ YES ❑ NO  If yes, indicate Housing Application No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| relationship to THE principal borrower | | | | | | | | | | | | | | | | | | | | | Date of Birth *(mm/dd/yy)* | | | | | | | | | | | | | | | DESIRED LOAN AMOUNT | | | | | | | | **ATTACH HERE**  **1”X1”**  **ID PHOTO OF APPLICANT** | | |
| EE SSS/GSIS ID No. | | | | | | | | TIN | | | | | | | | | | | | | SEX  ❑ M ❑ F | | | | | | | | | | | | | | | CITIZENSHIP | | | | | | | |
| PERMANENT HOME ADDRESS  Unit/Room No., Floor Building Name Lot No., Blk No., Phase No., House No. Street Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | MARITAL Status  ❑ Single/Unmarried ❑ Married  ❑ Legally Separated ❑ Annulled  ❑ 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CO-BORROWER’S CONTACT DETAILS *(Indicate country code if abroad)*  COUNTRY + AREA CODE TELEPHONE NO.  Home  Cell Phone    Email Address | | | | | | | | |
| Subdivision Barangay Municipality/City Province and State Country (*if abroad)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ZIP Code | | | | | | |
| HOME OWNERSHIP | | | | | | | | | | | | | | | | | | | | | | | | | | | YEARS OF STAY IN PRESENT HOME ADDRESS | | | | | | | | | | |
| ❑ Owned | | | ❑ Company | | | | | | | | | ❑ Living w/ relatives/parents | | | | | | | | | | | | | | |
| ❑ Mortgaged | | | ❑ Rented at P\_\_\_\_\_\_\_\_\_\_/mo. | | | | | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | EMPLOYER’S CONTACT DETAILS *(Indicate country code if abroad)*  COUNTRY + AREA CODE TELEPHONE NO.  Business (Direct Line)  Business (Trunk Line)    Employer/Business Email Address | | | | | | | | |
| Subdivision Barangay Municipality/City Province and State Country (*if abroad)* ZIP Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Years in Employment/ Business | | occupation  ❑ Employed  ❑ Self-Employed | | | | Position & Department | | | | | | | | | | | PREFERRED TIME TO BE CONTACTED  (For Employer) | | | | | | | | | | | Preferred Mailing Address  🞎 Present Home Address  🞎 Employer/Business Address  🞎 Permanent Home Address | | | | | | | | | |
| INDUSTRY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Accounting  🞎 Activities of Private Households as Employer’s & Undifferentiated Production Activities of Private Households  🞎 Agriculture, Hunting, Forestry & Fishing  🞎 Basic Materials  🞎 Construction | | | | | | | | | 🞎 Business Process Outsourcing (BPO)  🞎 Education & Training  🞎 Electricity, Gas and Water Supply  🞎 Extra-Territorial Organization & Bodies  🞎 Financial Services/ Intermediation  🞎 HR/Recruitment | | | | | | | | | | | | | 🞎 Health and Social Work;  Health and Medical Services  🞎 Life Sciences  🞎 Management  🞎 Manufacturing   * Media   🞎 Mining and Quarrying | | | | | | | | | | | | * Other Community, Social & Personal Service Activities * Public Administration & Defense; Compulsory Social Security * Technology * Transport, Storage and Communications * Travel and Leisure * Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods | | | | | | | | | | | | |
| **SPOUSE’S PERSONAL DATA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LAST NAME FIRST NAME NAME EXTENSION MIDDLE NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Birth *(mm/dd/yy)* | | | | | | | | | | | CITIZENSHIP | | | | | | | | | | | | | | | TIN | | | | | | | | | | | | occupation  ❑ Employed ❑ Self-Employed | | | | | | | | |
| Employer/Business Name *(If self-employed)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Years in Employment/ Business | | | | | | | | |
| Employer/Business ADDRESS  Unit/Room No., Floor Building Name Lot No., Block No., Phase No., House No. Street Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Position & Department | | | | | | | | |
| Subdivision Barangay Municipality/City Province and State Country (*if abroad)* ZIP Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Business Tel. No. | | | | | | | | |
| INDUSTRY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Accounting  🞎 Activities of Private Households as Employer’s & Undifferentiated Production Activities of Private Households  🞎 Agriculture, Hunting, Forestry & Fishing  🞎 Basic Materials  🞎 Construction | | | | | | | | | | 🞎 Business Process Outsourcing (BPO)  🞎 Education & Training  🞎 Electricity, Gas and Water Supply  🞎 Extra-Territorial Organization & Bodies  🞎 Financial Services/ Intermediation  🞎 HR/Recruitment | | | | | | | | | | | | | 🞎 Health and Social Work;  Health and Medical Services  🞎 Life Sciences  🞎 Management  🞎 Manufacturing   * Media   🞎 Mining and Quarrying | | | | | | | | | | | | * Other Community, Social & Personal Service Activities * Public Administration & Defense; Compulsory Social Security * Technology * Transport, Storage and Communications * Travel and Leisure * Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods | | | | | | | | | | | |
| **BANK ACCOUNTS** *(Indicate your 3 most active)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BANK** | | | | **BRANCH/ADDRESS** | | | | | | | | | **TYPE OF ACCOUNT** | | | | | | | **ACCOUNT NO.** | | | | | | | | | | | | **DATE OPENED** | | | | | | | | **AVE. BALANCE** | | | | | | |
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| **CREDIT CARDS OWNED** *(Indicate your 3 most active)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ISSUER NAME** | | | | | | | | | | | | | | **CARD TYPE**  *(e.g. Visa/Mastercard)* | | | | | | | | | | | | | | | | | | **CARD EXPIRY**  *(mm/yyyy)* | | | | | | | | | **CREDIT LIMIT** | | | | | |
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| **REAL ESTATE OWNED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LOCATION** | | | | | | | | | | | | | | | **TYPE OF PROPERTY** | | | | | | | | | **ACQUISITION COST** | | | | | | | | **MARKET VALUE** | | | | | | | **MORTGAGE BALANCE** | | | | | | **RENTAL INCOME** | |
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| **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** |
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| **TRADE REFERENCES** *(For Self-Employed Only)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF SUPPLIER** | | | | | | | | | | | | | | | | | | **ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | **TEL. NO.** | | | |
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| **CHARACTER REFERENCES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | | | | | | | | | | | | | | | **ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | **TEL. NO.** | | | |
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| **SOURCE OF Pag-IBIG FUND HOUSING LOAN 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 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.  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.  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.  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.  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.  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.  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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OVER PRINTED NAME OF CO-BORROWER | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE OVER PRINTED NAME OF SPOUSE | | | | | | | | | | | | | | | | | | | | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE | | | | | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE | | | | | | | | | | | | | | | | | | | | | |

**THIS FORM CAN BE REPRODUCED. NOT FOR SALE.**