



APPLICATION FOR CONVERSION TO FULL RISK-BASED PRICING MODEL

HQP-HLF-182
(V04, 03/2020)

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS.)

Pag-IBIG MID Number/RTN									

Housing Account Number									

LOAN PARTICULARS

<input type="checkbox"/> Conversion to Full Risk-Based Pricing Model <input type="checkbox"/> Changed in Fixed Pricing Period <input type="checkbox"/> WITH PDC <input type="checkbox"/> WITHOUT PDC <input type="checkbox"/> WITH ADDITIONAL LOAN? <input type="checkbox"/> Yes <input type="checkbox"/> No	AVAILABLE OF RESTRUCTURING? <input type="checkbox"/> Yes <input type="checkbox"/> No	DESIRED RE-PRICING PERIOD (in years) <input type="checkbox"/> 3 <input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 15 <input type="checkbox"/> 20 <input type="checkbox"/> 25	MODE OF PAYMENT <input type="checkbox"/> Salary Deduction <input type="checkbox"/> Over-the-Counter <input type="checkbox"/> Cash/Check <input type="checkbox"/> Post-Dated Checks	<input type="checkbox"/> Collecting Agent <input type="checkbox"/> Bank <input type="checkbox"/> Developer <input type="checkbox"/> Remittance Center
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PROPERTY LOCATION		IF WITH ADDITIONAL LOAN, RE-PRICING SHALL BE APPLIED ON?	
Unit/Room No., Floor	Building Name	<input type="checkbox"/> Original Loan only <input type="checkbox"/> Both loans <input type="checkbox"/> Additional Loan only	Street Name
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)
			Zip Code

BORROWER'S DATA

LAST NAME	FIRST NAME	EXTENSION NAME	MIDDLE NAME	CITIZENSHIP	DATE OF BIRTH (mm/dd/yy)	SEX <input type="checkbox"/> M <input type="checkbox"/> F
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PERMANENT HOME ADDRESS					MARITAL STATUS	
Unit/Room No., Floor	Building Name	Lot No., Blk No., Phase No., House No.	Street Name		<input type="checkbox"/> Single/Unmarried <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Widow/er	
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)		Zip Code	

CONTACT DETAILS (Indicate country code if abroad)

PRESENT HOME ADDRESS					COUNTRY + AREA CODE TELEPHONE NO.	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No., House No.	Street Name		Home	
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)		Zip Code	
					Cell Phone	
					Email Address	

HOME OWNERSHIP			YEARS OF STAY IN PRESENT HOME ADDRESS		EE SSS/GSIS ID No.	
<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.					

OCCUPATION			EMPLOYER/BUSINESS NAME (If self-employed)		TIN	
<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed						

EMPLOYER/BUSINESS ADDRESS					COUNTRY + AREA CODE TELEPHONE NO.	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No., House No.	Street Name		Business (Direct Line)	
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)		Zip Code	
					Business (Trunk Line)	
					Employer/Business Email Address	

SPOUSE'S PERSONAL DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	CITIZENSHIP	DATE OF BIRTH (mm/dd/yy)	TIN
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EMPLOYER/BUSINESS NAME (If self-employed)					YEARS IN EMPLOYMENT/BUSINESS	
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EMPLOYER/BUSINESS ADDRESS					OCCUPATION		POSITION & DEPARTMENT	
Unit/Room No., Floor	Building Name	Lot No., Block No., Phase No., House No.	Street Name		<input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed			
Subdivision	Barangay	Municipality/City	Province and State Country (if abroad)		Zip Code		BUSINESS TEL. NO.	

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 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 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 the application has been granted or not.

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 shall be for my/our account.

_____ SIGNATURE OF BORROWER OVER PRINTED NAME	_____ SIGNATURE OF SPOUSE OVER PRINTED NAME
_____ DATE	_____ DATE

FOR PAG-IBIG FUND USE ONLY

COMPLIES ELIGIBILITY REQUIREMENT <input type="checkbox"/> YES <input type="checkbox"/> NO			
VERIFIED BY	DATE	APPROVED BY	DATE
DISAPPROVED BY		DATE	

REMARKS
