



HOUSING LOAN APPLICATION

(For Co-Borrower Only)

HQP-HLF-069
(V06, 02/2020)

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

Pag-IBIG MID Number/RTN
<input type="text"/>

Housing Account Number (HAN), if with existing HAN
<input type="text"/>

CO-BORROWER'S DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME	WITH EXISTING HOUSING APPLICATION <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, indicate Housing Application No.
RELATIONSHIP TO THE PRINCIPAL BORROWER			DATE OF BIRTH (mm/dd/yy)	DESIRED LOAN AMOUNT ₱
TIN	SEX <input type="checkbox"/> M <input type="checkbox"/> F	CITIZENSHIP		ATTACH HERE 1"X1" ID PHOTO OF APPLICANT
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"/> Married <input type="checkbox"/> Legally Separated <input type="checkbox"/> Annulled <input type="checkbox"/> Widow/er		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)	
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	
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)	
INDUSTRY <input type="checkbox"/> Accounting <input type="checkbox"/> Business Process Outsourcing (BPO) <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production <input type="checkbox"/> Education & Training <input type="checkbox"/> Life Sciences <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> Activities of Private Households <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Life Sciences <input type="checkbox"/> Technology <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Management <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Basic Materials <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> Manufacturing <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Construction <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Media <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods <input type="checkbox"/> Mining and Quarrying			COUNTRY + AREA CODE TELEPHONE NO. Home <input type="text"/> <input type="text"/> Cell Phone <input type="text"/> <input type="text"/> Email Address <input type="text"/>	
YEARS IN EMPLOYMENT/BUSINESS			PREFERRED MAILING ADDRESS <input type="checkbox"/> Present Home Address <input type="checkbox"/> Employer/Business Address <input type="checkbox"/> Permanent Home Address	
OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed			EMPLOYER'S CONTACT DETAILS (Indicate country code if abroad)	
POSITION & DEPARTMENT			COUNTRY + AREA CODE TELEPHONE NO. Business (Direct Line) <input type="text"/> <input type="text"/> Business (Trunk Line) <input type="text"/> <input type="text"/> Employer/Business Email Address <input type="text"/>	
PREFERRED TIME TO BE CONTACTED (For Employer)			BUSINESS TEL. NO.	

SPOUSE'S PERSONAL DATA

LAST NAME	FIRST NAME	NAME EXTENSION	MIDDLE NAME
DATE OF BIRTH (mm/dd/yy)	CITIZENSHIP	TIN	OCCUPATION <input type="checkbox"/> Employed <input type="checkbox"/> 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
INDUSTRY <input type="checkbox"/> Accounting <input type="checkbox"/> Business Process Outsourcing (BPO) <input type="checkbox"/> Health and Social Work; Health and Medical Services <input type="checkbox"/> Other Community, Social & Personal Service Activities <input type="checkbox"/> Activities of Private Households as Employer's & Undifferentiated Production <input type="checkbox"/> Education & Training <input type="checkbox"/> Life Sciences <input type="checkbox"/> Public Administration & Defense; Compulsory Social Security <input type="checkbox"/> Activities of Private Households <input type="checkbox"/> Electricity, Gas and Water Supply <input type="checkbox"/> Life Sciences <input type="checkbox"/> Technology <input type="checkbox"/> Agriculture, Hunting, Forestry & Fishing <input type="checkbox"/> Extra-Territorial Organization & Bodies <input type="checkbox"/> Management <input type="checkbox"/> Transport, Storage and Communications <input type="checkbox"/> Basic Materials <input type="checkbox"/> Financial Services/ Intermediation <input type="checkbox"/> Manufacturing <input type="checkbox"/> Travel and Leisure <input type="checkbox"/> Construction <input type="checkbox"/> HR/Recruitment <input type="checkbox"/> Media <input type="checkbox"/> Wholesale & Retail Trade; Repair of Motor Vehicles, Motorcycles, Personal & Household Goods <input type="checkbox"/> Mining and Quarrying			BUSINESS TEL. NO.

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 (e.g. Visa/Mastercard)	CARD EXPIRY (mm/yyyy)	CREDIT LIMIT

REAL ESTATE OWNED

LOCATION	TYPE OF PROPERTY	ACQUISITION COST	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

(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

TRADE REFERENCES *(For Self-Employed Only)*

NAME OF SUPPLIER	ADDRESS	TEL. NO.

CHARACTER REFERENCES

NAME	ADDRESS	TEL. NO.

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