



Global Infrastructure,
Development and
International Finance Agency



The Honorable Mr. AFM Marcos
Secretary General & Global Ambassador

A Specialized Agency of
the United Nations

APPLICATION FOR MORTGAGE

PURPOSE OF LOAN							
<input type="checkbox"/> PURCHASE OF DEVELOPED LOT OR LOTS				<input type="checkbox"/> PURCHASE OF DEVELOPED LOT WITH NEW CONSTRUCTION			
<input type="checkbox"/> PURCHASE OF DEVELOPED LOT W EXISTING BUILDING(S)				<input type="checkbox"/> PURCHASE OF LOT/BUILDING FOR IMPROVEMENT			
<input type="checkbox"/> PURCHASE OF LOT FOR COMMERCIAL USE W/BUILDING				<input type="checkbox"/> PURCHASE OF LOT FOR COMMERCIAL USE/NEW CNSTRCTN			
<input type="checkbox"/> PURCHASE OF LOT FOR AGRICULTURAL USE/NO BUILDING				<input type="checkbox"/> PURCHASE OF LOT FOR AGRICULTURAL USE/W BUILDINGS			
<input type="checkbox"/> PURCHASE OF FORECLOSED PROPERTY				<input type="checkbox"/> PURCHASE OF LOT FOR INDUSTRIAL USE W/BUILDINGS			
<input type="checkbox"/> PURCHASE OF LOT FOR INDUSTRIAL USE/NO BUILDINGS				<input type="checkbox"/> PURCHASE OF TOWNHOUSE OR CONDOMINIUM			
<input type="checkbox"/> NEW HOME CONSTRUCTION ON EXISTING LOT				<input type="checkbox"/> PURCHASE OF TOWNHOUSE OR CONDO WITH PARKING			
<input type="checkbox"/> REFINANCE A MORTGAGE				<input type="checkbox"/> EQUITY LOAN			
<input type="checkbox"/> HOME REPAIR OR ADDITION ON EXISTING LOT				<input type="checkbox"/> PURCHASE OF LOT FOR COMMERCIAL RESIDENTIAL CONST			
PROPERTY INFORMATION & DESCRIPTION							
PROPERTY ADDRESS - STREET , BRGY, CITY, STATE					IS PROPERTY CURRENTLY ENCUMBERED	LOT AREA (SQ METER)	BLDG AREA (SQ METER) IF APPLICABLE
_____					<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____
_____					IF YES, HOW MUCH IS OWED	_____	_____
_____					_____	_____	_____
NO OF FLOORS		AGE OF CURRENT BUILDING	TAX DECLARATION NUMBER	TCT/CCT/OCT NUMBER	PROPERTY LOT NUMBER	PROPERTY UNIT NUMBER	TAX DECLARATION NUMBER
_____		_____	_____	_____	_____	_____	_____
TYPE OF LOAN APPLIED FOR							
<input type="checkbox"/> 40 YEAR BALLOON PAYMENT LOAN				<input type="checkbox"/> HOUSING GRANT (SOVEREIGN TRUST GRANT)			
<input type="checkbox"/> NON RECOURSE LOAN (NO PAYMENT LOAN)				<input type="checkbox"/> GIDIFA LOAN GUARANTOR/SOVEREIGN TRUST GUARANTEE			
<input type="checkbox"/> SOVEREIGN TRUST LOAN				<input type="checkbox"/> STANDARD MORTGAGE LOAN			
CURRENT BANK ACCOUNT(S) INFORMATION							
BANK (#1) ACCOUNT INFORMATION							
BANK NAME:				<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVING	<input type="checkbox"/> OTHER	
BANK LOCATION:							
CURRENT ACCOUNT BALANCE				ACCOUNT NUMBER(S)			
CURRENT BANK ACCOUNT(S) INFORMATION							
BANK (#2) ACCOUNT INFORMATION (LIST ADDITIONAL ACCOUNTS SEPARATELY IF NEEDED)							
BANK NAME:				<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVING	<input type="checkbox"/> OTHER	
BANK LOCATION:							
CURRENT ACCOUNT BALANCE				ACCOUNT NUMBER(S)			



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PERSONAL INFORMATION – APPLICANT		
LAST NAME	FIRST NAME	MIDDLE NAME
SPOUSE LAST NAME	FIRST NAME	MIDDLE NAME
CURRENT ADDRESS ADDRESS	HOW LONG HAVE YOU LIVED AT THIS	
TELEPHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS
EMPLOYER	JOB TITLE	
JOB DESCRIPTION (ADD ADDITIONAL PAGES IF NECESSARY)	TOTAL SALARY (PLEASE NOTE IF YOU WORK FOR TIPS)	
LENGTH OF TIME WITH PRESENT EMPLOYER		
MONTHLY SALARY SPOUSE	MONTHLY SALARY OF	ADDITIONAL INCOME (NOTE SOURCES OF INCOME)
NUMBER OF DEPENDENTS	RELATIONSHIP OF DEPENDENTS	
COMPLETE SPOUSE INFORMATION – IF JOINT APPLICATION		
LAST NAME	FIRST NAME	MIDDLE NAME
SPOUSE LAST NAME	FIRST NAME	MIDDLE NAME
CURRENT ADDRESS ADDRESS	HOW LONG HAVE YOU LIVED AT THIS	
TELEPHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS
EMPLOYER	JOB TITLE	
JOB DESCRIPTION (ADD ADDITIONAL PAGES IF NECESSARY)	TOTAL SALARY (PLEASE NOTE IF YOU WORK FOR TIPS)	
LENGTH OF TIME WITH PRESENT EMPLOYER		
MONTHLY SALARY SPOUSE	MONTHLY SALARY OF	ADDITIONAL INCOME (NOTE SOURCES OF INCOME)
NUMBER OF DEPENDENTS	RELATIONSHIP OF DEPENDENTS	



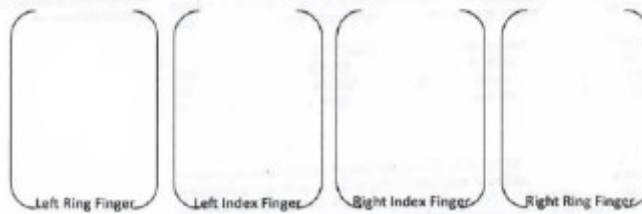
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CURRENT LIABILITIES AND MONTHLY EXPENSES	
RENT OR MORTGAGE PAYMENT:	GAS BILL:
ELECTRIC OR POWER BILL:	FOOD AND HOUSEHOLD GOODS:
WATER BILL:	VEHICLE PAYMENT:
INSURANCE PAYMENT:	ADDITIONAL EXPENSES: (LIST ON SEPARATE PAGES IF NECESSARY)



SIGNATURE: _____

DATE: _____

PRINTED NAME: _____