Pag-IBIG MID Number/RTN



## APPLICATION FOR MORATORIUM ON HOUSING LOAN AMORTIZATION/INSTALLMENT PAYMENT OF BORROWERS/BUYERS AFFECTED BY CALAMITIES

DI EASE ACCOMDI ISU II	N TWO (2) CODIES D	DDINT ALL ENTDIES	IN BLOCK OR CAPITAL LETT	TEDS				Ш							
LAST NAME	FIRST NAME			IDDLE NAME	AGE	HOU	JSING	ACCC	DUNT No	1.		WITH P	DC		
							☐ WITHOUT PDC								
PERMANENT HOME Unit/Room No., Floor	ADDRESS Building Name	Lot No., Blk No	Lot No., Blk No., Phase No., House No. Street Name			CONTACT DETAILS (indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Home									
Subdivision	Barangay	Municipality/City	ry ( <i>if abroad</i> ) Zi	(if abroad) Zip Code											
						Cell	Phone								
MORTGAGED PROF Unit/Room No., Floor	PERTY ADDRESS Building Name		ck No., Phase No., House No.	Street Na	Street Name										
Subdivision Barangay Municipality/City Province and State Country (if abroad) Zip Code								ress							
EMPLOYER/BUSINESS NAME								CONTACT DETAILS (indicate country code if abroad) COUNTRY + AREA CODE TELEPHONE NUMBER Business (Direct Line)							
EMPLOYER/BUSINESS ADDRESS							(								
Unit/Room No., Floor	Building Name	Lot No., Bloc	k No., Phase No., House No.  Province and State Country (if a	Street Na	me	Busi	iness (	 Γrunk	Line)						
Subdivision	Barangay	Municipality/City		if ahroad) 7	ip Code	_ L	Novor/E	Rucino	es Email	Address					
Caparvision	Darangay	Mariopality/Oity	r rovince and state country (n	r abroday	ip code		noyei/L	Jusine	33 LIIIali	Address					
	CERTIFICATION														
Lhoroby cortify undo	r pain of parium the	ot:	02												
I hereby certify, under pain of perjury that;  1. I am a victim of(Name of Calamity) 6. I waive confidentiality															
□ mortgaged properties	I am applying for moratorium due to:  □ mortgaged property is located in an area declared under state of calamity;  □ waluation of my applying for moratorium due to:  □ mortgaged property is located in an area declared under state of calamity;														
source of income has been impaired 3.I shall pay the required corresponding premiums for the Mortgage Redemption  3.I shall pay the required corresponding premiums for the Mortgage Redemption  7.My signature appear							employ	er.							
Insurance (MRI) a	and Non-Life Insura	rance upon resump	otion of payment. I authors to my collected advan	rize 8. If Pag-IE	SIG Fund for	ound o	ut thro	ough	verification	on that t	there i				
insurance premium	is.	·	·	automatio	sentation or cally disappro										
4. The information given and any or all statements made herein are true and correct to loan amortization/installment payment with corresponding penalties. I shall abi										abide with					
5.1 authorize Pag-IBIG Fund to share my/our personal information and other details of											DIO I dila				
my loan account with other government agencies and third parties, as may be necessary in the management of my 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 promise to notify Pag-IBIG Fund of															
any amendments o	or changes in my pe	ersonal information	indicated herein;												
		Signatur	e of Applicant Over F	Printed Name		Dat	te								
		F	EMPLOYER/BARA	NGAY CER	TIFICAT	ION									
	(7	To be accomplish	ned only if the reason fo	r moratorium is	the source	of inco	ome is	impa	ired)						
This is to ce	rtify that Mr./M	S	······································	was affe	ected by _		(/\	<u>lame</u>	of Cal	lamity)_			It		
is further cert	tified that his/he	er source of inc	come is impaired due	e to	(Name o	f Cala	mity)			<del>·</del>					
			elation to the appli										und		
borrower/buyer. Issued this day of at															
HEAD OF OFF	ICE OR AUTHO	ORIZED REPRES	SENTATIVE/				DESI	GNA	TION/P	OSITION					
	HEAD OF BA	ARANGAY													
(	Signature Over I	Printed Name)													
		THIS	PORTION IS FOR	R Pag-IBIG F	UND US	E ON	ILY								
DATE FILED:			S WITHIN AREAS		STATUS OF ACCOUNT				AGE	UPON N	<b>NATU</b>	RITY			
☐ WITHIN 30 DAY			DECLARED UNDER STATE OF CALAMITY		MONTH PRIOR TO DE OF STATE OF CALAM		RATIC	/N		ITHIN 70					
BETOND 30 D	ATS	☐ YES	□ NO	□ UPDATE			ARS		□BE	EYOND 7	70				
CHECKED BY:	DATE	 E	APPROVED BY:	DATE			ISAP	PRO\	VED BY	:	DATE	E			
REMARKS															