

APPLICATION FORM – HOME LOAN		
Failure to provide sufficient and accurate information in this Application Form may result to Bangko Mabuhay’s Inappropriate determination of the financial requirement of the borrower.		
Where did You Learn the Loan Program?		
<div><div><input type="checkbox"/>Referral Referrer Name: _____</div><div>Relationship to Referrer:_____</div></div> <div><input type="checkbox"/>AO Marketing AO Name: _____</div> <div><input type="checkbox"/>Leaflets/Flyers/Tarpaulin <input type="checkbox"/>Social Media Site: _____</div> <div><input type="checkbox"/>Others _____</div>		
Are You related to a Bangko Mabuhay Personnel / Director/s? <input type="checkbox"/> Yes <input type="checkbox"/> No Relationship:_____ Name of Personnel / Director: _____		
With Existing Bangko Mabuhay Account? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Regular Savings <input type="checkbox"/> Mabuhay Special Savings <input type="checkbox"/> Checking Account <input type="checkbox"/> Loan, Amount of Loan:_____		
Borrower’s Information		
Name of Borrower:	Date of Birth (mm /dd / yyyy)	Place of Birth
Ownership of Dwelling for Permanent Address: <input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Mortgaged <input type="checkbox"/> Used Free <input type="checkbox"/> Living with Relative		
Permanent Address: (No. / Street / Barangay / Municipality or City / Province / Country)	Zip Code	Length of Stay (Year/s, Month/s)
Present Address: (No. / Street / Barangay / Municipality or City / Province / Country)	Zip Code	Length of Stay (Year/s, Month/s)
Previous Address: (No. / Street / Barangay / Municipality or City / Province / Country)	Zip Code	Length of Stay (Year/s, Month/s)
Mother’s Maiden Name (First, Middle, Last)	Father’s Name (First, Middle, Last)	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Citizenship: <input type="checkbox"/> Filipino Others:_____	Mobile No._____ <input type="checkbox"/> Prepaid <input type="checkbox"/> Postpaid	
Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Separated <input type="checkbox"/> Annulled / Divorce	Residence Phone No. _____ Office Phone No. _____	
No. of Dependents:_____ TIN: _____	Email Address _____ Social Media Acct.: _____	
SSS / GSIS: _____ Other ID’s and No: _____	Other Contact info.: _____	
Spouse’s Information		
Name of Spouse:	Date of Birth (mm /dd / yyyy)	Place of Birth
Citizenship: <input type="checkbox"/> Filipino Others:_____ TIN: _____ SSS / GSIS: _____ Other ID/s: _____		
Mobile No._____ <input type="checkbox"/> Prepaid <input type="checkbox"/> Postpaid Office Phone No. _____ Email Address _____ Other Contact Info: _____		
Co-Maker’s Information		
Name of Co-Maker:	Date of Birth (mm /dd / yyyy)	Place of Birth
Citizenship: <input type="checkbox"/> Filipino Others:_____ TIN: _____ SSS / GSIS: _____ Other ID/s: _____		
Mobile No._____ <input type="checkbox"/> Prepaid <input type="checkbox"/> Postpaid Office Phone No. _____ Email Address _____ Other Contact Info: _____		
Present Address: (No. / Street / Barangay / Municipality or City / Province / Country)	Zip Code	Length of Stay (Year/s, Month/s)
Income Details		
Type of Industry (Nature of Business)		
<div><div><input type="checkbox"/>Agriculture</div><div><input type="checkbox"/>Fishing</div><div><input type="checkbox"/>Construction</div><div><input type="checkbox"/>Financial Intermediaries</div><div><input type="checkbox"/>Manufacturing</div><div><input type="checkbox"/>Electricity</div><div><input type="checkbox"/>Gas & Water</div></div> <div><div><input type="checkbox"/>Trade</div><div><input type="checkbox"/>Transportation</div><div><input type="checkbox"/>Real Estates</div><div><input type="checkbox"/>Education</div><div><input type="checkbox"/>Work Hotels & Restaurant</div><div><input type="checkbox"/>Other/Personal Work</div></div>		
Main Source of Income: <input type="checkbox"/> Business, Percentage of Business Ownership: _____ <input type="checkbox"/> Employed <input type="checkbox"/> Practice of Profession (Self Employed)		
Name of Business / Employment: _____ Tenure: _____ Position: _____		
Business / Employment Address: _____		
Other Source of Income: _____ Tenure: _____		
Monthly Income (Main Source) : P _____ + Other Monthly Income: P _____ = Total Monthly Income: P _____		
<div><div><div>Spouse</div><div><input type="checkbox"/>Separate Business <input type="checkbox"/>Employed <input type="checkbox"/>Practice of Profession (Self Employed)</div><div>Name of Business/Employment: _____</div><div>Address: (No. / Street / Barangay / Municipality or City / Province / Country)</div><div>_____ Tenure: _____</div><div>Other Source of Income: _____ Tenure: _____</div><div>Gross Monthly Income: P _____</div><div>Other Monthly Income: P _____</div><div>Total Monthly Income: P _____</div></div><div><div>Co-Maker</div><div><input type="checkbox"/>Business <input type="checkbox"/>Employed <input type="checkbox"/>Practice of Profession (Self Employed)</div><div>Name of Business/Employment: _____</div><div>Address: (No. / Street / Barangay / Municipality or City / Province / Country)</div><div>_____ Tenure: _____</div><div>Other Source of Income: _____ Tenure: _____</div><div>Gross Monthly Income: P _____</div><div>Other Monthly Income: P _____</div><div>Total Monthly Income: P _____</div></div></div>		
Trade References for Business		
<div><div><div>Major Customer</div><div>1. Company Name: _____</div><div>Contact Person/Position: _____</div><div>Contact Number: _____</div><div>2. Company Name: _____</div><div>Contact Person/Position: _____</div><div>Contact Number: _____</div></div><div><div>Major Suppliers</div><div>1. Company Name: _____</div><div>Contact Person/Position: _____</div><div>Contact Number: _____</div><div>2. Company Name: _____</div><div>Contact Person/Position: _____</div><div>Contact Number: _____</div></div></div>		
Other References (If Employed or Practice of Profession)		
Name of Reference: _____ Relationship: _____ Profession: _____ Contact No. _____		
Name of Reference: _____ Relationship: _____ Profession: _____ Contact No. _____		
Credit History of the Borrower		
<div><div><div>Existing Loan to Other Bank / Financial Institution</div><div>Name of Institution/s: _____</div><div>Kind of Loan/s: _____</div><div>Status of the Loan: <input type="checkbox"/>Current <input type="checkbox"/>Past Due Term: _____ Grant Date: _____</div><div>Amount: _____ Total Monthly Loan Payment: _____</div></div><div><div>Fully Settled Loan to Other Bank / Financial Institution</div><div>Name of Institutions/s: _____</div><div>Kind of Loan/s: _____</div><div>Amount: _____ Total Monthly Loan Payment: _____</div><div>Term: _____ Grant Date: _____ Date Settled: _____</div></div></div>		

