



NATIONAL HOME MORTGAGE FINANCE CORPORATION
BORROWER'S INFORMATION SHEET



PROGRAM
☐ HOME
☐ SHELTER
☐ BERDE

(PRINT ALL ENTRIES IN BLOCK OR CAPITAL LETTERS)

PRINCIPAL BORROWER S INFORMATION

Full Name

Surname	First Name	Middle Name	Suffix	Date of Birth	Attach here 1 x 1 ID photo of applicant

Permanent Home Address

Unit / Room No / Floor	Bldg. Name / Phase, Block, Lot No.	Street Name	Subd. / Barangay	Municipality / City	Zip Code	Age

Present Home Address

Unit / Room No / Floor	Bldg. Name / Phase, Block, Lot No.	Street Name	Subd. / Barangay	Municipality / City	Zip Code	Gender
						<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> LGBTQIA++ <input type="checkbox"/> Prefer not to say

Contact Information

Mobile Number	Active Email Address	Home / Landline No.	Employment Type
			<input type="checkbox"/> Local / Private <input type="checkbox"/> Government <input type="checkbox"/> Overseas <input type="checkbox"/> Self-Employed

Home Ownership

<input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged	<input type="checkbox"/> Company <input type="checkbox"/> Rented at Php_____/mo.	<input type="checkbox"/> Living with parents / relatives	Length of Stay in Present Address	<input type="checkbox"/> Single / Unmarried <input type="checkbox"/> Married	<input type="checkbox"/> Annulled <input type="checkbox"/> Legally Separated	<input type="checkbox"/> Widowed	Government Issued ID (1)

Employer / Business Name

Nature of Business / Industry	Years in Employment	Identification Number

Employer / Business Address

Preferred time to be contacted	Government Issued ID (2)

Position / Designation

Employer's Contact Details Direct / Trunk Line	Employer's Email Address	Identification Number

Highest Educational Attainment

School / University	Year Graduated

SPOUSE / FAMILY MEMBER / CO BORROWER S PERSONAL DATA

Full Name

Surname	First Name	Middle Name	Suffix	Date of Birth	Attach here 1 x 1 ID photo of applicant

Permanent Home Address

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Employer / Business Name

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Employer / Business Address

Preferred time to be contacted	Identification Number

Position / Designation

Employer's Contact Details Direct / Trunk Line	Employer's Email Address

DEPENDENT/S

Full Name	Age	Relationship	School / Employer	Monthly Salary / Wages

FINANCIAL INFORMATION

	Principal Borrower	Spouse / Family Member / Co-Borrower	Sub-Total
Salaries	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allowances	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Income	<input type="text"/>	<input type="text"/>	<input type="text"/>
Commissions	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL MONTHLY INCOME	<input type="text"/>	<input type="text"/>	<input type="text"/>

Rental	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food	<input type="text"/>	<input type="text"/>	<input type="text"/>
Electricity	<input type="text"/>	<input type="text"/>	<input type="text"/>
Water	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cable / Internet	<input type="text"/>	<input type="text"/>	<input type="text"/>
Tuition Fee	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transportation	<input type="text"/>	<input type="text"/>	<input type="text"/>
Others: _____	<input type="text"/>	<input type="text"/>	<input type="text"/>
TOTAL MONTHLY EXPENSES	<input type="text"/>	<input type="text"/>	<input type="text"/>

DISCLOSURES		
(Answer the following questions with YES or NO. If your answer is YES please elaborate the details as required)		
Are there past or pending cases against you? If Yes, please indicate the nature, plaintiff, amount involved and the status _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have past due obligations? If yes please indicate the creditor's name, nature, amount involved and due date _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was your bank account ever closed because of mishandling or issuance of bouncing checks? If yes, please indicate the bank's name nature amount and date. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been diagnosed, treated or given medical advice by a physician or other health care provider? If yes, please indicate the condition/diagnosis. _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OUTSTANDING CREDITS / LOAN AVAILMENTS			
Creditor / Bank	Type of Loan	Original Loan Amount	Maturity Date
Address		Outstanding Balance	Mo. Amortization
Creditor / Bank	Type of Loan	Original Loan Amount	Maturity Date
Address		Outstanding Balance	Mo. Amortization

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) the Originator, NHMFC, or its duly authorized representative/s 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 Originator, NHMFC or its duly authorized representative/s 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) 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 the Originator, NHMFC or its successor-in-interest 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. Further, I/We promise to Originator, NHMFC or its successor-in-interest to provide updates, 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 NHMFC guidelines.

I/We agree to notify the Originator, NHMFC or its successor-in-interest of any material change affecting the information contained herein.

I/We agree that all information obtained by Originator, NHMFC or its successor-in-interest 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 NHMFC and those that the NHMFC may adopt in the future, that may have relation to or in any way affect my/our loan.

I/We, the undersigned hereby certify that I explicitly and unambiguously consent to the collection, processing, sharing, storing of my personal and sensitive personal information pursuant to the Data Privacy Policy of NHMFC. I/We hereby certify that I carefully understood and comprehend the terms above before giving my consent.

_____ SIGNATURE OVER PRINTED NAME OF PRINCIPAL BORROWER Date:	_____ SIGNATURE OVER PRINTED NAME OF SPOUSE / CO-BORROWER Date:
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ATTY-IN-FACT / LOAN ADMINISTRATOR INFORMATION (IF APPLICABLE)		
FULL NAME OF ATTY-IN-FACT	DATE OF BIRTH	RELATIONSHIP WITH THE BORROWER
COMPLETE HOME ADDRESS	CONTACT NUMBER	EMAIL ADDRESS

LOAN ORIGINATOR INFORMATION

To be completed by Loan Originator

COMPANY NAME

TAX IDENTIFICATION NUMBER

ADDRESS

Unit/ Room No / Floor

Bldg. Name / Phase, Block, Lot No.

Street Name

CONTACT NUMBER

Subd. / Barangay

Municipality / City

Zip Code

EMAIL ADDRESS

The undersigned hereby certify that the borrower is qualified to purchase the property, has the financial capacity and is willing to pay his/her monthly amortizations as they will fall due, and I have exercised due diligence in determining the qualifications and financial capacity of the borrower.

LOAN ORIGINATOR REPRESENTATIVE

(signature over printed name)

DESIGNATION / POSITION

DATE OF APPLICATION

Note: If applying with a co-borrower, kindly accomplish a separate Borrower's Information Sheet (BIS).

LOAN AND COLLATERAL PARTICULARS

Registered Title Holder

TCT / OCT / CCT No.

Loan Amount

Property Location

Block / Bldg. No. Lot / Unit No. Street, Town / City, Municipality, Province

Tax Declaration No.

Preferred Loan Term

(In years)

Type of Property

☐ Single Detached

☐ Row House

☐ Townhouse

☐ Single Attached

☐ Condominium

☐ Duplex

No. of Storeys :

Floor Area (sqm) :

Land Area (sqm) :

Check ☐ if under LOG

for purchase of residential unit

REFERENCE FOR NATURE OF BUSINESS / INDUSTRY

Professional, Scientific, and Technical Services

Accounting / Auditing / Tax Practice Services

Legal Services

Architecture / Engineering

Advertising / Marketing

Other Professional Services / Consultancy / Coaching

Finance and Insurance

Pawnshop / Lending

Money Service Business - Electronic Money Issuer

Insurance

Securities Broker / Dealer

Construction and Civil Engineering

Construction and Civil Engineering

Real Estate Brokerage and Sales

Real Estate Brokerage and Sales

Media, Arts, Sports and Recreation

Media

Arts / Entertainment / Recreation

Sports / eSports

Gambling / Casino / eGames

Healthcare and Social Work

Healthcare (Doctor, Dentist, Nurse, Psychiatrist and others)

Social Work / Non-Government and Non-Profit Organizations

Education

Education / Online Education

Accommodation and Food Services

Hotel / Accommodation / Restaurant / Food Services

Administrative and Other Support Service Activities

Travel / Travel Agencies

Employment Agency / Human Resources

Business Process Outsourcing

Security Agency / Services

Private Household and Household Staff

Private Household / Household Employee / Household Staff

Information and Communication

Information / Communication / Telecommunication

Publishing / Printing

Robotics / AI / Cloud / Data Engineering / Software Development / Cybersecurity

Manufacturing

Manufacturing / Packaging

Manufacturing / Trading of Firearms and Ammunition

Dealerships, Trading, Selling and Repair Services

Art / Antiques Dealership

Car / Boat / Plane Dealership

Jewelry / Precious Metals / Precious Stones Dealership

Wholesale / Retail Trade (Distribution & Sales) / E-Commerce / Online Selling

Repair Services

Transportation and Storage

Transportation (Land, Sea and Air)

Shipping / Cargo / Storage

Seaman / Seafarer

Agriculture, Forestry, and Fishing

Agriculture / Fishing

Forestry

Mining / Quarrying

Electricity, Oil and Gas

Electric Utilities

Oil / Gasoline

Water Supply, Sewerage and Waste Management

Public Administration and Peace and Order

Peace and Order (Military, Police, Fireman, Jail Warden and Others)

Public Administration / Government

Embassies and Diplomatic Services

Other Service Activities

Other Service Activities (Hairdresser, Manicurist, Masseuse and others)

Religious Organization

Special Nature of Work / Business

Designated Non-Financial Business And Professions (DNFBP)

Direct OGB / POGO Licensee and Authorized Gaming Agent

Indirect OGB / POGO Allied Service Provider



“EVERYBODY DESERVES A HOME AND IT SHOULD NEVER TAKE TOO LONG.”

National Home Mortgage Finance Corporation
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Telephone Number 893-1501