



	BUYER'S	INFORMA	TION SH	EET (BI	S)		
DATE OF RESERVATION:							
		UNIT DE					
PROJECT:	BL	OCK NO:	HOUSE MODEL:				
PHASE NO:		GENERAL D	LOT AREA:		FLOOR ARE	A:	
PDOVED:	SALES MANAGER:	GENERAL L	ETAILS	SALES AGENT:			
BROKER:	SALES MANAGER:	LOANDE	TAIL O	SALES AGENT:			
		LOAN DE					
TCP:	MISC FEE:	MOVE IN FE		TPP:			
RF:	CASH-OUT AMOUNT:	CASH-OUT T	ERM:	CASH-OUT N			
FINANCING SCHEME: HDMF FINANCING	SPOT CASH	LOAN AMOUNT		30 YEARS	LOAN TERM 10 YEARS		
IN HOUSE FINANCING	——			25 YEARS	5 YEARS		
BANK FINANCING		MONTHLY AMORTIZAT	ION	20 YEARS	OTHERS	:	
				15 YEARS			
		PERSONAL	DETAILS	13 ILANS			
DETAILS OF:	PRINCIPAL	CO-BORROWER	DETAILO	SPOUSE	ATTY.IN FA	\CT	
FULL NAME (<i>LAST NAME</i>)	PRINCIPAL	CO-BONNOWEN		JSF O O S L	A111.IIV17	101	
FULL NAME (FIRST NAME)							
FULL NAME (MIDDLE NAME)							
DATE OF BIRTH (MM/DD/YYYY)							
AGE							
SEX (PLS CHECK ONE)	MALE	FEMALE		MALE	FEMALE		
CIVIL STATUS (PLS CHECK ONE)	SINGLE	WIDOW/ER		SINGLE	WIDOW/E		
TIN NUMBER	MARRIED	SEPARATED		MARRIED	SEPARATE	יט	
PAG-IBIG MID NUMBER							
SSS NUMBER	†						
EDUC.ATTAINMENT-DEGREE/COURSE							
SCHOOL/UNIVERSITY-YR.GRADUATED							
		CONTACT D	ETAILS				
RESIDENCE PHONE NUMBER	1						
MOBILE PHONE NUMBER							
EMAIL ADDRESS							
FACEBOOK ACCOUNT							
	_	RESIDE	NCE				
PRESENT HOME ADDRESS							
HOME OWNEDSHIP (DIS CHECK	OWNED NOT MODIC	2405		OWNED-NOT	MODICACE		
HOME OWNERSHIP (PLS. CHECK ONE)	OWNED-NOT MORTGAGE OWNED-MORTGAGE		OWNED-NOT				
OHL)	RENTED			RENTED			
	LIVING WITH PARENTS/RELATIVES		LIVING WITH PARENTS/RELATIVES				
	OTHERS			OTHERS			
LENGTH OF STAY	YEARS	MONTHS		YEARS	MONTHS		
PERMANENT HOME ADDRESS							
LENGTH OF STAY	YEARS	MONTHS		YEARS	MONTHS		
ELIVOTITOT STAT	ILAIG	INCOME SO	TURCE	TLANS	INIONTIIS		
TYPE OF EMPLOYMENT:	: LOCAL	OFW OFW	SELF EMPLOYED	LOCAL	OFW	SELF EMPLOYED	
TYPE (PLS. CHECK ONE)		OPW	3LLF LIVIPLOTED	EMPLOYED-P		3LLF LIVIPLOTED	
(,,,,,,	EMPLOYED-GOVERN	MENT		EMPLOYED-GOVERNMENT			
	SELF-EMPLOYED WITH BUSINESS			SELF-EMPLOYED WITH BUSINESS			
	SELF-EMPLOYED PROFESSIONAL				SELF-EMPLOYED PROFESSIONAL		
	OTHERS	T	T T	OTHERS	T	T 1	
STATUS OF EMPLOYMENT PRESENT EMPLOYER/BUSINESS	REGULAR	PROBITIONARY	CONTRACTUAL	REGULAR	PROBITIONARY	CONTRACTUAL	
NAME:	1						
ADDRESS:							
PHONE NUMBER:							
FAX NUMBER:				1			
TYPE (PLS. CHECK ONE) SINGLE PROPRIETORSHIP PARTNERSHIP			SINGLE PROP				
	CORPORATION			PARTNERSHIP CORPORATION			
NATURE OF BUSINESS	COM GRATION			COM ONATIO	· · · · · · · · · · · · · · · · · · ·		
LENGTH OF STAY	YEARS	MONTHS		YEARS	MONTHS		
POSITION/RANK		•			•		
PREVIOUS EMPLOYER (IF APPLICABLE)	1						
NAME:	1						
ADDRESS:					·		
	 						
PHONE NUMBER:							
FAX NUMBER:		MONTHS		1	h 400 i=: :-		
LENGTH OF STAY	YEARS	MONTHS		YEARS	MONTHS		

		Pt	RINCIPA	AL BURRUWER	2 DELEND	EN15				
N.	AME	AGE		RELATIONS	HIP		SCI	HOOL/EN	/IPLOYER	
				COLLATERAL [DETAILS					
PROPERTY ADDRE	SS (NUMBER/STREE	T/SUBDIVISION/BRGY./N	MUNICIPAL	ITY/CITY/PROVINCE						
SELLING PRICE/ES TCT/CCT NO.: PRESENT REGISTE	T MARKET VALUE: RED OWNER:	LOT AREA:		FLOOR AREA:	CON	LOT NO: NTACT NUMBER/S:		E	BLOCK NO:	
				CREDIT CA		•				
BANK	CARD NUMBER	MEMBER SIN	CE	EXPIRATION	_	O.PAYMENT	OUTS	TANDING	BALANCE	CREDIT LIMIT
			•	LOANS						
BANK	TYPE OF CREDIT/LO	DAN LOAN AMOU	NT	MONTHLY PAYMENT		DING BALANCE	M	IATURITY	DATE	STATUS
	,									
				OTHER ASS	ETS					
	TYPE OF PRO	PERTY		LOC	ATION/DESCRIPT	ION			ESTIMATE	D VALUE
				BANK REFERI	ENCES					
BANK	ACC	OUNT NUMBER		TYPE OF A	CCOUNT	DATE	OPENE)	AVER/	AGE BALANCE
				E / PERSONAL	REFERENC	ES				
N	AME	RELATIONSHII (SUPLLIER/CUSTOMER/I			ADDRE	cc			CONTA	CT NILIMADED /C
IV.	AIVIL	(SUPLLIEN/CUSTOWIEN/	PERSONEL)		ADDRL	33		CONTACT NUMBER/S		
			FI	NANCIAL INFO	RMATION					
	MON	THLY GROSS FAMILY INC				MON	ITHLY FA	MIL EXPE	ENSE	
					FOOD					
		PRINCIPAL BUYER	R	SPOUSE	RENTAL/AMOR	TIZATION (IF APPLIC	ABLE)			
		/ CO-BORROWER	ER SI GGSE		EDUCATION	EDUCATION				
					LIGHT & WAT					
BASIC SALARY (CC ALLOWANCES/OTH					CLOTHING & I	MEDICAL				
MO.INCOME	ER REGULAR				TEL/MOBILE/CA	ABLE/OTHER SUBSCR	RIPTIONS			
COMMISION/OTH	IER INCOME				TRANSPORTATION					
OTHER INCOME F	ROM BUSINESS				OTHER: LOAN	S/CREDIT CARDS				
MONTHLY TOTAL					TOTAL					
		•	<u>'</u>	UNDERTAK	ING			<u> </u>		
By signing below,	I/we hereby confirm	n that the information al	bove and d	ocuments I/we have giv	en are tru and co	rrect, and I/we au	thorized	Social Ho	omes,Inc. (th	ne Developer") to
verify and investigate the same from whatever source it may consider appropriate. I/we understand that my falsifying any of the above information ,including the enclosed/attached documents,if any, is sufficient ground for legal action against me/us and the rejection of my/our application. I/we further understand that should my/our application be denied, the financial facility has no obligation on its part to furnish me/us with the reason for such rejection and/or to return my/our application form and documents. Finally, I/we confirm that I/we have read and understood the terms and conditions herein provided and that I am/we are entering into this transaction with my/our full consent.										
BORROWER'S SIGNATURE OVER PRINTED NAME / DATE SPOUSE SIGNATURE OVER PRINTED NAME / DATE ENDORSE BY: APPROVED BY:										
LOLLI R. DOMIGO Licensed No. VP-SALES & MARKETING										
				S FOR SOCIAL	HOMES,INC		<u> </u>	-		
-	ED FROM APPLICAN		SENT TO/D	ATE:		RECEIVED BY:				ISAPPROVED /DEFER
BY/DATE:			SENT BY:			DATE:		[DATE:	
REMARKS /ENDO	RSEMENT: SALES	ADMIN (ORIGINAL);ACC	COUNTING	(ORIGINAL);MARKETIN	G(PHOTOCOPY);E	BROKER(PHOTOCO	PY)			

DDECENT ADDDECC.	SKETCH	
PRESENT ADDRESS:		
		2017