

DEFERRED CASH APPLICATION FORM

Amount to Amortized Php:		Preferred Term (in years)	
Name (first, middle, family)			
PRINCIPAL BUYER			
Birth Date(mm/dd/yr.)	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Civil Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated
Present Home Address:			Zip Code:
Home Ownership: <input type="checkbox"/> Owned <input type="checkbox"/> Rented	<input type="checkbox"/> Living w/ Relatives <input type="checkbox"/> Company Provided	Others:	# of years of stay: Home Tel. No.
Foreign Home Address:		ACR / Resident Card:	Zip Code:
Education: <input type="checkbox"/> H-School <input type="checkbox"/> College	<input type="checkbox"/> Post- Graduate <input type="checkbox"/> Others	Cellphone No.	E-mail Address: SSS No.
Occupation: <input type="checkbox"/> S-Employed <input type="checkbox"/> Un-Employed	<input type="checkbox"/> Employed <input type="checkbox"/> Retired	Present Employer / Bus Name:	Nature of Business: Office Tel. No.
Position:	Emp. Status: <input type="checkbox"/> Regular <input type="checkbox"/> Casual	<input type="checkbox"/> Probationary <input type="checkbox"/> Contractual	Emp. Type: <input type="checkbox"/> Local <input type="checkbox"/> OFW
Employer or Business Address:		Years in current work / business:	Total years working / in business:
With Life Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Insurer:	

SPOUSE / CO-OWNER

Name:

FINANCIAL INFORMATION

A. Monthly Income (Pls. attach the ff proof of billing)

1 If employed (local): Certificate of Employment and Compensation, Income Tax Return w/ W2. Latest Pay slip.
 2 If OFW, POEA, Certificate of Employment or Contract authenticated by Philippine Consulate.
 3 If Self-Employed, Audited Financial Statement, Income Tax Return.

Source	Principal Buyer	Spouse / Co-Owner	Total
Salaries	Php / Month	Php / Month	Php / Month
Allowances	Php / Month	Php / Month	Php / Month
Bonuses (Ave. Monthly)			
Income from business (ave. monthly)			
Commissions (ave. monthly)			
Others, pls. specify			
Gross Monthly Family Income	Php	Php	Php
Ave. Total Monthly Expenses	Php	Php	Php
Net Disposable Monthly Income	Php	Php	Php

B. Bank Deposit Accounts

Bank	Branch	Account Type/ No.	Date Opened	Ave. Monthly Balance

C. Loans

Type of Credit	Bank	Add / Phone #	Original Amt.	Outstanding Bal.	Monthly Amort.	Collateral

D. Credit Card

Name of Card Holder	Card Name	Card No.	Credit Limit	Member Since

I hereby certify that the above information furnished herein are true and correct to the best of my / our knowledge, I hereby authorized ALHI to verify my / our employment data, bank account, credit cards, income tax return, and other pertinent records.

Principal Buyer / Authorized Representative
 (Signature Over Printed Name)
 Date Signed _____
 Tin No. _____
 Res. Cert. No. _____
 Date & Place Issued _____

Co-Owner
 (Signature Over Printed Name)
 Date Signed _____
 Tin No. _____
 Res. Cert. No. _____
 Date & Place Issued _____

Buyer's Spouse
 (Signature Over Printed Name)
 Date Signed: _____

Co-Owner's Spouse
 (Signature Over Printed Name)
 Date Signed: _____