

**CONSUELO "CHITO" MADRIGAL FOUNDATION, INC- BIKOL (CCMFI-Bikol)**  
**APPLICATION FORM (CC-01)**  
**CHITO COMMUNITY HOUSING PROJECT**

**PERSONAL DATA**

Last Name			First Name		Middle Name/Maiden Name(if married)			ATTACH HERE 2'X2 PICTURE
Sex	Date of Birth		Age	Pag-IBIG ID No.				
Present Home Address (No., Street, City, Municipality, Province)				Zip Code		Status <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Others _____		
Provincial Address (No., Street, City, Municipality, Province)				Email Address				
Home Owner <input type="checkbox"/> Owned <input type="checkbox"/> Company <input type="checkbox"/> Living with relative/parents <input type="checkbox"/> Mortgaged <input type="checkbox"/> Rented at ₱ _____ / month			Year of Stay		Contacts Nos.			
					Facebook Account:			
Name of Employer/Business Name (if self-employed)				SSS/GSIS ID No.		Citizenship	Religion:	
Employer/Business Address						TIN		
Nature of Business		Position & Department		Years in Employment/Business		No. of Dependent/s		
Basic Monthly Income		Other Salaries / Income		Monthly Net / Take-Home Pay				
Billing Address				Business Phone No.				
Check if there's an existing loan with any of the ff. offices: <input type="checkbox"/> GSIS <input type="checkbox"/> PAG-IBIG <input type="checkbox"/> SSS <input type="checkbox"/> Others (pls. specify) _____				Monthly Amortization		Remaining Number of Years to Pay		
Location of Property loaned:								
Do you own or have acquired any property (house and lot)? <input type="checkbox"/> Yes <input type="checkbox"/> No			Location of Property		Type of Property		Mode of Acquisition	
Substitute Beneficiary/ ies				Relation to Applicant				

**SPOUSE OR PARTNER'S DATA**

Last Name		First Name	Middle Name	Date of Birth (mm/dd/yy)		Facebook Account Name:	
Employer/ Business Address						Citizenship	
Employer/ Business Name (if self-employed)				Years in Employment/ Business		SSS/GSIS ID No.	
Position & Department/ Nature of Business				Business Tel. No.		TIN	

**ALTERNATIVE CONTACT PERSONS:**

**NEXT OF KIN (PARENTS/SIBLINGS)**

Last Name		First Name	Middle Name	Date of Birth (mm/dd/yy)		Facebook Account Name:	
Employer/ Business Address						Citizenship	
Employer/ Business Name (if self-employed)				Years in Employment/ Business		SSS/GSIS ID No.	
Position & Department/ Nature of Business				Business Tel. No.		TIN	

**COLLEAGUE (BUSINESS PARTNER/OFFICEMATE)**

Last Name		First Name	Middle Name	Date of Birth (mm/dd/yy)		Facebook Account Name:	
Employer/ Business Address						Citizenship	
Employer/ Business Name (if self-employed)				Years in Employment/ Business		SSS/GSIS ID No.	
Position & Department/ Nature of Business				Business Tel. No.		TIN	

I/We certify that the foregoing information/ statement are to the best of my knowledge, true, correct and complete, and I/We agree that any misrepresentation of a material fact is ground for disapproval of application, cancellation of the application or foreclosure of the approved housing application as the case may be.

I/We agree to notify the FOUNDATION of any material change affecting the information contained herein. I/We agree that all information obtained the FOUNDATION shall remain its property whether or not the application is granted. I/We agree that the FOUNDATION reserves the right to reject any or all applications without offering any reason, waive any defect or formality, that the FOUNDATION assumes no responsibility whatsoever to compensate or indemnify me/us for any expenses or losses that I/we may have incurred for application of a CHITO COMMUNITY (CC) house and Lot unit.

SIGNATURE OF APPLICANT	Date:	SIGNATURE OF SPOUSE	Date:
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(To be filled up by the Chito Community Housing Committee)

Reviewed By: _____	Evaluated By: Julma M. Narvadez (Chief Operating Officer)	Approved By: Fr. Wilmer Tria (Chief Executive Officer)
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Remarks:

**CONSUELO CHITO MADRIGAL FOUNDATION, INC. BIKOL (CCMFI-Bikol)**  
**FAMILY INFORMATION SHEET**  
**CHITO COMMUNITY HOUSING PROJECT**

<b>MONTHLY INCOME</b>	<b>APPLICANT</b>	<b>SPOUSE/OTHERS</b>
SALARIES	_____	_____
ALLOWANCE	_____	_____
COMMISSIONS	_____	_____
OTHERS (Specify)	_____	_____
	_____	_____
GROSS MONTHLY INCOME	_____	_____
WITHOLDING TAX/SSS/PAG-IBIG /PHILHEALTH	_____	_____
<b>HOUSEHOLD NET INCOME</b>	_____	_____
 HOUSEHOLD TOTAL INCOME		_____
<b>MONTHLY EXPENSES</b>		
1. Food/Household Consumption		_____
2. Utilities/ Electric/ Water		_____
3. Education		_____
4. Health		_____
5. Clothing		_____
6. Transportation		_____
7. Loan Amortization		_____
8. House Rent		_____
9. Others (Specify)		_____
		_____
		_____
<b>Combined Monthly Expenses</b>		=====
<b>Household Net Disposable Income</b>		=====

NAME OF APPLICANT:	
HOMELOT STATUS:	
DISTANCE OF WORKPLACE FROM RESIDENCE:	
COST OF TWO-WAY TRANSPORT FROM HOUSE TO WORKPLACE:	
NUMBER OF HH MEMBERS GAINFULLY EMPLOYED:	
MONTHLY INCOME OF APPLICANT:	
INCOME RECEIVED FROM OTHER HH MEMBERS/IGP/REMITTANCE:	
TOTAL MONTHLY FAMILY INCOME:	
MONTHLY EXPENDITURE:	
NET DISPOSABLE INCOME:	
ESTIMATED LOAN BALANCE FROM ALL SOURCES:	
PREFERED HOUSE MODEL:	
MEMBERSHIP IN CIVIC ORGANIZATION:	
MEMBERSHIP IN COOPERATIVE:	
DESIRED LIVELIHOOD PROJECT 1 <sup>ST</sup> PRIORITY:	
DESIRED LIVELIHOOD PROJECT 2 <sup>ND</sup> PRIORITY:	
EXPECTED DATE OF OCCUPANCY:	
SIGNATURE OF APPLICANT:	