



HOMEOWNER'S INFORMATION SHEET

Ground Floor Insular Life building., Gen. Luna Street, Iloilo City Tel. Nos. 335-1449 to 52 Fax No.: 335-1454

HOMEOWNER'S UNDERTAKING

I/We declare, under the penalties of perjury, that this form and the information provided herein have been made by me/us in good faith, verified by me/us, and to the best of my/our knowledge and belief are true and correct as of the date hereof; that my/our signature/appearing hereunder is/are genuine; and that I/we have not withheld anything which would affect the processing and evaluation of St. Rafael Development Corporation (SRDC), the developer of the Providence Iloilo of my/our application. I/We undertake to provide SRDC with any additional information relevant to this application which may come to my/our knowledge of possession after the date of this application. I/We authorize SRDC to verify and investigate the information provided by/us herein from whatever source it may consider appropriate, including the references identified herein to prove SRDC with any information which may be required by SRDC for the purpose of verifying the accuracy and completeness of my/our declaration and the processing of my/our application.

I/We understand that the receipt by SRDC of this application does not in any way constitute a binding agreement between myself and SRDC with respect to my/our interest purchase of the house and lot unit described herein. I/we further understand that my/our application may be disapproved for my any reason whatsoever without any obligation on the part of SRDC or its officer to furnish me/us the reason for the disapproval.

SIGNATURE:	DATE:
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PERSONAL DETAILS

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
SEX (pls. check) <input type="checkbox"/> Male <input type="checkbox"/> Female	AGE:	BIRTH DATE:	TAX IDENTIFICATION NUMBER:	COMMUNITY TAX CERTIFICATE:	
CIVIL STATUS (please check) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			ISSUED AT:	ISSUED ON:	
HOME ADDRESS:			NATIONALITY & YEARS OF PHIL. RESIDENCY:		
			TELEPHONE NUMBER:		

EMPLOYMENT AND BUSINESS

COMPANY NAME:	POSITION:	YEARS OF EMPLOYMENT:
NATURE OF BUSINESS (If self-employed):		WHEN ESTABLISHED:
COMPANY OR BUSINESS ADDRESS:		CONTACT NUMBER:
		FAX NUMBER:

DETAILS OF SPOUSE (If married)

LAST NAME:		FIRST NAME:		MIDDLE NAME:	
BIRTH DATE: _____	AGE:	TAX IDENTIFICATION NUMBER:	COMMUNITY TAX CERTIFICATE:	ISSUED AT:	ISSUED ON:
SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female					
BUSINESS ADDRESS		TELEPHONE NUMBER:		NATIONALITY:	
		FAX NUMBER:		YEARS OF RESIDENCY:	

DETAILS OF PROPERTY AND SKETCH OF RESIDENCE OR OFFICE ADDRESS

VILLAGE NO:	
BLOCK NO.:	
LOT NO.:	
LOAT AREA:	
FLOOR AREA:	