



Republic of the Philippines
Department of Education
PROVIDENT FUND

Date Submitted:

Loan Application No.:

Loan Amount: Php

Type of Loan: Multi-purpose New Renewal Additional

Term: year/s

Purpose:

- Educational
- Hospitalization/Medical
- Long Medication/Rehabilitation
- House Arrears/Equity
- House Repair - Major
- House Repair - Minor
- Payment of Loan from Private Institution
- Calamity
- Others (specify): _____

BORROWER'S INFORMATION

(Surname) _____ (First Name) _____ (MI) _____
 Home Address: _____

 Position: _____
 Employee No.: _____ Employee Status: _____
 Office: _____
 Date of Birth: _____ Age: _____
 Monthly Salary: Php _____ Office Tel. No. _____
 Year in Service: _____ Mobile No. _____
 DepEd E-mail Address: _____

 Specimen Signature: _____

CO-MAKER'S INFORMATION

(Surname) _____ (First Name) _____ (MI) _____
 Home Address: _____

 Position: _____
 Employee No.: _____ Employee Status: _____
 Office: _____
 Date of Birth: _____ Age: _____
 Monthly Salary: Php _____ Office Tel. No. _____
 Year in Service: _____ Mobile No. _____
 DepEd E-mail Address: _____

 Specimen Signature: _____

LOAN AGREEMENT

I hereby apply for a Provident Fund Loan in the amount of PESOS: _____ (P_____)
 in consideration of the grant thereof, I promise to pay all installments due based on the attached amortization schedule and bind myself with the terms and conditions of the loan as stipulated in the applicable guidelines of the DepEd Provident Fund. This document also serves as the Promissory Note Upon approval of this loan.

Accordingly, I hereby authorize the deduction of the monthly amortization from my salary. Should I be separated from the service, I also hereby agree to settle my outstanding load balance before the date of my retirement / separation from the service, either through full payment in cash or through the execution of a notarized Promissory Note.

Signature of Borrower **Date**
 Over Printed Name

I hereby agree to assume all the outstanding obligation for the grant of this loan should the principal borrower be separated from the service, and either retirement or separation benefits due to him/her is not received or is insufficient to settle the borrower's outstanding loan, and upon proper notification by the Provident Fund Secretariat.

Accordingly, I hereby authorize the monthly deduction from my salary of the amortizations for the outstanding obligation of the principal borrower until his/her loan is fully paid.

Signature of Co-Maker **Date**
 Over Printed Name

CERTIFICATE OF EMPLOYMENT AND CREDIBILITY

Personnel Division/Unit:

This is to certify that the above loan application/borrower:
 (1) Is a ___ permanent/ ___ co-terminus employees of this Office and is not on leave of absence without pay;
 (2) has net pay of Php _____ for the payroll month & year of _____; and
 (3) has given the true and correct information on the loan Application Form.

JONALYN E. SABLON
 Administrative Office IV

Legal Service/Unit:

This is to certify that the above applicant/borrower has no pending administrative nor civil case charge against him/her based on records on file with DepEd.

ATTY. BENEDICT JOHN C. AURE
 Attorney III

SECRETARIAT'S ASSESSMENT/EVALUATION

A. Documents Submitted: (three copies of each)

- Loan Application Form (LAF)
- Authorization to Deduct
- Letter of Intent (Borrower)
- Three (3) latest consecutive pay slip (Borrower)
- Certified true copy of latest pay slip (Co-Maker)
- Photocopy of DepEd ID (Borrower and Co-Maker)
- Original Service Record (Borrower and Co-Maker)
- Approved Appointment (for FIRST TIME borrowers and Co-terminus employees only)
- Documents showing proof that the Co-terminus employee has rendered at least 2 years service in DepEd, eg. Notarized Contract of Service
- Others (specify: _____)

Additional documents for Additional Loan:

- Letter request
- Hospitalization/Medical Expenses
- Medical Abstract/Certificate/Prescription/Diagnosis
- Barangay/LGU Certificate/Resolution declaring the borrower's place under State of Calamity

Reviewed by: <p align="center">MA. JIMA T. CADIZ Administrative Officer V</p>	Date:
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B. Completeness and Veracity of Submitted Documents:

- Signed and completed filled out LAF
- Completed supporting documents for type of loan applied for
- Signature on LAF are by authorized signatories

Reviewed by: <p align="center">MA. JIMA T. CADIZ Administrative Officer V</p>	Date:
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C. Eligibility of the Borrower and Co-Maker:

- Borrower will not reach the mandatory age retirement on or before the maturity of his/her loan. Age: _____
- Co-Maker will not reach the mandatory age retirement on or before the maturity of his/her loan. Age: _____
- Borrower has Outstanding PF Loan Balance:
 - Current Loan Balance Amount: Php _____
 - Past-Due Loans Amount: Php _____
 - No. of Years/Months Past-Due: Year/s: _____ Month/s: _____
- Borrower's Net Take-Home Pay after deduction of monthly amortization of the loan being applied for is equal to or higher than the required threshold for the current year.
- For renewal of loans: Borrower has paid at least 30% of the principal of the existing loan.
 Percentage of Principal paid: _____ %

Verified by: <p align="center">ELUISA L. ICANG Administrative Assistant III</p>	Date:
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D. Computation of Loan:

Principal Amount of Loan Php _____	Net Take Home Pay after Deduction Php _____
Less: Outstanding Balance of Loan to be Renewed	Monthly Amortization Php _____
Principal: Php _____	Period of Loan (mm/yy-mm/yy) _____
Interest: _____	
Net Proceeds: Php _____	Date Processed: _____

Processed by: <p align="center">ELUISA L. ICANG Administrative Assistant III</p> Reviewed by: <p align="center">MA. JIMA T. CADIZ Administrative Officer V</p>	Remarks: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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ACTION TAKEN

Recommending Approval:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved
_____ MA. JIMA T. CADIZ Administrative Office V	_____ LEONARDO C. CANLAS, EdD, CESO VI Assistant Schools Division Superintendent Officer-in-Charge Office of the Schools Division Superintendent



Authorization for Salary Deduction

Personnel Division

DepEd Schools Division Office / Payroll Services Division
City of San Jose del Monte / City of San Fernando (P)

I hereby authorize the deduction of _____ PESOS
(₱ _____) from my salary for _____ months, starting in _____, 20____
to _____, 20____ or until my total outstanding loan of _____ PESOS
(₱ _____) has been fully paid. Amount deducted shall be credited to the account of the
DepEd Provident Fund as receivables on the said forms.

Signature over Printed Name

Employee No.: _____ Status: _____ Designation: _____
Division: _____ Code/School: _____ Services: _____

AMORTIZATION SCHEDULE Amount of Loan

	(12 MONTHS)	(24 MONTHS)	(36 MONTHS)	(48 MONTHS)	(60 MONTHS)
[] ₱ 5,000.00	430.33	221.60			
[] 10,000.00	860.66	443.21			
[] 20,000.00	1,721.33	886.41	608.44	469.70	386.66
[] 30,000.00	2,581.99	1,329.62	912.66	704.55	579.98
[] 50,000.00	4,303.32	2,216.03	1,521.10	1,174.25	966.64
[] 100,000.00	8,606.65	4,432.07	3,042.20	2,348.51	1,933.29

I hereby authorize the deduction of _____ PESOS
(₱ _____) of the said amortization schedule. Amount deducted shall be credited to the account
of the DepEd Provident Fund as receivables on the said loans.

Signature over Printed Name

(Please encircle preferred amortization schedule (subject to computation of monthly net take home pay.)