

\_\_\_\_\_  
Date

**DECLARATION OF BEING AFFECTED BY CALAMITY**

I, \_\_\_\_\_, an employee of \_\_\_\_\_, and a resident of \_\_\_\_\_, hereby certify that:

- 1. On \_\_\_\_\_, my residence/place of work has been affected by \_\_\_\_\_;
- 2. I have experienced the following damages/effects on my health/family/property:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_;
- 3. The proceeds of my loan application shall be used to address my personal and my family’s basic needs and to correct/repair the damages or other effects I have detailed in the preceding item;
- 4. I shall adhere to the policies and guidelines governing the processing and approval of my loan application as well as its repayment thereafter; and
- 5. I attest to the truth of the foregoing facts.

\_\_\_\_\_  
*Signature over Printed Name of Member*

**EMPLOYER’S CERTIFICATION OF MEMBER’S DECLARATION**

I/We \_\_\_\_\_, with business/office address at \_\_\_\_\_ hereby attests that \_\_\_\_\_ is one of our employees and that the declarations he/she has made above are true and correct to the best of my/our knowledge.

I/We further, agree to deduct from his/her salary his/her monthly amortization and remit the same to Pag-IBIG Fund should his/her loan application be approved.

\_\_\_\_\_  
**HEAD OF OFFICE/AUTHORIZED REPRESENTATIVE**  
(Signature over Printed Name)