



## APPLICATION FOR HOUSING LOAN

42950

स्वच्छताय अर्पितः

Applicant's Recent Photograph With Signature	Co-Applicant's Recent Photograph With Signature	Power of Attorney's Recent Photograph With Signature	File No.
			Loan Account No.
			Extension Office
			Controlling Office (to be filled by Office)

Please fill all the details in CAPITAL LETTERS only. A completed and correctly filled form will help us in processing your application faster. An incomplete/incorrect application is liable to be rejected.

### 1. PERSONAL INFORMATION

APPLICANT		CO-APPLICANT	
Name : Mr./Ms./Dr.			
Father's/Husband's Name			
Relationship		Spouse <input type="checkbox"/> Sister <input type="checkbox"/> Parent <input type="checkbox"/> Sibling <input type="checkbox"/> Children <input type="checkbox"/> Other <input type="checkbox"/> Brother <input type="checkbox"/>	
Date of Birth & Age	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	DD <input type="text"/> <input type="text"/> MM <input type="text"/> <input type="text"/> YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> AGE <input type="text"/> <input type="text"/>	
Place of Birth			
Marital Status	Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/>	Single <input type="checkbox"/> Married <input type="checkbox"/> Others <input type="checkbox"/>	
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	
Qualification	Ph.D <input type="checkbox"/> Professional <input type="checkbox"/> Post Grad. <input type="checkbox"/> Graduate <input type="checkbox"/> Under Grad. <input type="checkbox"/> HSC <input type="checkbox"/> SSC <input type="checkbox"/> Below SSC <input type="checkbox"/> If Others, Specify _____	Ph. D <input type="checkbox"/> Professional <input type="checkbox"/> Post Grad. <input type="checkbox"/> Graduate <input type="checkbox"/> Under Grad <input type="checkbox"/> HSC <input type="checkbox"/> SSC <input type="checkbox"/> Below SSC <input type="checkbox"/> If Others, Specify _____	
Nationality	Indian <input type="checkbox"/> / Others If Others, then Status Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/>	Indian <input type="checkbox"/> / Others If Others, then Status Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Person of Indian Origin <input type="checkbox"/>	
Proof of Identity (Attach Xerox)	PAN Can <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Employee Photo ID Card <input type="checkbox"/> No. _____	PAN Card <input type="checkbox"/> Driving Licence <input type="checkbox"/> Voter ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Employee Photo ID Card <input type="checkbox"/> No. _____	
If NRI :	Which Country _____ Passport No. _____ Date of Expiry _____	Which Country _____ Passport No. _____ Date of Expiry _____	
Category	SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/>	SC/ST <input type="checkbox"/> OBC <input type="checkbox"/> Others <input type="checkbox"/>	
No. of Dependents	Total _____ Relationship _____ Age <input type="text"/> <input type="text"/> Relationship _____ Age <input type="text"/> <input type="text"/>	Total _____ Relationship _____ Age <input type="text"/> <input type="text"/> Relationship _____ Age <input type="text"/> <input type="text"/>	
Address for Communication (POA's address in case of NRI applicants)	_____ _____ _____ District _____ City _____ Pin _____ State _____ STD Code _____ Tel. No. (R) _____ Tel. No. (O) _____ Mobile No _____ Email ID _____ Nearest Land Mark _____	_____ _____ _____ District _____ City _____ Pin _____ State _____ STD Code _____ Tel. No. (R) _____ Tel. No. (O) _____ Mobile No _____ Email ID _____ Nearest Land Mark _____	
Permanent Address	_____ _____ _____ District _____ City _____ Pin _____ State _____ STD Code _____ Tel. No. (R) _____ Tel. No. (O) _____ Mobile No _____ Email ID _____ Nearest Land Mark _____	_____ _____ _____ District _____ City _____ Pin _____ State _____ STD Code _____ Tel.No. (R) _____ Tel. No. (O) _____ Mobile No _____ Email ID _____ Nearest Land Mark _____	



### 3. LOAN INFORMATION

Amount Requested Rs. _____ Term : _____	Type of Rate of Interest : Fixed / Floating Monthly Expense : _____ Preferred EMI _____
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SCHEME - GRIHA PRAKASH / LAKSHMI / SHOBHA / SUDHAR / VIKAS APNA OFFICE / FACE LIFT SAMPURNA GRIHA A/B - SAMPURNA OFFICE / PLOT PURCHASE
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PURPOSE OF LOAN	COST OF PROPERTY (Rs.) (A)	SOURCES OF FUNDS (Rs.) (B)
<ul style="list-style-type: none"> <li>● Purchase of new Flat under Construction</li> <li>● Purchase of Flat being resold</li> <li>● Construction of new house</li> <li>● Purchase of house being resold</li> <li>● Extension of Flat / house</li> <li>● Purchase + Construction / Extension</li> <li>● Repairs / Renovation/Interior Works</li> <li>● Mortgage Loans on Existing property</li> <li>● Purchase of Clinic / Office Premises including Medical Equipments</li> <li>● Purchase of Plot</li> <li>● Purchase of Consumer Durables</li> <li>● Others ( Please Specify )</li> </ul>	<ul style="list-style-type: none"> <li>● Cost of Land _____</li> <li>● Cost of Constn. / Extension _____</li> <li>● Cost of Amenities _____</li> <li>● Registration Charges &amp; Stamp Duty _____</li> <li>● Cost of Flat / house / Clinic (II Sale) _____</li> <li>● Cost of Consumer Durables _____</li> <li>● Cost of Clinical Equipments / Interior Works _____</li> </ul> <p>TOTAL COST(A) _____</p> <p>Please note that the total requirement of funds (A) should equal the estimated source of funds (B)</p>	<ul style="list-style-type: none"> <li>● Savings in Bank _____</li> <li>● Disposal of Investment / Property _____</li> <li>● PF (Refundable/ Non-Refundable) _____</li> <li>● Loan From Employer _____</li> <li>● Others(Specify) _____</li> <li>● Loan from HFL _____</li> </ul> <p>TOTAL FUNDS(B) _____</p>
Mode of Repayment : EMI <ul style="list-style-type: none"> <li>● Through Salary Deduction</li> <li>● Post-Dated Cheques</li> <li>● ECS</li> </ul>	In Case of Griha Vikas, please specify SRO Guideline Value of Property Rs. _____	

### 4. FINANCIAL INFORMATION

Assets (Rs.)	Appl.	Co-appl	Other Loans Taken / Proposed			
Savings in Bank	_____	_____	<b>Applicant</b>			
Deposits	_____	_____	Source	EMI	Loan Taken	Balance Months
Other Properties	_____	_____	House	_____	_____	_____
Current Balance	_____	_____	Car	_____	_____	_____
In PF / PPF	_____	_____	PF/Bank	_____	_____	_____
LIC Policies / PLI	_____	_____	Other	_____	_____	_____
Shares and Securities	_____	_____	<b>Co -Applicant</b>			
Other Assets : Car <input type="checkbox"/> Computer <input type="checkbox"/> AC <input type="checkbox"/>			Source	EMI	Loan Taken	Balance Months
Two Wheeler <input type="checkbox"/> Four Wheeler <input type="checkbox"/>			House	_____	_____	_____
Type of ownership Owned <input type="checkbox"/> Financed <input type="checkbox"/>			Car	_____	_____	_____
Company Provided <input type="checkbox"/>			PF / Bank	_____	_____	_____
Vehicle Registration No. _____			Other	_____	_____	_____

#### EXISTING PROPERTY DETAILS

1. If you already own a property, give full address _____ _____ _____ Year of Purchase : _____ Present Value : _____	2. Whether this property is/was under HFL Loan <b>Yes/No</b> 3. If yes, File No./ MLA No. 4. Loan Amount 5. Monthly Commitment	Built up Area : _____ Rental Value : _____
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#### BANK ACCOUNT DETAILS

Name of the A/c Holder	Name and Address of the Bank	Type of Account	Account No.

#### CREDIT CARD DETAILS - Has Credit Card Yes / No. If Yes,

Name of the A/c Holder	Name of the Credit Card Institution	Credit Card No.	Credit Limit

**5. PROPERTY DETAILS**

<p><b>PROPERTY ADDRESS DETAILS</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Dist. _____ Pin _____</p> <p>State _____</p> <p>Nearest Landmark _____</p>	<ul style="list-style-type: none"> <li>● Area of Land _____ Sq.ft</li> <li>● Built-up Area _____ Sq.ft</li> <li>● Whether land is freehold Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>● Are you the sole owner of the unit Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>● Is the legal title to the unit clear Yes <input type="checkbox"/> No <input type="checkbox"/></li> <li>● Will LICHFL be given first mortgage of the dwelling unit?</li> <li>● Do you propose to Rent the dwelling unit? If Yes, Rent Expected _____</li> <li>● If property not selected, by when do you intend to finalise the property? _____ _____</li> </ul>	<p><b>FOR OFFICE USE ONLY</b></p> <p>PA _____</p> <p>PV _____</p> <p>Builder Code _____</p> <p>Project Code _____</p> <p>Page No. _____</p>
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<p>Name and Address of the Builder/Vendor/Society Development Authority</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Construction Stage :</p> <p>(1) Ready</p> <p>(2) Under Construction</p> <p>Specify % of Completion _____</p> <p>Land Area _____</p> <p>Built-up Area _____</p> <p>Expected date of completion _____</p>	<p><b>IN CASE OF EXISTING FLAT / HOUSE</b></p> <p>Year of Construction _____</p> <p>Age of Flat/House _____</p> <p>Date of Sale Agreement _____</p> <p>Valid Upto _____</p>	<p><b>IN CASE OF LEASE</b></p> <p>Name of Lessor _____</p> <p>Name of Lessee _____</p> <p>Term of Lease _____</p> <p>Date of Expiry of Lease _____</p>
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**6(a) LIC POLICY DETAILS**

Policy No	Branch	1.APP 2.CA 3. Both	Plan/ Term	Sum Assured	Premium Amount	Mode of Payment M / Q / H / Y	Date of Commission	Date of Maturity	Present Surrender Value

**6(b) - Are you opting for Griha Suraksha (Group Mortgage Redemption Assurance Scheme) - YES/NO**

**7. GENERAL DETAILS**

<p>1. Are you a shareholder of LICHFL - Yes/No</p> <p>2. If Yes Original / Transferee Folio No.</p> <p>3. Are you a member of any Social Club e.g. Rotary Club Lions Club etc. Yes No Give Details _____</p> <p>4. What other security will you be able to provide, if required?</p>	<p>YOU GOT TO KNOW LICHFL Through</p> <p>Newspaper/Magazine <input type="checkbox"/></p> <p>Radio / TV <input type="checkbox"/></p> <p>Builder / Developer <input type="checkbox"/></p> <p>LIC Agent / Development Officer / DSA <input type="checkbox"/></p> <p>Friends / Relatives <input type="checkbox"/></p>
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**8. REFERENCES**

Name _____	Name _____
Address _____	Address _____
Tel No. (O) _____ (R) _____	Tel No. (O) _____ (R) _____

**DECLARATION :** I/We declare that all the particulars and information given in the application form are true, correct and complete and that they shall form the basis of the contract for any loan LICHFL decides to grant to me/us. I/We have no insolvency proceedings against me/us nor have I/We ever been adjudicated insolvent and further confirm that I/We have read the LICHFL brochure giving details of its loan schemes and understood its contents. I/We agree that LICHFL may take up such references and make enquiries in respect of this application as it may deem necessary from my/our Bankers or Employers or others. I/We undertake to inform LICHFL regarding any change in my/our occupation/employment and to provide any further information that you may require. I/We also undertake to authorise my/our employer(s) to deduct Equated Monthly instalments from my/our salary and remit the same to LICHFL directly every month. I/We further agree that my loan shall be governed by the rules of LICHFL which may be in force from time to time. I/We understand that the processing Fees, Upfront Fees and Administrative Fees are not refundable under any circumstances, and the loan sanction or rejection is at the sole discretion of LICHFL, even after payment of such fees.

In purchase cases, I am aware that the loan cheque will be given in favour of the vendor only and I agree to this procedure

<p>Witness :</p> <p>Signature :</p> <p>Full Name :</p> <p>Agent / DO Code :</p> <p>HLA Code : _____ DSA Code :</p> <p>Address :</p> <p>Phone : _____ Mobile No. :</p>	<p>_____ (Signature of Applicant)</p> <p>_____ (Signature of Co-Applicant)</p> <p>_____ (Signature of Power of Attorney (if applicable))</p> <p>Place : _____ Date: _____</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin-left: auto; margin-top: 20px; text-align: center; padding: 5px;">LTI</div>
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