

SIGNATURE OVER PRINTED NAME

Republic of the Philippines

SOCIAL SECURITY SYSTEM

Α	PPLICATIO	ON TO LEASE COMPANY/B	USINESS	T PROPERT	Y (ALIP)
PLEASE READ THE INSTRUCTIONS AND		TO BE FILLED OUT THIS FOR			BLACK INK ONLY.
		A. PROPERTY INF	ORMATION		
LEASE OF RESIDENTIAL PROPERTY (RMFLRUNIT NO. &)	UNIT OFFICE BLDG. NAME (OT NO.)	PARKING SLOT (BARANGAY/DISTRICT/LCCAL)	GOMMERCIAL SPACE/	UNIT LOT:	SQ.M. (PROVINCE)
		B. INTENT TO	LEASE		
to be used as a		(Applicant), as herein r	epresented by the under	rsigned, intends to lease m of(the above property months/year).
Preferred Mode of Payment: Issuance of Postdated Ci Advance payment (Minim.		be under applicant's name)		TURE OVER PRINTED ORIZED REPRESENTA	
	-1790 MILES - 1797	C. COMPANY/BUSINES	SINFORMATION		
EMPLOYER/SS NUMBER	BUSINESS	NAME			
TAX IDENTIFICATION NUMBER	NATURE OF	F BUSINESS MAELOT NO.) (STREET NAME)	(SuBDVds		Others, specify
(CITYMUNICIPALITY)	(PROVINCE)	(COUNTRY)	(2P CODE)	TLENGTH OF STAY:	
	g-warming.		La Code Code	Own I	Rent
FOREIGN ADDRESS		(RMFLT/UNIT NO. & BLDG. NAI		(SUBDIVISION) (BARA	NGAY/DISTRICT/LOCALITY)
(CITYMUNICIPALITY)	(PROVINCE)	(COUNTRY)	(ZIP CODE)	LENGTH OF STAY:_	Rent
APPLICANT WAS REFERRED B	BY BROKER?	Yes No			
D	OWNER'S/AUT	HORIZED REPRESENTA	TIVE'S INFORMATIO	ON (APPLICANT)	
SSS NUMBER	NAME	(LAST NAME)	(GIVEN NAME)	(MIDDLE NA	ME)
TAX IDENTIFICATION NUMBER	E-MAIL ADDRE	SS OFFICE TEL. NUMB	ER CELL PHON	E NUMBER OFFI	CE FAX NUMBER
HOME ADDRESS (RMFLT/U)	IT NO. & BLDG, NAMEL	OT NO.) (STREET NAME)	(SUBDIVISION)	(BARANGAY/DIST	RICTA OCALITY)
(CITYMUNICIPALITY)	(PROVINCE)	(COUNTRY) LEN	Own Rent C	7 Common Domistral I	It is in a with Deletions
POSITION	DEPAR	TMENT	OWI RINE	LENGTH OF	Living with Relatives SERVICE
		TION, DATA PRIVACY C	ONSENT AND AUTH	IORIZATION	
 I/We certify that all information furnish I/We hereby consent to : 	sed herein are true and cor	rrect to the best of my/our knowledge			
The collection, data capture, storage, retention and sharing of my personal data to carry out the purpose of this application; disposal of the application in the manner consistent with the Data Privacy Act. We trust that all these data shall be kept confidential by SSS. OCCU REPRESENTATIVE OCCU PERSENTATIVE OC					
PRINTED NAME OF OWN		SIGNATURE	DATE	1 X 1	1 X 1
PRINTED NAME OF OCCUP		SIGNATURE	DATE	Sife.	
(FOR RESIDENTIAL UNITS	UNLT)				
RECEIVED AND SCREENED BY		PART II - TO BE FILLI	ED OUT BY SSS		
SIGNATURE OVER PRINTED NAM	ME	DEPARTMENT	DESIG	NATION	DATE & TIME
		SOCIAL SECUR			
AP		TO LEASE SSS PRO	PERTY - COMPA		
PROPERTY		NAME (LAST NAME)	(GMEN NAME)	(MODILE NAME)	CONTROL NUMBER
				2011	
RECEIVED AND SCREENED BY			DATE RECEIVED	RECEI	VING DEPARTMENT

DESIGNATION

Type INDIVIDUAL COMPANY	BROKER/COMPANY NAMI	E	REPRESENTATIVE/EMPLOYEE NAME		
EMPLOYER/SS NUMBER	LICENSE NO.	EXPIRATION DATE (MM/DD	VYYYY) E-MAIL ADDRESS		
TAX IDENTIFICATION NUMBER	CELL PHONE NUMBER	TELEPHONE NUMBER	FAX NUMBER		
HOME/COMPANY ADDRESS (RMFUR)	UNIT NO. & BLDG, NAME)	(HOUSELOT & BUK. NO.) (STRE)	ET NAME) (SUBDIVISION)		
(BARANGAY/DISTRICT/LOCALITY)	(CITY/MUNICIPALIT	Y) (PROVINCE)	(COUNTRY)		
		INSTRUCTIONS			
[applicable box. plicable d personally by the prospect	rations must be countersigned. tive lessee/authorized representative D) and the required documents listed	belaw		
	DOCUMENTA	ARY REQUIREMENTS GUIDE			
Any of the following: 1 SSS/GSIS ID/UMID 2 Passport 3 Driver's License 4 Government issued ID	resent the original)	1 Certificate of Emp Under Oath of So 2 Latest Income Ta 3 Sketch plan, spec proposed improve	DOCUMENTARY REQUIREMENTS (Present the original) 1 Certificate of Employment and Compensation or Certification Under Oath of Source of Income 2 Latest Income Tax Return (ITR) 3 Sketch plan, specification,scope of work and cost estimate of proposed improvement, if any 4 Bank Statement or Proof of Checking Account under Applicant Name (for the issuance of PDC)		
	3	KEY POLICIES			
Payment of Security Deposit, Advar Contract of Lease shall be signed by Incomplete documentary requirements	e first day of the month follow nee Rent and issuance of PD y the Lessee/Lessee's authout nts will not be accepted.	wing the month of receipt of the Notice OC shall be made before move-in date orized signatory/ies at the SSS Main O d approval by the approving authorities	office.		
PRINTED NAME OF APPLI	CANT S	IGNATURE DATE			
PRINTED NAME OF SPOUSE SIG		IGNATURE DATE			