



Type <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> COMPANY	BROKER/COMPANY NAME	REPRESENTATIVE/EMPLOYEE NAME	
EMPLOYER/SS NUMBER 	LICENSE NO.	EXPIRATION DATE (MM/DD/YYYY)	E-MAIL ADDRESS
TAX IDENTIFICATION NUMBER 	CELL PHONE NUMBER	TELEPHONE NUMBER	FAX NUMBER
HOME/COMPANY ADDRESS (RM/FLR/UNIT NO. & BLDG. NAME) (HOUSE/LOT & BLK. NO.) (STREET NAME) (SUBDIVISION) (BARANGAY/DISTRICT/LOCALITY) (CITY/MUNICIPALITY) (PROVINCE) (COUNTRY)			
INSTRUCTIONS			
<p>1) Accomplish one (1) copy of this form. Erasures and alterations must be countersigned. 2) Place a checkmark on the applicable box. 3) Affix recent 1 x 1 photo 4) Write "N/A" for items not applicable 5) This application shall be filed personally by the prospective lessee/authorized representative 6) Submit this form to Investment Property Department (IPD) and the required documents listed below</p>			
DOCUMENTARY REQUIREMENTS GUIDE			
IDENTIFICATION REQUIREMENTS (Present the original) Any of the following: <input type="checkbox"/> 1 SSS/GSIS ID/UMID <input type="checkbox"/> 2 Passport <input type="checkbox"/> 3 Driver's License <input type="checkbox"/> 4 Government issued ID		DOCUMENTARY REQUIREMENTS (Present the original) <input type="checkbox"/> 1 Certificate of Employment and Compensation or Certification Under Oath of Source of Income <input type="checkbox"/> 2 Latest Income Tax Return (ITR) <input type="checkbox"/> 3 Sketch plan, specification, scope of work and cost estimate of proposed improvement, if any <input type="checkbox"/> 4 Bank Statement or Proof of Checking Account under Applicant Name (for the issuance of PDC)	
KEY POLICIES			
<ul style="list-style-type: none">• Lease of SSS properties is on "as-is-where-is" basis.• Effectivity/ Move-In Date shall be the first day of the month following the month of receipt of the Notice of Approval issued by IPD.• Payment of Security Deposit, Advance Rent and issuance of PDC shall be made before move-in date.• Contract of Lease shall be signed by the Lessee/Lessee's authorized signatory/ies at the SSS Main Office.• Incomplete documentary requirements will not be accepted.			
I/We understand that this application is subject to evaluation and approval by the approving authorities and confirmation by the Social Security Commission (SSC).			
_____ PRINTED NAME OF APPLICANT	_____ SIGNATURE	_____ DATE	
_____ PRINTED NAME OF SPOUSE	_____ SIGNATURE	_____ DATE	