



**BAGUIO REVITALIZATION ACTIONS FOR A VIBRANT ECONOMY – ECONOMIC
 STIMULUS PACKAGE (BRAVE – ESP)**

Application Form

Application Date ___/___/___ (mm/dd/yyyy)

BUSINESS CLASSIFICATION	REQUESTED LOAN AMOUNT	REQUESTED LOAN TERM (no. of months)
Micro and Small Enterprise Loanable Amount: Php 10,000 - Php 50,000.00	Php _____	Loan Term: _____ months Grace Period: _____ months

Payment Mode: **MONTHLY** (first payment after the grace period)

- Have you availed of the BRAVE-ESP Loan Package:
 Yes No
 Amount: Php _____ Term: _____ Current Outstanding Bal. _____
- Have you availed of a COVID Stimulus Package from another Government Agency:
 Yes No
 If Yes, from what Government Agency: _____
 Amount: Php _____ Term: _____ Current Outstanding Bal. _____
- Have you availed of financial assistance from other sources (banks, lending institutions, etc):
 Yes No
 If Yes, from what Organization/Corporation: _____
 Amount: Php _____ Term: _____ Current Outstanding Bal. _____

PERSONAL INFORMATION

Name: _____
Last First Middle (Complete)
 Gender: Male Female Civil Status: Single Married Widowed
 Date of Birth: ___/___/___ (mm/dd/yy) Place of Birth: _____
 Citizenship: _____ TIN: _____

SPOUSE INFORMATION

Name: _____
Last First Middle (Complete)
 Gender: Male Female Date of Birth: ___/___/___ (mm/dd/yy)
 Place of Birth: _____ Citizenship: _____
 TIN: _____ SSS/GSIS: _____

BUSINESS INFORMATION

Business Name: _____
 Nature of Business/Line of Business: _____
 Year Established: _____ Total No. of Employees: _____
 Total No. of Employees with Statutory Benefits: _____
 Business Contact Number: _____
Mobile Landline Others

ADDRESS INFORMATION

Business Address: _____
No. Building/Street Barangay City

Ownership: Owned Rented

If Renting, Name of Lessor: _____ Occupied since: (year) _____

Term of Contract: _____ Contact No.: _____

Home Address: _____
No. Building/Street Barangay City

Ownership: Owned Rented

If Renting, Name of Lessor: _____ Occupied since: (year) _____

Term of Contract: _____ Contact No.: _____

IDENTIFICATION DOCUMENT INFORMATION

Government Issued I.D. presented: _____ I.D. Number: _____

Date Issued: _____ Issued by: _____

CONTACT DETAILS

Mobile No.: _____ Telephone Number: _____

Email Address: _____ Additional Contact Number: _____

FINANCIAL INFORMATION (if applicable)

- Gross Receipts:
Monthly Gross Sales from Businesses: _____
- Business Expenses:
Monthly Operating Expenses: _____

I hereby certify that information reflected herein is true and correct to the best of my knowledge and that any information disclosed herewith may be used by the City Government of Baguio for the processing of my loan application. I also authorize the City Government of Baguio to verify and investigate any information provided herewith for the processing of my application. I understand that any misrepresentation or falsity in this document may be used as grounds for criminal charges against the undersigned.

Signature over Printed Name

Date

**Do not leave any blanks, write N/A if not applicable*