

## Social Housing Finance Corporation

a subsidiary of National Home Mortgage Finance Corporation

COMMUNITY MORTGAGE PROGRAM OPERATIONS GROUP PROJECT INDIVIDUALIZATION DEPARTMENT

## CHECKLIST OF DOCUMENTARY REQUIREMENTS FOR SUBSTITUTION DUE TO FAILURE TO PAY MONTHLY AMORTIZATIONS EQUIVALENT TO THREE (3) MONTHS OR MORE **DEFAULT IN PAYMENT**

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TOMMUNITYASSOCIATION			
OKIGINATOK			
LOTATION OF PROPERTY			
TAK E-OUTDATE	TOTAL M.B	LOTAKEA	
NAMEOFOLIG. MEMBEL.		BIK/IOT	
BENEFICIARY		#	
NAME OF TUBTITUTE BENEFICIARY		<i></i> ありたけせが <i>あ</i> す	
		£	
TONTACTPERSON		TEL. NO.	
STEP I		outified comment by the o	
1. Statement of account of the defaulting mand approved by the president of the	•	•	reasurer
2. Three (3) demand letters sent to defareturn card. The letters should have	-		

3. Notice of termination of Lease Purchase Agreement (LPA) issued by the CA thru registered mail with return card
4. Notarized original copy of board resolution attesting to the approval by the CA of the

should give at least fifteen (15) days within which to settle the obligations

substitution of member-beneficiary indicating the lot and block assignment and the reason for substitution

member-beneficiary as per Masterlist/Adjusted Loan Value (ALV). Each demand letter

NOTE: SHFC WILL NOTIFY THE CA OF THE APPROVAL OR DISAPPROVAL OF THE PROPOSED SUBSTITUTION; IF APPROVED, THE CA PROCEEDS WITH STEP II

## STEP II The incoming member-beneficiary should update and/or fully pay the account of the outgoing member-beneficiary

	account of the outgoing member-beneficiary
<b>□</b> 1. No	otarized original copy of board resolution attesting to the approval by the CA on the acceptance by substitute of the lot assignment of outgoing member-beneficiary
<b>□</b> 2. No	starized Amendment to the Masterlist of member- beneficiary by the CA
<b>□</b> 3. Lea	ase Purchase Agreement (LPA) of the substitute:
	☐3.1 If married, with marital consent
	☐3.2 If separated, submit Affidavit of Separation
4. Fu	Il payment of arrears/updated account of substituted member-beneficiary:
	4.1 Notarized certification from ca president or treasurer stating that the account of the outgoing member is updated
	4.2 Photocopies of Abstract/s of Collection and Remittance Report/s with Community Mortgage Receipt/s (CMRs) as proofs that the account is updated
<b>□</b> 5. Pro	oof of payment of substitution processing fee of P500.00/member-beneficiary:
	5.1 Official Receipt (for regional accounts, authenticated by SHFC Head/Regional/Satellite Office); or
	5.2 Money Order payable to SHFC
<b>□</b> 6. Su	bmission of Housing and Land use Regulatory Board (HLURB) Certification on the present set of CA officers/trustees

For inquiries on member-beneficiary substitution, please contact

Misses Sylvia N. Mendoza, Charina Y. Benitez, Julia C. Frades or Mr. Gerald R. Arawag

at telephone numbers 750-6338 to 50 local 542