

File No. _____
 Agent: _____
 HLA/DSA/CRA Code: _____



APPLICATION FOR HOUSING LOAN UNDER GRIHA PRAKASH (Resident Indians)

Please take due care & fill in all the details in **CAPITAL LETTERS** only. A completed and correctly filled in Form will help us in processing your Application faster. An incomplete / incorrect Application is liable to be rejected.

PERSONAL INFORMATION

	APPLICANT	CO-APPLICANT
Full Name	Surname First Name Middle Name	Surname First Name Middle Name
Father's Name		
Date of Birth, Age & Sex	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: _____ years Male <input type="checkbox"/> Female <input type="checkbox"/>	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: _____ years Male <input type="checkbox"/> Female <input type="checkbox"/>
Income Tax PAN [attach Xerox Copy]	<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"/>
Exact Educ. Qualif.(please specify)		
Identity Proof (for Non-IT Assesseees)- any one [attach Xerox Copy]	Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Driving License <input type="checkbox"/> Photo Credit Card <input type="checkbox"/> Employee ID Card <input type="checkbox"/> No. _____	Passport <input type="checkbox"/> Voters ID <input type="checkbox"/> Driving License <input type="checkbox"/> Photo Credit Card <input type="checkbox"/> Employee ID Card <input type="checkbox"/> No. _____
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"/>
Dependents	Please specify relation of Co-applicant with Applicant: _____ No. of Dependents: Children _____ Adults _____	
Residence Address	_____ _____ District _____ State _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nearest Landmark _____ STD Code _____ Phone No. _____ Mobile No. _____ E-mail ID _____ Residence Status: Owned <input type="checkbox"/> Rented <input type="checkbox"/> Company Quarters <input type="checkbox"/> No. of yrs. at above Residence _____ Rent per Month _____	
Permanent Address	_____ _____ District _____ State _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Nearest Landmark _____ STD Code _____ Phone No. _____	
Office Address	_____ _____ Dist. _____ State _____ Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> STD Code _____ Phone No. _____ FAX _____	_____ _____ Dist. _____ State _____ Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> STD Code _____ Phone No. _____ FAX _____

Details of Loans availed: [Please attach separate sheet if space is insufficient]

Name of Bank/FI /Employer	Sanc. Dt., ROI, Term, Purpose of Loan	Details of Security Offered	Sanc. Amt.	EMI	O/s. Bal. as on Date

Have you / your spouse ever stood as Guarantor? Yes No

If yes, give details: _____

INCOME INFORMATION

	APPLICANT	CO-APPLICANT
Type of Employment	Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Professional <input type="checkbox"/> Retired / Homemaker / Student / Others <input type="checkbox"/>	Salaried <input type="checkbox"/> Self-employed <input type="checkbox"/> Professional <input type="checkbox"/> Retired/Homemaker/Student/Others <input type="checkbox"/>
Name & contact Details of Organisation	_____ _____ _____ Nearest Landmark _____ Dist. _____ Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State _____ STD Code _____ Phone No. _____ Fax. _____ E-Mail _____ Contact Person _____	_____ _____ _____ Nearest Landmark _____ Dist. _____ Pin <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> State _____ STD Code _____ Phone No. _____ Fax. _____ E-Mail _____ Contact Person _____
Designation & Employee No.		
Department		
Date of Joining	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"/>	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"/>
Total Experience	_____ Years	_____ Years
Retirement Year		
Gross Annual Income	Rs. _____ /- p.a.	Rs. _____ /- p.a.
Net Annual Income	Rs. _____ /- p.a.	Rs. _____ /- p.a.

Note: (1) Salaried Employees should attach copies of last 3 Months Payslips along with copies of Form 16 & ITR of the latest Assessment Year.
(2) Self-employed Persons / Professionals should attach the copies of ITRs, Income Computation Statements, & full set of Financials for the last 3 Assessment Years, along with a Note on the Business / Professional Activities.

LOAN INFORMATION

Loan Required ` : Rupees _____	Type of Rate of Interest: Floating / Fixed-3 / Fixed-5		
Term Desired (Max. 20 years):	Mode of payment of EMI: Salary Ded. / ECS / PDC / Collecting Bank		
Due Date of EMI:	Whether to start EMI immediately {required only in case of Const.}? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Purpose of Loan:	Purchase of New Flat	Purchase of Flat Resold	Construction of New House
	Purchase of Ready House	Extension of House / Flat	Improvement / Renovation
	Purchase of Plot	Plot Purchase + House Construction	

FINANCIAL INFORMATION

Particulars	Applicant [Rs.]	Co-applicant [Rs.]	Particulars	Applicant [Rs.]	Co-applicant [Rs.]
Bank Savings / Deposits			Life Insurance Policies / PLI		
Other Properties			Shares & Securities		
Current Balance in PF / PPF			Other Assets (Pl. specify)		

Monthly Expenses: Rs. _____ /- p.m. Are you a Shareholder of LICHFL? Yes / No.

Are you opting for Griha Suraksha (Group Mortgage Redemption Assurance Scheme)? Yes / No.

Bank A/c. Details [Please attach copies of Bank Statements for at least past 6 Months]

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

PROPERTY DETAILS [Please attach copies of Title Documents]

FULL ADDRESS OF THE PROPERTY _____ _____
Nearest Landmark _____ Dist. _____ State _____ PIN <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Area of Land / Undivided Share of Land: _____ Sq. Ft. Built-up Area: _____ Sq. Ft. Carpet Area: _____ Sq. Ft.
Name (s) of Owner (s) : _____
Name of Lessor: _____ Term of Lease: _____ Dt. of Expiry of Lease : _____

Do you propose to Rent out the Dwelling Unit? Yes No If yes, Rent Expected: Rs. _____ /- p.m.

In case of Purchase of Plot or Ready-built / Under Construction House / Flat:-
Name & Address of Vendor / Builder / Society / Devt. Authority: _____
Yr. of Const.: _____ % complete: _____
Exp. Completion Dt.: _____
Sale Deed Dt.: _____ Validity (days) _____

In case of House Const. / Extn.:-
Const. Stage (% completed): _____
Exp. Dt. of Completion: _____
[Note: Please attach the detailed Const. / Extn. Estimates]

In case of Improvement / Renovation:-
Year of Construction of the House / Flat: _____
[Note: Pl. attach detailed Improvement / Renovation Estimates]

Cost / Value of the Property (Rs.)

Cost of Land / Undiv. Share of Land: _____ Cost of Flat / House (excl. Land / UDL Cost): _____
Estimated Cost for Const. / Extn.: _____ Estimated Cost for Improvement/Renovation: _____
Cost of Amenities: _____ Total Cost: _____ Value of Property: _____

Sources of Funds (Rs.)

Savings in Bank: _____ Provident Fund (Refundable / Non-Refundable): _____
Disposal of Investment / Property: _____ Loan from Employer: _____
Loan from LICHFL: _____ Others: _____ Total Funds: _____

LIFE INSURANCE POLICY DETAILS

Policy No	Name of Insurer & Branch	Name of Policyholder	Type of Policy & Term	Sum Assured (Rs.)	Premium Amount (Rs.)	Mode of Premium Pmt. [M / Q / H / Y]	Dt. of Comm.	Present Surrender Value (Rs.)

Are you opting for Griha Suraksha (Group Mortgage Redemption Assurance Scheme)? Yes / No.

REFERENCES

Name: _____	Name: _____
Address: _____	Address: _____
_____ Dist. _____	_____ Dist. _____
State _____ PIN <input type="text"/>	State _____ PIN <input type="text"/>
STD Code _____ Ph. # (R) _____	STD Code _____ Ph. # (R) _____
Ph. # (O) _____ Mob. # _____	Ph. # (O) _____ Mob. # _____
E-mail ID: _____	E-mail ID: _____

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 LIC Housing Finance Ltd. (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 have understood and selected the Interest Rate Option Available. I / We are aware that the option on Interest Rate once selected cannot be changed and change (s) may be permitted only at the sole discretion of LICHFL on such Terms and Conditions as decided by LICHFL. I/We agree that LICHFL may take up references and make enquiries in respect of this Application, as it may deem necessary from my / our Banker(s) or Employer (s) 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 authorize my / our Employer (s) to deduct Equated Monthly Instalments from my / our Salary and remit the same to LICHFL directly every month [Applicable only in Salary deduction Cases]. LICHFL may make available any information contained in this Form and other Documents submitted to LICHFL and information pertaining to the Loan to any Institution of Body. LICHFL may seek / receive information from any source / person to consider this Application. I/We am / are aware that LICHFL will take due diligence reports which are confidential nature pertaining to my Loan Proposal from Credit Information Bureau of India Limited (CIBIL), Qualified Valuers, Advocates, Verification Agencies and from other sources as they deem fit and I / we am / are not entitled to have copy/ies of any such Due Diligence Reports (Credit Report, Technical Valuation Report, Title Investigation Report, Verification Reports, etc. or any other type or Reports. 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 Upfront Fee is not refundable under any circumstances, and the Loan Sanction or Rejection is at the sole discretion of LICHFL, even after payment of such Fee. I/We am/are aware that the Original Title Deeds (including the Chain of Title) in respect of the Property standing in my / our name will have to be deposited to LICHFL as Security for the Loan. In purchase cases, I/we am/are aware that the Loan Cheque will be given in the favour of the Vendor only and I/We agree to this procedure.

Applicant's Signature: _____

Co-applicant's Signature: _____

Place: _____ Date: _____

Mail Correspondence to: Residence Office
Permanent Address

Recent Passport-size

Photograph

of the Applicant

With Signature

across

Recent Passport-size

Photograph

of the Co-Applicant

With Signature

across

ADDENDUM TO APPLICATION UNDER GRIHA PRAKASH LOAN ENHANCEMENT UNDER NEW GRIHA LAXMI

If Loan Enhancement is sought under New Griha Laxmi Scheme, please provide details below. [Please attach separate sheet if space is insufficient]

In case the Security is Life Insurance Policies [Please attach Surrender Value Quotations].

Policy No.	Name of Insurer & Branch	Name of Policyholder	Plan & Term	Sum Assured (Rs.)	Premium Amt (Rs.)	Mode of Premium [M / Q / H / Y]	Dt. of Comm.	Present Surrender Value (Rs.)

In case the Security is Fixed Deposits of Nationalised Banks [Please attach copies of FD Receipts]

F.D. No.	Name of the Bank & Branch	Name of the Depositor	Face value of the FDR (Rs.)	Date of Commencement	Date of Maturity

In case the Security is Post Office Instruments (NSC, KVP, etc.) [Pl. attach copies of Instruments]

Certificate No.	Name & Address of P.O.	Name of the Certificate Holder	Denomination of Certificate (Rs.)	Date of Issue	Date of Maturity

DECLARATION

I / We am / are aware that the Original Life Insurance Policy Documents / Fixed Deposit Receipts of Nationalised Banks / Post Office Instruments after Assignment / Marking of Lien of LICHFL, as applicable, standing in my / our name will also have to be deposited to LICHFL as Security for the Loan.

Applicant's Signature: _____

Co-applicant's Signature: _____

Recent Passport-size
Photograph
of the Applicant
With Signature
across

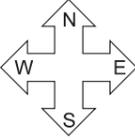
Recent Passport-size
Photograph
of the Co-Applicant
With Signature
across

File No. _____
Agent: _____
HLA/DSA/CRA Code: _____



	APPLICANT			CO-APPLICANT		
Specimen Signature						
Full Name	Surname	First Name	Middle Name	Surname	First Name	Middle Name

Please draw Route Map of the Property in the space provided below.



FOR OFFICE USE
(To be completed by the Area Office)

S. No.	Date of Visit	Visited by	Observation	Amount Paid, if any	Initials

