



ELIZABETH HOMES
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BUYER INFORMATION				SPOUSE INFORMATION															
NAME				NAME															
FIRST		MIDDLE		LAST		FIRST		MIDDLE		LAST									
ADDRESS				CIVIL STATUS				ADDRESS				CIVIL STATUS							
EMAIL ADDRESS				CONTACT NUMBERS				EMAIL ADDRESS				CONTACT NUMBERS							
TIN		CTC#/DATE/PLACE ISSUED						TIN		CTC#/DATE/PLACE ISSUED									
GENDER		AGE		DATE/PLACE OF BIRTH						GENDER		AGE		DATE/PLACE OF BIRTH					
CITIZENSHIP		EDUCATIONAL ATTAINMENT						CITIZENSHIP		EDUCATIONAL ATTAINMENT									
		<input type="checkbox"/> ELEMENTARY <input type="checkbox"/> COLLEGE								<input type="checkbox"/> ELEMENTARY <input type="checkbox"/> COLLEGE									
		<input type="checkbox"/> HIGHSCHOOL <input type="checkbox"/> POST GRADUATE								<input type="checkbox"/> HIGHSCHOOL <input type="checkbox"/> POST GRADUATE									
		<input type="checkbox"/> NONE								<input type="checkbox"/> NONE									
NUMBER OF CHILDREN/DEPENDENTS								PLS. INDICATE TOP THREE REASONS FOR CHOOSING DREAMHOUSE											
1								<input type="checkbox"/> LOCATION <input type="checkbox"/> PRICE OF UNIT											
2								<input type="checkbox"/> DESIGN OF UNIT <input type="checkbox"/> GOOD REPUTATION OF COMPANY											
3								<input type="checkbox"/> SIZE OF LAYOUT/FLOOR AREA <input type="checkbox"/> OTHERS											
4								<input type="checkbox"/> QUALITY OF WORK											
5								<input type="checkbox"/> FRIENDLY STAFF											
6								<input type="checkbox"/> QUALITY OF MATERIALS											
7																			
OCCUPATION OF BUYER								OCCUPATION OF SPOUSE											
<input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> OTHERS								<input type="checkbox"/> EMPLOYED <input type="checkbox"/> SELF-EMPLOYED <input type="checkbox"/> OTHERS											
<input type="checkbox"/> OFW <input type="checkbox"/> CORPORATION								<input type="checkbox"/> OFW <input type="checkbox"/> CORPORATION											
FOR EMPLOYED								FOR EMPLOYED											
COMPANY NAME:								COMPANY NAME:											
DESIGNATION								DESIGNATION											
CONTACT NUMBER:								CONTACT NUMBER:											
FOR SELF-EMPLOYED								FOR SELF-EMPLOYED											
NATURE OF BUSINESS								NATURE OF BUSINESS:											
TYPE OF BUSINESS:								TYPE OF BUSINESS:											
<input type="checkbox"/> SINGLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP								<input type="checkbox"/> SINGLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP											
<input type="checkbox"/> CORPORATION								<input type="checkbox"/> CORPORATION											
ATTORNEY-IN-FACT																			
NAME:				CONTACT NUMBER:				RELATIONSHIP TO BUYER											
ADDRESS:				CTC#/DATE/PLACE ISSUED				<input type="checkbox"/> SPOUSE <input type="checkbox"/> SIBLING											
								<input type="checkbox"/> PARENT <input type="checkbox"/> OTHERS											
								<input type="checkbox"/> CHILD											
MONTHLY INCOME																			
	BUYER			SPOUSE			TOTAL												
BASIC INCOME																			
ALLOWANCES/COMMISSION																			
NET MONTHLY INCOME																			
LIVING EXPENSES																			
RENTAL																			
TRANSPORTATION																			
LOAN AMORTIZATION																			
OTHERS																			
TOTAL EXPENSES																			
NET DISPOSABLE INCOME																			
OTHER INCOME																			
BANK INFORMATION(AT LEAST THREE ACTIVE ACCOUNTS)																			
1.)																			
2.)																			
3.)																			

I hebeby certified that the information above aare true and correct.

(Signature over printed name)

(Signature over printed name)
SPOUSE