

Education and Training Committee
UPLB Credit and Development Cooperative
Sacay Grand Villas, College, Laguna

EVALUATION FORM

Name: _____ Age: _____ Sex: _____ Civil Status: _____ Religion: _____

Highest Educational Attainment/Course: _____ School and Year Graduated: _____

Number of household members including dependents: _____ Number of household members contributing to family income: _____

Complete present address: _____

Owned Living with Relatives

Rented if rented, monthly rental? P _____

Tel No./Cellphone No.: _____ Email Address: _____

Are you presently a member of a cooperative? _____ Yes _____ No If Yes, What? _____

Office/Business Name and Address: _____

IF EMPLOYED, Present Position: _____ Present Monthly Salary: _____

Office/Unit/Employer _____ Tel No.: _____

Number of years employed in present employer: _____ Status of appointment: _____

TIN No.: _____ SSS No.: _____ GSIS No.: _____

Do you have problems with your present employer?

Yes If yes, what? _____

No

IF BUSINESS, Nature of Business (Pls. Specify) _____ Present Monthly Income: _____

Form of Ownership: _____ Years of Operation: _____ No. of Employees: _____

Code: 1. Single Proprietorship 2. Partnership 3. Corporation 4. Others, Specify _____

Have you availed institutional loans from:

	Amount	Years to Pay
<input type="checkbox"/> PAG-IBIG	_____	_____
<input type="checkbox"/> SSS	_____	_____
<input type="checkbox"/> GSIS	_____	_____
<input type="checkbox"/> Provident	_____	_____
<input type="checkbox"/> Commercial Banks	_____	_____

Have you availed of loans from private sources?

Yes If yes, please identify _____

No

Other source(s)/contributor(s) to family income

Relationship with the applicant	Source of income	Estimated amount/month/year
_____ husband/wife	_____ Salary	_____
_____ son/daughter	_____ Pension	_____
_____ father/mother	_____ Business	_____
_____ brother/sister	_____ Farm income	_____
_____ others	_____ Service Fees	_____

Average monthly income: P _____

Average monthly expenses on:

House Rent: P _____

Food: P _____

Electric: P _____

Education: P _____

Water: P _____

Medicines: P _____

LPG/Gasoline: P _____

Detergents/ Cleaning mats: P _____

Transportation : P _____

Others (specify): P _____

Assets:

Qty	Area/type	Estimated value	Location
() Real Estate	_____	_____	_____
() House	_____	_____	_____
() Apartment	_____	_____	_____
() Vehicle	_____	_____	_____
Other asset (specify) _____			

What depository bank(s) do you patronize?

1. _____
2. _____

Financial Plan for the next five (5) years: (Please check)

- Buy house and lot Seek job abroad
- Invest in business Others (specify) _____
- Buy a vehicle

Purpose(s) in joining UPLBCDC : _____

Referrals from two regular UPLBCDC Members
Name

Signature

Evaluator's remarks during interview/background investigation:

Date

Evaluator

COMMITTEE ACTION

- Recommending Approval Recommending disapproval For committee discussion

Date

ETC Secretary