

PERSONAL LOANS APPLICATION



Application Number	Loan Number

INSTRUCTIONS

1. **The top amount that the Retirement Systems Administration could grant to participants and pensioner is five thousand (\$5,000) dollars, liable to payment capacity and cost trip. The personal loan will be renewable at twenty four (24) months.**
1. You must be a participant of and have contributed for the Government Employees and Judiciary Retirement Systems Administration more than twelve (12) months ago, or you should be receiving your pension. (By merit, years of service or disability reasons from any of the two retirement systems).
2. The Employee Job Certification, should be filled out completely without any type of corrections or errors.
3. The sworn statement will be fill out ONLY by the person receiving the pension that lives outside of Puerto Rico, or who lives in the island, but for health reasons or distance cannot bring the application form himself:
 - a) If the applicant lives in the United States he/she should have sign the application and verify his/her signature on the application form and the promissory note by a notary public and the notary public by the County Clerk of the municipality.
 - b) If the applicant lives in a foreign country, he/she should have sign and authenticated with his/her signature on the application form and the promissory note by the Embassy Office or American Consulate of that country.

The application form and the promissory note must be signed with blue ink. This is a requirement to accept this application. Otherwise
4. your application will not be processed.
5. Include the last monthly statement of income the participant received.
6. Filled out the form ASR-PR-120 "Electronic Transfer Authorization". If you have already filled out and you keep the same bank account, please select "Registered" at Electronic Transfer on Section II. This Autorization shall be filled ONLY by the participants.
7. If you are retiree, you should include current photo identification card issued by a federal or state government agency. Tutor ID required (if apply).
8. If you are or were in Bankruptcy, please bring the requirement documents.

SECTION I. APPLICANT INFORMATION

First Name	Last Name	Second Last Name	Social Security Number	Birth Date <small>(Month-Day-Year)</small>	Marital Status
Sex <input type="checkbox"/> F <input type="checkbox"/> M		Home Phone No.	Cellular Phone No.	Current Status <input type="checkbox"/> Hybrid Program	
E-mail			Retirement's System <input type="checkbox"/> Government Employees (ELA) <input type="checkbox"/> Judiciary		
Mailing Address _____ _____ City State Country Zip Code			Home Address _____ _____ City State Country Zip Code		

Nearest relative not living with you

Name	Phone No.	Address _____ _____ City State Country Zip Code
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Applicant Employment Information (If apply)

Employer Name	Dept/Division	Position ID No.	Position
Employer Address _____ _____ City State Country Zip Code		Phone No./Ext.	Have you received a contribution's reimbursement amount? <input type="checkbox"/> No <input type="checkbox"/> Yes Date (Month-Day-Year)

Applicant Spouse Information (If apply)

First Name	Last Name	Second Last Name	Social Security	Employer Name
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SECTION II. LOAN INFORMATION

Type of Loan <input type="checkbox"/> New <input type="checkbox"/> Renewal	Electronic Transfer <input type="checkbox"/> New <input type="checkbox"/> Registered	Do you have a loan with us? <input type="checkbox"/> Yes <input type="checkbox"/> No
What type of loan do you have with us? (If apply)		
<input type="checkbox"/> Personal	<input type="checkbox"/> Cultural Travel	<input type="checkbox"/> Home Down Payment <input type="checkbox"/> Mortgage
Requested Amount <input type="checkbox"/> Maximum <input type="checkbox"/> Remainder: _____ <input type="checkbox"/> Other: _____		Loan Term (Ex: 24 month) <input type="checkbox"/> Minimum <input type="checkbox"/> Maximum <input type="checkbox"/> Other: _____

CERTIFICATION

The undersigned hereby certify that to the best of his/her knowledge, all information contained in this loan application is correct. The undersigned authorize the Government Employees and Judiciary Retirement Systems Administration to verify this application and keep it whether or not is approved. The undersigned agrees that the Government Employees and Judiciary Retirement Systems Administration will verify the credit and employment references of the undersigned, to disclose any data obtained pertaining to the credit and financial responsibilities of the undersigned, to any credit bureau or credit information agency, and to reject any application according to its regulations.

Applicant's Signature (Blue Ink)

Date of the Application (Month-Day-Year)

Tutor's Name in Print or Typewritten (If apply)

Tutor's Signature (Blue Ink)

CERTIFICATION
PARTICIPANT EMPLOYEE

INSTRUCTIONS:

1. Report all wages and deductions of the Retirement Systems on behalf of the employee without decreasing the absence deductions, punishment, license and others, but excluding every overtime or bonus payments.
2. Report license periods without salary for any reason or temporary suspension of employment and wage.
3. Report every Retirement Systems contributions up to (\$6,700) six thousand seven hundred dollars if the employee does not have a current cultural travel loan with the System, on the contrary, report up to (\$13,000) thirteen thousand dollars.
4. If necessary, add pages and follow the same format.

First Name	Last Name	Second Last Name	Social Security No.	Sex
				<input type="checkbox"/> F <input type="checkbox"/> M
Nomination			Current Status	
<input type="checkbox"/> Regular <input type="checkbox"/> Confidence <input type="checkbox"/> Other: _____			<input type="checkbox"/> Hybrid Program	
Retirement System			Gross Monthly Income	Net Monthly Income
<input type="checkbox"/> Government Employees (ELA) <input type="checkbox"/> Judiciary <input type="checkbox"/> Teachers				
First Government Employer			First Retirement Deduction (Month-Day-Year)	
Employer Name	Service Period		Monthly Income	System's Contribution
	Date From	Date To		
Job License Without Payment				
Date From	Date To	Date From	Date To	Date From
1.		2.		3.

Other Interruptions in Service

I hereby certify that the above information is true and also that the referenced employee is currently active, and has not presented his (her) resignation letter as of this date, furthermore this agency has no intention of separating his (her) from active services.

_____	_____
Government Unit	Signature of Division Chief or Authorized Representative (Blue Ink)
_____	_____
Authorized Representative Title	Name in Print or Typewritten
_____	_____
Date (Month-Day-Year)	Phone No.

PENSIONER CERTIFICATION
TO BE FILLED OUT BY THE PENSIONERS DIVISION AT THE RETIREMENT SYSTEMS ADMINISTRATION

I hereby certify that _____ with social security no. _____ receives pension

Benefits from: Government Employees System Judiciary Teachers

Effective Date: _____ First Payment Date: _____

(Month-Day-Year) (Month-Day-Year)

Gross Monthly Pension _____ Net Monthly Pension _____

Date of Birth (Month-Day-Year)

Loan Discounts: Personal _____ Cultural Travel _____ Home Down Payment _____ Mortgage _____

_____	_____
Retirement Division Chief's Name or Authorized Representative	Authorized Representative Title
_____	_____
Date (Month-Day-Year)	Signature (Blue Ink)

SWORN STATEMENT
TO BE FILLED OUT BY PENSIONER ONLY

AFFIDAVIT NUMBER: _____

Sworn and subscribed at my presence I _____, whom I know personally

at _____ on _____.

Notary Public's Name (Blue Ink)

