

HOUSING COMMUNITY DEVELOPMENT AND RESETTLEMENT DEPARTMENT

CITIZEN'S CHARTER
2024



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I. Mandate:

To legalize security of tenure of the informal settler (ISFs) families and to provide housing facilities for them, for the homeless and underprivileged families in Quezon City through observance of the Department's mission which is to implement the Republic Act No.7279, otherwise known as the Urban Development Housing Act of 1992 (UDHA). RA 7279 is an act to provide for comprehensive and continuing urban development and housing program, establish the mechanism for its implementation, and for other purposes.

The Department is also mandated to implement the following City Ordinances:

QUEZON CITY ORDINANCE NO. SP-2129, S-2012

An ordinance upgrading and reorganizing the Urban Poor Affairs Office (UPAO) into a department to be known as the Housing, Community Development and Resettlement Department (HCDRD), providing for its revised/new organizational structure and staffing pattern, duties, functions and responsibilities and for other purposes.

QUEZON CITY ORDINANCE NO. SP-2187, S-2012

An ordinance mandating the Housing, Community Development and Resettlement Department (HCDRD) to undertake the establishment and maintenance of a Management Information System (MIS) on informal settlers in Quezon City.

QUEZON CITY ORDINANCE NO. SP-2491, S-2016

An ordinance penalizing professional squatting, providing for summary demolition and relocation within Quezon City, pursuant to Republic Act No. 7279, and for other purposes.

QUEZON CITY ORDINANCE NO. SP-2771, S-2018

An ordinance providing for the Quezon City Comprehensive Socialized Housing Code of 2018.

II. Vision:

We envision a socially transformed community, empowered, self-reliant, productive and self-contained community with improved quality of life provided with security of tenure through the City's Socialized Housing Program and suitable relocation or resettlement sites with basic services components.

III. Mission:

Mandated to implement Republic Act No.7279, otherwise known as the Urban Development Housing Act of 1992 (UDHA), in coordination with the Social Housing Finance Corporation, Housing and Urban Development Coordinating Council, the Department of Interior and Local Government and other government agencies concerned, the private sector and other non-government organizations particularly focusing on socialized housing and resettlement programs for the City's underprivileged and homeless constituents or informal settler families (ISFs); and to undertake programs that will ensure sustained development in the resettlement areas or communities through continuing education, training, providing health and welfare assistance through efficient, honest and committed delivery of public/basic services by its employees.

IV. Service Pledge:

HCDRD Employees 'Commitment

"We, the Employees of the Housing, Community Development and Resettlement Department (HCDRD) – Quezon City, imploring the aid of the Almighty God, for the best interest of the service and in honor of our Department, do hereby Commit and Pledge our Loyalty to its cause and its leadership; to exert our best effort in the performance of our respective duties with zeal and passion; to observe diligence and maintain the highest level of integrity in delivering services to the public. So Help Us God".



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HOUSING COMMUNITY DEVELOPMENT AND RESETTLEMENT DEPARTMENT

EXTERNAL SERVICES

1. SOCIALIZED HOUSING UNIT AND SOCIALIZED CONDOMINIUM UNIT

This is a program wherein the Quezon City Government initiates construction of socialized housing/condominium projects and makes the constructed units available for application to its qualified residents through a housing loan scheme with a maximum loanable amount of Seven Hundred Fifty Thousand Pesos (P 750,000.00 at PAG-IBIG Fund and Four Hundred Fifty Thousand (P450,000.00) at the Social Housing Finance Corporation.

| Office or Division: | Direct Sale Section under Housing and Resettlement Division | | |
|-------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------|--|
| Classification: | Highly Technical Tra | ansaction | |
| Type of Transaction: | G2C – Government to Citizen;G2G –Government to Government | | |
| Who may avail: | Qualified informal settler families, government employees and other Quezon City residents | | |
| CHECKLIST OF REQUIREMENTS WHERE TO SECURE | | WHERE TO SECURE | |
| 1.1 original and 1 photocopy]) | | Employer of Client, BIR | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1.1 original and 1 photocopy]) Proof of Income - Anyone of the following: Certificate of Employment and Compensation, Certificate of Engagement, Pay slip, ITR | Employer of Client, BIR |
| 2.1original and 1 photocopy-Birth certificate If married, 1 original, 1 photocopy-Marriage Contract and Birth Certificate of the spouse. | PSA |
| 3.1 photocopy Valid ID (preferably QCitizen ID) and company ID with signature, 1X1 photo (4pcs.) If married, (1 photocopy) Valid ID (preferably QCitizen ID) of the spouse; 1x1 photo (4 pcs.) | Client (applicant),BIR, Post Office, DFA, PSA, SSS |
| 4.1 Original copy and 1 photocopy Proof of Billing | Client to secure from Meralco, Maynilad ,PLDT and others |
| 5. 1 Original Copy and 1 photocopy Barangay Clearance | Barangay Hall |
| 6. 1 Original Copy and 1 photocopy Certificate of No Property | City Assessor's Office |
| 7. Family Photos 3R - size (2 pcs.) | Client (Applicant) |

| 1 original and 1 photocopy of NBI Clearance | NBI |
|------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| 1. 1 photocopy BIR TIN ID | BIR |
| Recommendation from HCDRD Development Officer , if Informal Settler Family (ISF) | Housing and Resettlement Division/Community Development Section-HCDRD |

| | CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------|
| 1. | The applicant shall submit all the requirements to the Direct Sale Section of the Housing, Community Development and Resettlement Department (HCDRD) for preevaluation | 1. Receive application with attached requirements. 1.1Screen and Pre evaluate application and submitted requirements | None None | 10 minutes 3 days | Administrative Aide IV Administrative Aide IV Housing and Homesite Regulation Officer II Direct Sale Section |
| 2. | The applicant shall attend the orientation /seminar | 3. Conduct orientation / seminar. | None | 1 day | Section Head, Housing and Homesite Regulation Officer IV Direct Sale Section |
| 3. | The applicant shall sign in loan documents on the scheduled date. | 3. Facilitate the signing of beneficiary loan documents and assist in the encoding of needed information in other documents, forms or pleadings. | None | 3 days | Section Head, Administrative Aide IV Direct Sale Section |
| 4. | After the signing of loan documents and other requirements, the applicant will be informed that these documents will be re-evaluated at HCDRD for submission to financing agency. | 4. Review application and loan documents and submit to *PAG-IBIG Fund/SHFC. | None | 2 days | Section Head, Administrative Aide IV Direct Sale Section |
| | | Total | None | 9 days 0 hour 10 minutes | |

| (*The approval of the le | (*The approval of the loan application at PAG-IBIG Fund is usually 30 days more or less upon | | | |
|-------------------------------------------------|----------------------------------------------------------------------------------------------|--|--|--|
| sub | submission of the complete requirements from HCDRD) | | | |
| Socialized Housing Highly Technical Transaction | | | | |
| Unit at Socialized | | | | |
| Condominium Unit | | | | |
| | | | | |



2. ISSUANCE OF CLEARANCE FOR ELECTRIFICATION PROGRAM (Clearance for Socialized Housing Basic Utilities Services)

To help the informal settler families (ISFs) and qualified program beneficiaries to secure clearance in lieu of Transfer of Certificate of Title (TCT) as proof of ownership as per the requirement of the utility companies.

Office or Division: Basic Utilities Section under the Support Services Division

| Office of Division: | Basic Utilities Section under the Support Services Division | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Classification: | Simple Transaction | | | |
| Type of Transaction: | G2C – Government to | Citizen | | |
| Who may avail: | Purchase/Buying (priv Direct Sale Program, I | al Settlers, Community Mortgage Program, Direct rivate property HOA), Gawad Kalinga Project, Q.C. n, NGHCP, NHA and Quezon City Socialized Housing ies, Quezon City Resettlement. | | |
| CHECKLIST OF F | REQUIREMENTS | WHERE TO SECURE | | |
| 1. 1 Original and 1 P Clearance for ME connection application. | | Barangay Hall | | |
| 1 Original and 1 P the applicant (pref | hotocopy Valid ID of erably QC Citizen ID) | BIR, Post Office, DFA, PSA, SSS, GSIS, PAG-IBIG | | |
| 3. MERALCO Inspe Card) | ction Report (Yellow | MERALCO | | |
| 4. If the beneficiary of Mortgage Program National Housing National Governm Project (NGCHP), (GK), submit any a. Social Hocorporation Home Mocorporation payment b. Certificate | Authority (NHA), nent Center Housing and Gawad Kalinga of the following: using Finance on (SHFC) / National rtgage Finance on (NHMFC) validated receipt e of Award rchase Agreement | Client, Implementing Agency/ies of the Housing Programs (SHFC, NHA, NGCHP, GK) | | |

| 5. Notarized Undertaking | secure form from HCDRD |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|
| 6. MERALCO bill for reconnection, and | Client |
| relocation of meter with the same | |
| name | |
| 7. MERALCO bill, & waiver for transfer | Client |
| of service name | |
| 8. If through a representative: Submit the following; Authorization Letter from the applicant 1 original (to be presented only) and 1photocopy- Valid ID of applicant and representative (preferably QC Citizen ID) | Client |

| | CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------|
| 1. | The applicant must submit the required documents to the personnel in charge. | Check and validate submitted documents and process clearance required for electric connection at MERALCO. | None | 3 days | Section Chief Administrative V Encoder/Field & Project Coordinator Basic Utilities Section Support Services Division |
| | The applicant will return on the scheduled day (due date) to claim the MERALCO and Electrical certification/ clearance from HCDRD. (processing period at HCDRD – maximum: 3 days) | Release Meralco and Electrical Certification / Clearance | None | 3 minutes | Section Chief Administrative V Encoder/Field & Project Coordinator Basic Utilities Section Support Services Division |
| | | Total | | 3 days, | |

| | | 0 hour and 3 minutes | |
|---------------------------------------------------------------------------------------------------------------|--------------------|----------------------------|--|
| Issuance Of Clearance For Electrification Program (Clearance For Socialized Housing Basic Utilities Services) | Simple Transaction | | |





To help the informal settler families (ISFs) and qualified program beneficiaries to secure clearance in lieu of Transfer of Certificate of Title (TCT) as proof of ownership as per the requirements of the utility companies.

| Office or Division: | Basic Utilities Sec | tion under the Support Services Division | | |
|-------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|--|
| Classification: | Simple Transaction | | | |
| Type of Transaction: | G2C – Government to Citizen | | | |
| Who may avail: | Quezon City Informal Settlers, Community Mortgage Program, Direct Purchase/Buying (private property HOA), Gawad Kalinga Project, Q.C. Direct Sale Program, NGHCP, NHA and Quezon City Socialized Housing Program Beneficiaries, Quezon City Resettlement. | | | |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | | |
| 1. 1 Original and 1 Barangay Cleara Connection Appl | nce for Water | Barangay | | |
| 2. 1 Original and 1 Valid ID of the ap QC Citizen ID) | photocopy oplicant (preferably | Client (To secure from BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG) | | |
| | | Client, Implementing Agency/ies of the Housing Programs (SHFC, NHA, NGCHP, GK) | | |
| 4. Notarized Under | taking | secure form from HCDRD | | |
| the following; | esentative: Submit | Client (Applicant) | | |

| | `` | (To secure from BIR, Post Office, DFA, PSA, SSS, GSIS, Pag-IBIG) | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------|
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. The applicant must submit the accomplished application form and required documents to the personnel in charge. | Check and validate submitted documents and process clearance required for (MWSI/MWC) clearance | None | 3 days | Section Chief Administrative V Encoder/Field & Project Coordinator Basic Utilities Section Support Services Division |
| 2. The applicant will return on the scheduled day (due date) to claim the certification for MWSI/MWC Clearance at HCDRD. (Within 1-3 days maximum processing period at HCDRD. | Release MWSI/MWC) clearance | None | 3 minutes | Section Chief Administrative V Encoder/Field & Project Coordinator Basic Utilities Section Support Services Division |
| | Total | | 3 days | |
| | | | 0 hour | |
| | | | 3 minutes | |
| Issuance of Clearance for Water Connection Program (Clearance For Socialized Housing Basic Utilities Services) | Simple Transaction | n | | |

4. LOT ACQUISITION THROUGH THE COMMUNITY MORTGAGE PROGRAM

The Quezon City Government as mobilizer/originator through HCDRD implements Community Mortgage Program (CMP). A financing program of the Social Housing Finance Corporation (SHFC) which assists legally organized associations of underprivileged and homeless citizens to purchase and develop a tract of land under the concept of community ownership.

Office or Division: Community Mortgage Program Section under Housing and

| Office of Division: | Resettlement Division (HRD) | | | | | |
|------------------------------------------|--------------------------------------|---------------------------------------------|--|--|--|--|
| Classification: | Qualified for Multi-Stage Processing | | | | | |
| Type of Transaction: | | to Citizen; G2G –Government to | | | | |
| - Jps or Traincastion | Government | 15 55, 525 5575 | | | | |
| Who may avail: | | ations (CA) of informal settler families; | | | | |
| | _ | f private properties; Individual Client for | | | | |
| | Socialized Housing | | | | | |
| CHECKLIST OF RI | EQUIREMENTS | WHERE TO SECURE | | | | |
| For Landowners: | | | | | | |
| Letter Request address | ed to HCDRD | Client | | | | |
| Department Head (1 or | iginal,1 photocopy) | | | | | |
| 1 CTC and 2 photocopi | es of Certified True | Registry of Deeds | | | | |
| Copy of Title/s | | | | | | |
| 1 CTC and 2 photocopi | es of two (2) titles | Registry of Deeds | | | | |
| back | | | | | | |
| 1 CTC and 2 photocopi | es of Tax | City Assessor's Office | | | | |
| Declaration | | | | | | |
| 1 CTC and 2 photocopies of two (2) trace | | City Assessor's Office | | | | |
| back of current Tax Dec | | | | | | |
| 1 Original and 2 photoc | • | City Treasurer's Office (CTO) | | | | |
| Tax Clearance / Tax Re | • | Condition Familia and | | | | |
| 1 Blueprint Copy and 2 | • | Geodetic Engineer | | | | |
| Vicinity Map / lot plan si Engineer | igned by Geodetic | | | | | |
| 1 Original and 2 photoc | onies - Proof of | Quezon City Engineering Department | | | | |
| road right-of-way | opi cs - F1001 01 | Quezon ony Engineening Department | | | | |
| 1 Original and 2 photocopies -Special | | Client | | | | |
| Power of Attorney (SPA) for landowners | | Chork | | | | |
| represented by their Att | , | | | | | |
| Two (2) valid Governme | | Client | | | | |
| BIR issued Tax Identific | | | | | | |
| of the registered owner. | ` , | | | | | |

| For Community Associations (CA): | |
|---------------------------------------------|---------------------------------------|
| 1 Original and 2 photocopies of Letter of | Community Association |
| Intent to Buy (the property) addressed to | , |
| the HCDRD Department | |
| 1 CTC and 2 photocopies of HOA | DHSUD(HLURB) |
| Registration from the Department of | |
| Human Settlements and Urban | |
| Development (DHSUD) / Housing and | |
| Land Use Regulatory Board (HLURB) | |
| Registration, Articles of Incorporation and | |
| By-Laws | |
| 2 Original and 1 photocopy of the | Community Association |
| Secretary's Certificate authorizing the CA | |
| President to represent the Homeowners | |
| Association in the Community Mortgage | |
| Program | |
| 2 Original and 1 photocopy Masterlist of | Community Association |
| Beneficiaries with lot assignment | |
| 2 Blueprint Copies of the Subdivision plan | Geodetic Engineer |
| duly signed by the Geodetic Engineer | _ |
| 2 photocopies of the passbook/Bank | Community Association |
| Account in the name of the CA with | |
| savings equivalent to three (3) months | |
| advance amortizations and one (1) year | |
| Mortgage Redemption Insurance (MRI) | |
| 1 certified true copy, 2 photocopies) BIR | BIR |
| Certificate of Registration | |
| Individual Client for Socialized Housing: | |
| 1 original and 2 photocopies- Proof of | Client |
| Income | |
| 1 Original and 2 photocopies -Marriage | Philippine Statistics Authority (PSA) |
| Contract if married | |
| 1 CTC and 2 photocopies -Birth Certificate | Philippine Statistics Authority (PSA) |
| 1 Original and 2 photocopies - Barangay | Barangay Hall |
| Clearance | |
| 2 photocopies-Two (2) valid Government | Client |
| issued IDs with 3 specimen signatures | |
| May submit requirement and follow up | |
| through email at email address: | |
| HCDRD@quezoncity.gov.ph | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------|--------------------|--------------------|---------------------------------------------------------------------|
| Submit letter of intent/application letter with the requirements attached to HCDRD. | 1. Receive letter request from client and provide checklist of requirements. | None | 5 minutes | Receiving Clerk Administrative Division |
| | 1.1 Validate submitted documents and attachments. | None | 1 day | Receiving Clerk Administrative Division |
| | 1.2 Transmit to the Assistant Department Head for review. | None | 5 minutes | Assistant Department Head / Office of the Assistant Department Head |
| | 1.3 Receive documents for proper disposition. | None | 1 day | Department Head Office of the Dept. Head |
| | 1.4. Evaluate application and validate submitted documents | None | 2 days | Project Coordinator Community Mortgage Program Section |
| 2. Wait for the result of site inspection and the recommendation of HCDRD. | 2.Conduct site inspection and prepare recommendation. | None | 1 day | Project Coordinator Community Mortgage Program Section |
| 3. Attend CMP Orientation | 3. Conduct CMP Orientation | None | 1 day | Project Coordinator Community Mortgage Program Section |

| 4. | The CA will negotiate with the property owner as regards intention to buy the property through CMP. | 4.The negotiation between lot owner and the community association shall be under the guidance of HCDRD. | None | 5 days | Division Head Section Head CMP Project Coordinator Community Mortgage Program Section |
|----|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|------|--------|---------------------------------------------------------------------------------------|
| 5. | Submit all required documents to HCDRD | 5. Prepare all necessary documents for CMP project enrolment. | None | 7 days | Project Coordinator Community Mortgage Program Section |
| | | 5.1 File for CMP project enrollment and forward documents to Social Housing Finance Corporation (SHFC). | None | 1 day | Project Coordinator Community Mortgage Program Section |
| 6. | The CA and the program beneficiaries will comply with all the requirements | 6. Give feedback to client with attached report and findings from SHFC. | None | 7 days | Section Head Project Coordinator Community Mortgage Program Section |
| | and sign needed loan documents required by SHFC through HCDRD. | 6.1Check compliance with the findings of SHFC 6.2 Prepare and | None | 7 days | Section Head Project Coordinator Community Mortgage Program Section |
| | | assist in signing required loan documents. 6.3 Submit | None | 7days | Project Coordinator Community Mortgage Program Section |
| | | complete loan documents to the SHFC. | None | 1 day | Project Coordinator Community Mortgage Program Section |
| | | 6.4 Follow-up and comply with SHFC findings. | None | 3 days | Project Coordinator Community Mortgage Program Section |

| 7. The landowner and CA will execute Deed of Absolute Sale (DOAS). | 7. Prepare and assist in signing of DOAS.7.1 Submit DOAS and other documents to SHFC. | None None | 1 day | Project Coordinator Community Mortgage Program Section Project Coordinator Community Mortgage Program Section |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------|----------------------------------------------------------------------------------------------------------------|
| 8. Attend CMP post take-out orientation on their monthly amortization payment. After transfer of title in the name of HOA and after release of loan proceeds in favor of the owner. | 8. Guide and remind the program beneficiaries to attend the post take out orientation. | None | 1 day | Project Coordinator Community Mortgage Program Section |
| | TOTAL: | None | 47 days, 0 Hour(s), 10 minutes | |
| Lot Acquisition Through Community Mortgage Program | Qualified for Multi-Stage Processing | | | |

5. DIRECT PURCHASE OF LAND FOR DISTRIBUTION TO INFORMAL SETTLER FAMILIES/ACTUAL OCCUPANTS

The Quezon City Government has been actively pursuing the Direct Purchase approach, wherein the City buys the properties occupied by Informal Settler Families (ISFs) directly from the landowner/s with the intention of eventually providing land tenure to the actual occupants.

| Office or Division: | Community Mortgage Program under Housing and Resettlement Division |
|----------------------|---------------------------------------------------------------------------------|
| Classification: | Qualified for Multi-Stage Processing |
| Type of Transaction: | G2C – Government to Citizen |
| Who may avail: | Landowners (LO) of private properties; Individual Client for Socialized Housing |

| · · | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--|
| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | |
| 1 original, 1 photocopy- Letter of Intent to Sell | Landowner (LO) | |
| 1 CTC and 2 photocopies of Certified True Copy of titles. | Registry of Deeds (RD) | |
| 1 CTC and 2 photocopies of the Certified True Copy of the current Tax Declaration | City Assessor's Office | |
| 1 Original and 2 photocopies of the Updated Tax Clearance/Tax Receipts | City Treasurer's Office (CTO) | |
| 1 Blueprint Copy of the Vicinity Map/lot plan duly signed by the Geodetic Engineer | Geodetic Engineer/Landowner (LO) | |
| 2 Original Copy and 2 photocopies Notarized Special Power of Attorney (SPA) for landowner/s who are represented by their Attorney-in-Fact | Landowner (LO) | |
| 2 photocopies-Two (2) valid Government issued IDs and BIR issued Tax Identification Number (TIN) of the registered owner/s of the property | Landowner (LO) | |
| May submit requirement and follow up through email at email address: HCDRD@quezoncity.gov.ph | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--------------------------------------------------------------|------------------------------------------------------------------------------------------------|--------------------|--------------------|---------------------------------------------------------------------|
| Submit letter of intent to sell addressed to the City Mayor. | 1. Receive the transmitted letter of intent. | None | 5 minutes | Receiving Clerk Administrative Division |
| | 1.1 Receive the required documents. 1.2 Transmit to the Assistant Department Head for review. | None | 1 day | Receiving Clerk Administrative Division |
| | 1.3 Receive documents for proper disposition. | None | 5 minutes | Assistant Department Head / Office of the Assistant Department Head |
| | 1.4 Evaluate letter and validate submitted documents | None | 1 day | Department Head Office of the Dept. Head |
| | | None | 2 days | Personnel-in-Charge Community Mortgage Program Section |
| The landowner should know the actions to be | HCDRD will undertake the following: | | | |

| undertaken in response to his letter of intent to sell. | 2. Conduct site inspection and prepare recommendation 2.1 Inclusion in the HCDRD yearly Project Procurement Management Plan (PPMP) | None | 2 days | Personnel-in-Charge Community Mortgage Program Section |
|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|------|--------|---------------------------------------------------------------------|
| | 2.2 Make a recommendation to the City Council to authorize the City Mayor to purchase the property. | None | Yearly | Department Head Office of the Dept. Head, Assistant Department Head |
| | 2.3 Prepare request for the property's appraisal from the City Appraisal Committee | None | 6 days | |
| | | | 1 day | |
| | | | | Personnel-in-Charge Community Mortgage Program Section |
| 3. Execute Deed of Absolute Sale (DOAS) between landowner and the QC Government. | 3. Facilitate the execution of DOAS. | None | 1 day | Project Coordinator Community Mortgage Program Section |

| know the procedures to be undertaken by | apply for a Certificate | | | Community Mortgage Program Section |
|-------------------------------------------|-------------------------------------|-------------|------------|------------------------------------|
| HCDRD, | Authorizing Registration | | | Seemen. |
| | (CAR) at Bureau of Internal | | | |
| | Revenue (BIR). | | | |
| | 4.1Request for the transfer of the | | | |
| | registered name of the title to the | | | |
| | Quezon City Government at the | None | 3 days | Project Coordinator |
| | Registry of Deeds. | | | Community Mortgage Program Section |
| 5. The landowner will proceed to the City | 5. Provide information with | None | 10 minutes | Project Coordinator |
| Treasurer's Office upon completion of | regard to requirement for | | | Community Mortgage Program Section |
| the process to claim payment for the | claiming the payment for property. | | | |
| property. | TOTAL: | None | 1 year, | |
| | | | 21 days, | |
| | | | 0 Hour(s), | |
| | | | 20 minutes | |
| Lot Acquisition | | | | |
| Through Direct Purchase Program | Qualified for Multi- | Stage Proce | essing | |



6. RENTAL HOUSING PROGRAM

The City Government's Rental Housing Program shall be made available exclusively to the underprivileged, homeless, and Informal Settler Families (ISFs) who cannot afford economic or low-cost housing. The term of lease shall be renewable every three (3) years commencing from the perfection of "Kasunduan ng Pagpapaupa," which shall govern the contract. The lease period shall not exceed twenty-five (25) years. The monthly rental fee shall be Eight Hundred Pesos (Php 800.00) to be paid by the Beneficiary on the date provided in the "Kasunduan ng Pagpapaupa." The monthly rental fee shall correspondingly increase every three (3) years, at a rate to be determined by the Local Housing Board (LHB). The increase in the rental fee shall be based on the accessibility of the housing unit, subject to review and consideration for appropriate amendments and revision.

If it shall be proven that the financial capacity and the socio-economic profile of the Beneficiary renders it difficult for him/her to pay the monthly rental, the same shall be given at a discounted rate. In this case, **to be entitled to the discounted rate**, the Beneficiary concerned shall be required to undergo a screening process upon submission of the required documents.

Niviolan | Hausing and Desattlement Division

| Office or Division: | Housing and Resettlement Division | | | |
|----------------------------------------|--------------------------------------|-----------------------------------------------|--|--|
| Classification: | Qualified for Multi-stage processing | | | |
| Type of Transaction: | G2C –Government to Citizen | | | |
| Who may avail: | underprivileged, hor | neless, and Informal Settler Families (ISFs) | | |
| CHECKLIST OF R | FOLIDEMENTS | WHERE TO SECURE | | |
| | | HCDRD | | |
| 1. Application Form the Housing, Co. | | | | |
| Development an | | | | |
| - | DRD) containing | | | |
| the names and p | , | | | |
| Applicant and all | | | | |
| his/her househol | | | | |
| 2. 1 Original and 1 photocopy-Proof of | | Company of the client | | |
| income (pay slips, etc.) | | | | |
| 3. 1 Original and 1 photocopy | | Company of the client; Client | | |
| Certificate of | | | | |
| • | of formal income | | | |
| | t of Income for non- | | | |
| | arners, ex. Vendors | | | |
| and others | 4 1 4 1 1 1 | | | |
| _ | 1 photocopy-Valid | Client (To secure from BIR, Post Office, DFA, | | |
| | ued I.D. (preferably | PSA, SSS, GSIS, Pag-IBIG) | | |
| QCitizen ID) | | https://qceservices.quezoncity.gov.ph/ | | |
| | nd 1 photocopy | Barangay | | |
| Barangay Certific | cate of Residency | | | |

| Requirements to be entitled to the discounted rate after the screening | |
|------------------------------------------------------------------------|--------------------|
| process. | |
| 1. 1 Original and 1 photocopy- | Employer of Client |
| Notarized Certificate of Employment | |
| and Compensation/Affidavit of | |
| Income for non-formal income earners, ex. | |
| Vendors and others | |
| 2.1 Original and 1 photocopy | Employer of Client |
| Latest one month pay slip | |
| 2.1 Original and 1 photocopy | Barangay |
| Certificate of Indigency | |
| 4.1 Original and 1 photocopy- | HCDRD |
| Case Study Report | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------------------|------------------------------------------------------------------------------------|
| 1.The duly accomplished Application Form, together with all the aforementioned requirements, shall be submitted to the HCDRD. | 1. Receive the application form and requirements (containing the names and photos of the Applicant and all the members of his/her household) | none | 15 minutes | Receiving Clerk Administrative Aide |
| | 1.1Evaluate documents submitted to check if complete (and applicant is qualified for the rental housing program.) | none | 2 days | Project Coordinator Section/Division Housing and Resettlement Division |
| 2. After two (2) days) the applicant will follow up the result of review of submitted documents to HCDRD to check if complete. The applicant should also know if he/she is qualified for the rental housing project. | 2.Inform the applicant if documents submitted are complete. The applicant shall be advised to submit other requirements which are not attached in the submitted documents. | None | 15 minutes | Project Coordinator Section/Division Housing and Resettlement Division |
| 3.The applicant will wait for the result of the qualification process. | 3.The HCDRD will initiate start of the qualification process through BSAC. | None | 90 days | Beneficiary Selection and Arbitration Committee. |
| | Total | | 92 days 0 hour 15 minutes. | |

| *An Applicant may be assigned to the appropriate socialized housing project of the City Government, if any, or to a waitlist. An Applicant assigned to a waitlist shall be stacked according to priority level and chronological order of application. | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|--|--|
| Rental Housing Program | Qualified for Multi-stage processing | | |



7. DIRECT-SALE PROGRAM

A program that aims to help Informal Settler Families (ISFs) acquire the lot wherein their house structures are built by directly purchasing the land owned by the Quezon City Government.

| Office or Division: | Direct Sale Section under Housing and Resettlement Division | | | |
|-----------------------------------------------|-------------------------------------------------------------|--------------------------------------------------|--|--|
| Classification: | Highly Technical Transaction | | | |
| Type of Transaction: | G2C – Government to Citizen; G2G-Government to Government | | | |
| Who may avail: | ISFs/Beneficiaries | of Socialized Housing Projects under Direct Sale | | |
| | Scheme-Lot Only | | | |
| CHECKLIST OF RE | QUIREMENTS | WHERE TO SECURE | | |
| Requirements for the a | association: | | | |
| | | | | |
| Application letter with | n attached form | HCDRD, or can be downloaded from QC Govt. | | |
| | | website. | | |
| 2. DHSUD, HOA Regist | tration with list of | DHSUD (formerly HLURB) | | |
| members. | | · | | |
| Requirements for indiv | vidual | | | |
| beneficiaries: | riduai | | | |
| | | | | |
| 1. HOA Membership/ C | learance | Community Association | | |
| 2. 1 original Barangay | Clearance | Barangay | | |
| 3. 1 original Certified True Copy from | | PSA | | |
| PSA or from Civil Registry - Birth | | | | |
| Certificate of Beneficiary | | | | |
| | | | | |
| 4. 1 CTC of Marriage C | Contract (if | from PSA or Civil Registry | | |
| married) | | | | |
| 5. 1 photocopy Valid Id | | Client (To secure from BIR, Post Office, DFA, | | |
| (government-issued | • | PSA, SSS, GSIS, Pag-IBIG) | | |
| specimen signatures | | Franks var/Amaliaant | | |
| 6. 1 Original Copy - Ce | | Employer/Applicant | | |
| Employment and compensation/ | | | | |
| Affidavit of Income 7. If Overseas Filipino \ | Morker (OFM) | Client | | |
| Contract of Service a | ` , | Ollerit | | |
| of Attorney (SPA) (Executed with the | | | | |
| appropriate Consulat | | | | |
| сору | , J. | | | |
| Certification of No Pr | roperty | City Assessor's Office | | |

| | CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|----|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|----------------------------------------------------------------------------|
| 1. | The concerned community association of the said lot will write to the Housing Community | 1. Receive request with attached requirements and forward to the Office of the | None | 10 minutes | Receiving Clerk/s HCDRD |
| | Development and Resettlement Department (HCDRD) stating their intention to purchase the lot | Department Head. 1.1 Review documents submitted. | None | 2 days | Department Head HCDRD Division Head Housing and Resettlement Division |
| | wherein their houses are built. | 1.2 Conduct an ocular inspection. | None | 2 days | Housing and Homesite Regulatory |
| | | 1.3 Make a recommendation to the Quezon City Council for an ordinance authorizing the Mayor to acquire the said lot/property. | None | 2 days | Officer II Direct Sale Section Section Head Direct Sale Section |
| | | 1.4 Prepare Contract to Sell (CTS) | None | 3 days | Housing and Homesite Regulatory Officer II Direct Sale Section |
| 2. | The Community Association and HCDRD will select the beneficiary. | 2. Facilitate and guide the CA in the selection of program beneficiary. | None | 3 days | Division Head Housing and Resettlement Division |
| | | | | | Section Head Direct Sale Section |

| 3. | The concerned Community Association will write to the City Appraisal Committee for the appraised value of the lot and also to the City Council for approval of the Subdivision plan. | 3. Request the CA to provide a copy of the appraisal report and the approved ordinance. | None | 1 day | Section Head Direct Sale Section |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|------------|----------------------|----------------------------------------------------------------|
| 4. | The Community Association through the Private Surveyor will submit subdivision plan to DENR for approval. | 4.Request for a copy of approved subdivision plan | None | 1 day | Section Head Direct Sale Section |
| 5. | The program beneficiary will sign in contract agreement upon compliance with all the requirements. | 5. Facilitate the signing of Contract to Sell. | None | 2 days | Housing and Homesite Regulatory Officer II Direct Sale Section |
| | | | Total | 16 days 0 hour | |
| | | | | 0 nour 10 minutes | |
| | Direct-Sale | Highly Technical Ti | ransaction | | , |
| | Program | | | | |



HOUSING COMMUNITY DEVELOPMENT AND RESETTLEMENT DEPARTMENT

OTHER SERVICES

1. ACCREDITATION OF COMMUNITY MORTGAGE PROGRAM (CMP) MOBILIZERS / ORIGINATORS



The Department evaluates requirements submitted by applicants and issues a Certificate of Accreditation as CMP Mobilizer/Originator operating within Quezon City to qualified applicants.

| Office or Division: | Community Mortgage Program under Housing and Resettlement Division | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|
| Classification: | Highly Technical Transaction | | | |
| Type of Transaction: | G2C - Government to Citizen | | | |
| Who may avail: | CMP Mobilizers/Origina | ators operating in Quezon City | | |
| CHECKLIST OF I | REQUIREMENTS | WHERE TO SECURE | | |
| Application letter addressed to the Head of HCDRD (1 original) | | Applicant | | |
| Accomplished CMP Mobilizer's Information Sheet (1 original) | | HCDRD – Housing and Resettlement Division/Community Mortgage Program Section | | |
| Accomplished Project E (1 original) | Basic Information Sheet | HCDRD – Housing and Resettlement Division/Community Mortgage Program Section | | |
| Certificate of Registration from Securities and Exchange Commission (SEC) / Cooperative Development Authority (CDA) / Department of Human Settlements and Urban Development (DHSUD) (1 photocopy) | | SEC / CDA / DHSUD(formerly HLURB) | | |
| Organization's Profile/History (1 original) | | Applicant | | |
| Business Permit (1 photocopy) | | Quezon City Business Permits and Licensing Department (BPLD) | | |
| Certificate of Accreditation from SHFC (1 photocopy) | | Social Housing Finance Corporation (SHFC) | | |
| NBI Clearance of the head of the organization (1 original) | | National Bureau of Investigation (NBI) | | |
| Organization's latest Financial Statement (1 original) | | Applicant | | |
| Memorandum of Agreement (MOA) with the landowner and/or with the beneficiary association of on-going CMP projects (1 photocopy per project) | | Applicant | | |
| Certificate of Accreditation as Non- Governmental Organization (NGO) / People's Organization (PO) / Civil Society Organization (CSO) operating in Quezon City (1 photocopy) | | Quezon City Council | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Applicant shall submit written request to HCDRD for accreditation as CMP Mobilizer | 1. Accept application letter and attached requirements if complete | None | 15 minutes | Receiving Staff HCDRD Receiving Area Receiving Staff Office of the Department Head |
| | 1.1 Review application and validate submitted documents | None | 4 days | Personnel-in-Charge Section Head Community Mortgage Program Section |
| | 1.2 Conduct ocular inspection/ investigation and prepare report / recommendation | None | 14 days | Personnel-in-Charge Section Head Community Mortgage Program Section |
| | 1.3 Register the name of applicant in the Book of Registry of accredited private originators / mobilizers | None | 1 day | Personnel-in-Charge Section Head Community Mortgage Program Section Division Head Housing and Resettlement Division |
| 2. Applicant to secure Order of Payment from the HCDRD to post bond at the Quezon City Treasurer's Office (CTO) | 2. Issue Order of Payment for the posting of bond | None (Minimum of Php 5,000 per project to be deposited to CTO) | 1 day | Accounts Officer Accounts Accounts Management and Monitoring Section |
| | 2.1 Issue Certificate of Accreditation as CMP Mobilizer / Originator in QC for approved applications | None | 45 minutes | Division Head Housing and Resettlement Division Assistant Department Head Office of the Assistant Department Head Office of the Department Head Office of the Department Head |

| | TOTAL | None | 20 days 1 hour 0 minutes | |
|--------------------------------------------------------------------|--------------------|------------|--------------------------------|--|
| Community Mortgage Program under Housing and Resettlement Division | Highly Technical T | ransaction | | |

2. BENEFICIARY/IES ACCOUNTS SERVICES AND MANAGEMENT - Amortization Payment



The Department through Accounts Management and Monitoring Section issues order of payment to beneficiaries of Socialized Housing Program who will pay their monthly amortizations.

| Office or Division: | Accounts Management and Monitoring Section under Support Services Division |
|----------------------|----------------------------------------------------------------------------|
| Classification: | Simple Transaction |
| Type of Transaction: | G2C – Government to Citizen |
| Who may avail: | Quezon City Socialized Housing Program Beneficiaries |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|--------------------|--------------------|---------------------------------------------------------------------------------------|
| Request for order of payment at Accounts Management and Monitoring Section. | 1.Issue Order of Payment | None | 5 minutes | Housing and Homesite Regulatory Officer II Accounts Management and Monitoring Section |
| 2. Present Official Receipt of Payment from City Treasurer's Office to Accounts Management and Monitoring Section. | 2. Record /(Entry) to the individual ledger on payment made on a particular program. | None | 5 minutes | H&HRO II Accounts Management and Monitoring Section |
| | TOTAL | None | 10 minutes | |
| Amortization Payment | Simple Transaction | n | | |

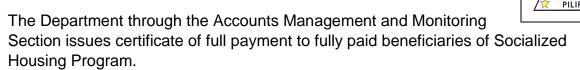
3. BENEFICIARY/IES ACCOUNTS SERVICES AND MANAGEMENT – REQUEST FOR INDIVIDUAL ACCOUNT BALANCES / STATEMENT OF ACCOUNT



The Department through Accounts Management and Monitoring Section issues/releases Individual Ledger Account to beneficiaries of Socialized Housing Program.

| Office or Division: | Accounts Management and Monitoring Section under Support Services Division | | | | |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------|---------------------|-----------------------------------------------------|--|
| Classification: | Simple Transaction | Simple Transaction | | | |
| Type of Transaction: | G2C – Government | to Citizen | | | |
| Who may avail: | Quezon City Sociali | zed Housing | Program Benefic | ciaries | |
| CHECKLIST OF R | EQUIREMENTS | | WHERE TO S | ECURE | |
| Valid ID (Any Governm Original Copy | ent Issued ID) | BIR, Post Office, DFA, PSA, SSS, GSIS, PAG-IBIG | | | |
| Authorization Letter (if original) | Authorization Letter (if necessary) (1 original) | | Beneficiary | | |
| Special Power of Attorr original) | ney (if necessary) 1 | Beneficiary | | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSIN G TIME | PERSON RESPONSIBLE | |
| Request for individual ledger account at Accounts Management and Monitoring Section. | Release/Issue Individual Ledger Account | None | 10 minutes | H&HRO II Accounts Management and Monitoring Section | |
| | TOTAL | None | 10 minutes | | |
| Request For Individual Account Balances / Statement Of Account) | Simple Transaction | n | | | |

4. BENEFICIARY/IES ACCOUNTS SERVICES AND MANAGEMENT –ISSUANCE OF CERTIFICATE OF FULL PAYMENT



| Office or Division: | Accounts Management and Monitoring Section under Support Services Division | | |
|----------------------|----------------------------------------------------------------------------|--|--|
| Classification: | Simple Transaction | | |
| Type of Transaction: | G2C – Government to Citizen | | |
| Who may avail: | Quezon City Socialized Housing Program Beneficiaries | | |
| | WILEDE TO SECURE | | |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE | |
|----------------------------------------------|---------------------------------------------|--|
| 1. Letter Request (1 original) | Client | |
| 2. Contract to Sell (2 photocopy) | HCDRD –Housing and Resettlement | |
| | Division/Direct Sale Section | |
| 3. Title and/or Technical Description (2 | HCDRD –Housing and Resettlement | |
| photocopy) | Division/Direct Sale Section | |
| 4. Official Receipt (original and photocopy) | City Treasurer's Office | |
| 5. Special Power of Attorney(SPA) | Client | |
| (if necessary) (1 original) | | |
| 6. Valid ID (Any Government Issued | BIR, Post Office, DFA, PSA, SSS, GSIS, Pag- | |
| Identification Card) | IBIG | |
| Authorization Letter (if necessary) | Client | |
| (1 original) | | |
| 7. Resolution of Committee on Substitution | Direct Sale Section | |
| (If necessary) | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|--------------------|--------------------|------------------------------------------------------------|
| Submit letter requesting for a certification of full payment to Accounts | Endorsement to CTO for Certificate of Payment | None | 1 day | H&HRO II Accounts Management and Monitoring Section (AMMS) |
| Management and Monitoring Section. | 2. Preparation of certificate of full payment upon release of certificate of payment from CTO | | 1 day | AMMS |
| Release of Certificate of Full Payment | Simple transaction | 1 | | |

5. CENSUS-SURVEY OF QUEZON CITY INFORMAL SETTLERS AND POTENTIAL BENEFICIARIES – REQUEST FOR CENSUS-SURVEY/ VALIDATION



The HCDRD is mandated to conduct census survey in the community of urban poor in all districts of the City to determine the exact location and number of the informal settler families (ISFs) occupying different areas in every barangay and to gather vital information/ data relative to their living condition as well as to prepare and consolidate records of their socio-economic profile.

HCDRD acts on the request for census-survey /validation of specific area with ISFs.

| Office or Division: | Census –Survey Section under Census and Planning Division | | | |
|----------------------------------------------------------------------|------------------------------------------------------------------------------------|------------------------|--------------------|-------------------------------------------------|
| Classification: | Qualified for Multi-Stage Processing | | | |
| Type of Transaction: | G2C – Government to Citizen | | | |
| Who may avail: | ISFs / Association / Institutions / Landowner (s) / Government Agency | | | overnment Agency |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | | |
| Letter Request (1 origin | nal copy) | Client (Appl | icant) | |
| Land Title (1 certified true copy) | | Register of Deeds | | |
| Vicinity map/location map (1 certified true copy) | | Client | | |
| Tax Declaration (1 certi | fied true copy) | City Assessor's Office | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1.Submit letter request for Census-Survey to Census Survey Section . | 1.Receive letter request for census and checks if required documents are attached. | None | 5 minutes | Section Head Census and Planning Division |

| 2. Attend meeting for pre-investigation guided by the Census | 2. Conduct investigation and ocular inspection. | None | 10 days | Census Team Census and Planning Division |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|-------------|------------------------------------|-----------------------------------------------------------------------------------------------------|
| Team. | 2.1 Write a letter to Brgy. Captain for the conduct Census Survey | None | 2 days | Census Team Leader/Section Chief Census and Planning Division |
| 3. Attend briefing for the schedule of actual census guided by the | 3. Conduct actual Census Survey | None | 1 day | Census Team Census and Planning Division |
| Census Team. | 3.1 Evaluate accomplished Forms (protocol) | None | 5 days | Section Head Census and Planning Division |
| | 3.2Encode ISFs Data after census conducted. | None | 1 day | Encoders Census and Planning Division |
| | 3.3 Plotting and finalization of structural Map | None | 1 day | Census Mapper Census and Planning Division |
| 4. Secure copy of masterlist from Census and Planning Division. | 4. Provide copy of Masterlist. | None | 5 days | Dept. Head, Assistant Department Head HCDRD Section Head/Division Head Census and Planning Division |
| | TOTAL: | None | 25days, 0 Hour(s), 5 minutes | |
| Request for Census Survey/Validation | Qualified for Multi- | Stage Proce | essing | |



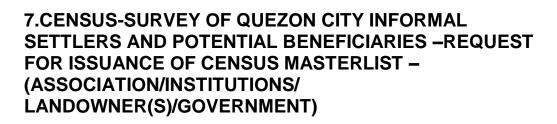


The HCDRD is mandated to conduct census survey in the community of urban poor in all districts of the City to determine the exact location and number of the informal settler families (ISFs) occupying different areas in every barangay and to gather vital information/ data relative to their living condition as well as to prepare and consolidate records of their socio-economic profile.

The HCDRD processes request for a copy of the structural map.

| Office or Division: | Census –Survey Section under Census and Planning Division | | |
|----------------------------------|-----------------------------------------------------------------------|--------------------|--|
| Classification: | Complex Transaction | | |
| Type of Transaction: | G2C – Government to Citizen | | |
| Who may avail: | ISFs / Association / Institutions / Landowner (s) / Government Agency | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Letter Request (1 original copy) | | Client (Applicant) | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|--------------------|------------------------------------|-----------------------------------------------------------|
| 1. Submit letter request for structural mapping with attached requirements to Census Survey Section. | 1. Receive letter request and check if required documents are attached. | None | 3 minutes | Section Head Census Survey Section |
| 2. Follow up for validated/verified copy of structural map of the area concerned at Census Survey Section. | 2. Release copy of structural map | None | 5 days | Section Head Division Head Census Survey Section |
| | TOTAL | None | 5 days, 0 Hour(s), 3 minutes | |
| Request For Structural Mapping | Complex Transac | tion | | |





The HCDRD is mandated to conduct census survey in the community of urban poor in all districts of the City to determine the exact location and number of the informal settler families (ISFs) occupying different areas in every barangay and to gather vital information/ data relative to their living condition as well as to prepare and consolidate records of their socio-economic profile.

HCDRD processes request for a copy of masterlist.

| Office or Division: | Census –Survey Section under Census and Planning Division | | |
|---------------------------------------------------|-----------------------------------------------------------|--------------------------------------------------|--|
| Classification: | Highly Technical Transaction | | |
| Type of Transaction: | G2C – Government | to Citizen ;G2G-Government to Government | |
| Who may avail: | ISFs / Association / | Institutions / Landowner (s) / Government Agency | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Letter Request (1 original copy) | | Client (Applicant) | |
| Land Title (1 certified true copy) | | Register of Deeds | |
| Vicinity map/location map (1 certified true copy) | | Client | |
| Tax Declaration (1 certified true copy) | | City Assessor's Office | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|--------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------|------------------------|---------------------------------------------------------------------------------------|
| 1. Submit letter request from Association / Institution / Landowner(s) / Government for issuance of a copy of a masterlist to HCDRD. | 1.Receive letter request and validate records of requesting party | None | 3 minutes | Assistant Department Head / Division Head / Section Head Census Survey Section |
| 2. Follow up request and receives the result of verification from Census Survey Section. | 2.Report validation result as per client request | None | 10 days | Assistant Department Head / Division Head / Section Head Census and Planning Division |
| | TOTAL | None | 10 days, 0 Hour(s), | |
| | | | 3 minutes | |
| Request For Issuance Of Census Masterlist – (Association/Instituti ons/ Landowner(S)/Gover nment) | Highly Technical T | ransaction | | |



8. CENSUS-SURVEY OF QUEZON CITY INFORMAL SETTLERS AND POTENTIAL BENEFICIARIES –REQUEST FOR ISSUANCE OF INDIVIDUAL CENSUS CERTIFICATE

Census Tag

The HCDRD is mandated to conduct census survey in the community of urban poor in all districts of the City to determine the exact location and number of the informal settler families (ISFs) occupying different areas in every barangay and to gather vital information/ data relative to their living condition as well as to prepare and consolidate records of their socio-economic profile. The HCDRD processes request for individual census certificate.

| Office or Division: | Census –Survey S | ection under Census and Planning Division | | |
|--------------------------|------------------------------------------|-------------------------------------------|--|--|
| Classification: | Simple Transaction | | | |
| Type of Transaction: | G2C – Government to Citizen | | | |
| Who may avail: | Informal Settler Families in Quezon City | | | |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | | |
| Letter Request (1 origin | nal copy) Client | | | |

Client/ISF (Individual)

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------|-----------------------------------|---------------------------------------------------------------------------------------------------|
| 1. Submit letter requesting for issuance of individual census certificate to Census Survey Section. | Receive letter request with attached census tag. | None | 3 minutes | Section Head Census Survey Section |
| 2. Get the requested copy of individual census certificate from Census Survey Section. | 2. Release copy of individual census certificate after record verification. | None | 1 day | Department Head Assistant Department Head Division Head Section Head Census and Planning Division |
| | TOTAL: | None | 1 day, 0 Hour(s), 3 minutes | |
| Request For Issuance Of Individual Census Certificate) | Simple Transaction | n | | |



9. ISSUANCE OF CLEARANCE / CERTIFICATION FOR IDLE LAND TAX EXEMPTION PURPOSES OF LOTS INVOLVING SOCIALIZED HOUSING/OCCUPIED BY INFORMAL SETTLER FAMILIES (ISF) –Subject Property is already identified as fully occupied by Informal Settlers

Issues or releases certification/s to landowners indicating that their property/ies is/are fully occupied by ISFs as a requirement for exemption from the imposition of idle land tax.

| Office or Division: | Office of the Depar | Office of the Department Head | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------|--|--|--|
| Classification: | Simple Transaction | | | | |
| Type of Transaction: | G2C – Government | to Citizen | | | |
| Who may avail: | Landowners whose | property is fully occupied by ISFs | | | |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | | | |
| Letter Request (1 original copy) | | Land owner | | | |
| Title (1 photocopy) | | Land owner (copy from Register of Deeds) | | | |
| Tax Declaration (1 photocopy) | | Land owner (copy from City Assessor's Office) | | | |
| Vicinity Map / Location Plan (1 photocopy) | | Land owner | | | |
| Tax Map (From City Assessor's Office) (1 original copy) | | Land owner (copy from City Assessor's Office) | | | |
| Memorandum of Agreement (If Property is intended for Community Mortgage Program (CMP) or other similar Socialized Housing Project) (1 photocopy) | | Land owner | | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------|------------------------------------|------------------------------------------------------------|
| 1.Land owner submits letter request with attached requirements to HCDRD. | 1.Receive letter request with complete documentary requirements. | None | 5 minutes | Receiving Officer Office of the Department Head Assistant |
| | 1.2 Documents duly reviewed and signed. | None | 2 days | Department Head Department HCDRD |
| 2.Get the requested copy of certification from the Releasing Officer, Office of the Department Head. | 2.Release copy of certification. | None | 5 minutes | Releasing Officer Office of the Department Head |
| | TOTAL: | None | 2 Days 0 Hour(s), 10 minutes | |
| Issuance Of Clearance / Certification For Tax Exemption Purposes Of Lots Involving Socialized Housing/Occupied By Informal Settler Families (ISF) – Subject Property Is Already Identified As Fully Occupied By Informal Settlers | Simple Transaction | n | | |



10. ISSUANCE OF CLEARANCE / CERTIFICATION FOR IDLE LANDTAX EXEMPTION PURPOSES OF LOTS INVOLVING SOCIALIZED HOUSING/OCCUPIED BY INFORMAL SETTLER FAMILIES (ISF)—Subject Property needs Site Inspection/Verification

Issues or releases certification/s to landowners indicating that their property/ies is/are fully occupied by ISFs as a requirement for exemption from the imposition of idle land tax.

| Office or Division: | Office of the Depar | rtment Head | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------|--|--|
| Classification: | Complex Transaction | on . | | |
| Type of Transaction: | G2C – Government | to Citizen | | |
| Who may avail: | Landowners whose | property is fully occupied by ISF's | | |
| CHECKLIST OF R | REQUIREMENTS WHERE TO SECURE | | | |
| Letter Request (1 origin | nal copy) | Land owner | | |
| Title (1 photocopy) | | Land owner (copy from Register of Deeds) | | |
| Tax Declaration (1 phot | тосору) | Land owner (copy from City Assessor's Office) | | |
| Vicinity Map / Location Plan (1 photocopy) | | Land owner | | |
| Tax Map (1 original copy) | | Land owner (copy from City Assessor's Office) | | |
| Memorandum of Agreement (If Property is intended for Community Mortgage Program (CMP) or other similar Socialized Housing Project) (1 photocopy) | | Land owner | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------|-------------------------------------------------------------------------------------------|
| 1.Landowner submits letter request and requirements | Receive letter request and checks if required documents are attached | None | 5 minutes | Receiving Officer Office of the Department Head |
| | 1.1 Conduct verification /site inspection of the subject property whether or not the subject property is fully occupied by Informal Settlers If identified, shall issue a certification If not, a letter reply will be provided for the client's information | None | 5 days | Housing and Homesite Regulation Officer II Technical Section Census and Planning Division |
| | 1.2 Documents duly reviewed and signed. | None | 2 days | Assistant Department Head Department HCDRD |
| 2.Get the requested copy of certification from Releasing Officer, Office of the Department Head | 2.Release copy of certification | None | 5 minutes | Releasing Officer Office of the Department Head |
| | TOTAL: | None | 7 days, 0 Hour(s), 10 minutes | |
| Issuance Of Clearance / Certification For Tax Exemption Purposes Of Lots Involving Socialized Housing/Occupied By Informal Settler Families (ISF)— Subject Property | Complex Transacti | ion | | |

| leeds Site | |
|---------------------|--|
| spection/Verificati | |
| | |
| | |



11. PROVIDE ASSISTANCE TO COMMUNITY ASSOCIATIONS/INDIVIDUAL, LANDOWNER OR OTHER SECTORS OF SOCIETY / GOVERNMENT INSTITUTIONS IN ACCORDANCE WITH R.A. 7279

The HCDRD through the Community Development Section initiates the set-up of community organizations in the depressed/blighted areas to bring greater social awareness and participation. Likewise, the section provides assistance to an individual, community associations, landowners or other sectors of society, act on their requests and queries in accordance with Republic Act 7279.

| Office or Division: | Community Develo | opment Section under Housing and sion | | |
|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|--|--|
| Classification: | Qualified for Multi-Stage Processing | | | |
| Type of Transaction: | G2C - Government to Citizen ; G2G - Government to Government | | | |
| Who may avail: | Clients whose concerns are within the mandate / jurisdiction of this Department | | | |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | | |
| Request letter with comcircumstances, address number with attached of | and contact | Client | | |

| CLIENT STEPS | AGENCY | FEES TO | PROCESSING | PERSON |
|---------------------------------------------------------------------------------|-----------------------------|---------|------------|-------------------------------------------------------------|
| | ACTIONS | BE PAID | TIME | RESPONSIBLE |
| Submit letter request with attached documents to Community Development Section. | 1.Receive Letter Request | None | 15 minutes | Community Development Officer Community Development Section |

| 2.Report to Community Development Officer for further case review | 2.Conduct Preliminary Investigation | None | 2 days | Community Development Officer Community Development Section |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------|------|--------|--------------------------------------------------------------------------|
| | 2.1 Conduct Ocular Inspection | None | 1 day | Community Development Officer Community Development Section |
| | 2.2 Prepare invitations to concerned parties for a meeting subject to confirmation | None | 2 days | Community Development Officer Community Development Section |
| | 2.3 Conduct meetings with concerned parties | None | 3 days | Community Development. Officer Community Development Section |
| | 2.4 Review and analyze the situation | None | 2 days | Section Head Community Development Officer Community Development Section |

| 3.Attend consultation and arbitration meetings at the area or HCDRD Conference Room. | 3.Prepare Reports and Recommendations based on the submitted investigation report. | None | 10 days | Section Head / Community Development Officer Community Development Section |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-------------|--------------------------------------|----------------------------------------------------------------------------|
| 4.Attend final meeting for the preparation of final report at the area | 4.Submit Final Report of Action Taken | None | 5 days | Section Head/ Community Development Officer Community Development Section |
| | TOTAL: | None | 26 days, 0 Hour(s), 15 minutes | |
| Provide Assistance to Community Associations/Individ ual, Landowner or Other Sectors of Society/Government Institutions in accordance with RA 7279. | Qualified for Multi- | Stage Proce | essing | |

12. RECEIVE COMPLAINTS/REPORTS AND PROVIDE APPROPRIATE ACTION IN ACCORDANCE WITH IRR PURSUANT TO ORDINANCE NO. SP-2444-SERIES OF 2015 AND LOCAL GOVERNMENT CODE OF 1991.

The Department acts on the complaints or reports relative to non-compliance with City Ordinance SP-2444 Series of 2015 either by personal delivery or through e-mail.

| Office or Division: | Legal Support Group under the Office of the Department Head | | |
|------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--|
| Classification: | Highly Technical Transaction | | |
| Type of Transaction: | G2C - Government to Citizen | | |
| Who may avail: | (As per Section 5 Rule III- Implementing Rules and Regulations Pursuant to Ordinance No. SP -2444 Series of 2015) At the Instance of any interested person/s and/or duly authorized representative/s of a beneficiary Homeowner's Association. | | |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | |
| Complaint/ report (either by personal delivery or through email at email address: HCDRD@quezoncity.gov.ph) (1 original copy) | | Client | |
| Documentary Evidence (1 original copy) | | Client | |
| Investigation Report duly signed by authorized and/or concerned HOA officer (1 original copy) | | | |
| authorized and/or conc | | HOA of Client | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|------------------------------------------------------------------------------------------------------|
| 1. Any interested person/s and/or duly authorized representative/s of a beneficiary Homeowner's Association-submits | 1.Accepts the complaint/report and makes preliminary assessment/ verification thereof. | None | 5 days | HCDRD Committee (IRR pursuant to Ordinance SP – 2444 Series of 2015) HCDRD Legal Support Group HCDRD |
| complaint/ report. | 1.1 Submits to the City Legal Department the complaint and all relevant documents thereto, together with the preliminary findings, for resolution and/ or appropriate legal action/s. (copy furnished the parties concerned) | None | 1 day | |
| | TOTAL: | None | 6 days | |
| Receive Complaints/F provide appropriate a accordance with IRR Ordinance No. SP-244 and Local Governmen | ction in Pursuant to 14 Series of 2015 | | es of 2015 and Lo | ity Ordinance SP- cal Government |



13. RELOCATION AND RESETTLEMENT PROGRAM

The program that relocates and resettles persons and other informal settler families (ISFs) living in danger areas. The HCDRD shall, prior to relocation, ensure the availability of a relocation or resettlement site that is compliant with the requirement of existing laws.

| Office or Division: | Community Development Section under Housing and Resettlement Division | | | |
|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|--------------------------------------|--------------------|-----------------------|
| Classification: | Qualified for Multi-S | Qualified for Multi-Stage Processing | | |
| Type of Transaction: | G2C - Government | to Citizen ; G | 2G- Government | to Government |
| Who may avail: | Informal Settler Families in Quezon City | | | |
| CHECKLIST OF R | EQUIREMENTS | WHERE TO SECURE | | |
| Letter request (1 original copy) | | Client | | |
| Valid ID (Any Government Issued Identification Card) 1 photocopy (to present original copy) | | BIR, Post O IBIG | ffice, DFA, PSA, S | SSS, GSIS, Pag- |
| Investigation Report and Other Required Documents (1 original copy) | | HCDRD-Community Development Section | | ment Section |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| | 7.0110110 | | | |

| CLIENT STEPS | AGENCY | FEES TO | PROCESSING | PERSON |
|--------------------------------------------------------------------------------------|----------------------------------------------------------|---------|------------|-------------------------------------------------------------|
| | ACTIONS | BE PAID | TIME | RESPONSIBLE |
| 1.Submit letter request with attached requirements to Community Development Section. | Receive letter request and checks attached requirements. | None | 5 minutes | Community Development Officer Community Development Section |

| Relocation and Resettlement Program | Service is cove | | A 7279;Qualifie cessing. | d for Multi-stage |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------|-------------------------------------|--------------------------------------------------------------------------------------|
| | TOTAL: | None | 36 days, 0 Hour(s), 5 minutes | |
| 5.Attend orientation and receive schedule of actual relocation at the area or HCDRD Conference Room. | 5.Guide the client and implement the selection of beneficiaries as per NHA qualification. | None | 10 days | Community Development Officer Community Development Section |
| | 4.1Endorse the list and requirements for pre- qualification of data to NHA | None | 10 days | Department Head Assistant Department Head HCDRD Section Head Community Devt. Section |
| 4.Attend pre- relocation seminar at the site or at Barangay. | 4. Conduct pre- relocation seminar at the site or at Barangay. | None | 1 day | Community Development Officer Community Development Section |
| 3.Submit the list of relocation requirements to HCDRD front desk | 3.Submit Report from Development Officer assigned based on the investigation report submitted. | None | 10 days | Community Development Officer Community Development Section |
| 2.Attend consultation meetings / Social Preparation at the site or at Barangay. | 2.Assigned Development Officer initiates series of meetings and dialogues in compliance with Republic Act 7279. | None | 5 days | Community Development Officer Community Development Section |



HOUSING COMMUNITY DEVELOPMENT AND RESETTLEMENT DEPARTMENT

INTERNAL SERVICES



1. ACCEPTING APPLICATIONS FOR AVAILABLE POSITIONS

The Department through the Administrative Division accepts applications for available vacant positions in accordance with existing rules and regulations of the government.

| Office or Division: | Administrative Division | | | |
|----------------------------------------|-------------------------|--------------------------------------------|--|--|
| Classification: | Simple Transaction | Simple Transaction | | |
| Type of Transaction: | G2C - Government | to Citizen; G2G – Government to Government | | |
| Who may avail: | Applicants for vacar | nt position, HCDRD Employees | | |
| CHECKLIST OF REQU | JIREMENTS | WHERE TO SECURE | | |
| Applicants for availab | le positions | | | |
| Accomplished Personal Data Sheet (PDS) | | Client (Applicant) | | |
| Certificates of Relevant Trainings | | Agency that conducts training | | |
| Diploma | | Universities/ Colleges/ Schools | | |
| Transcript of Record | | Universities/ Colleges/ Schools | | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------|-------------------------------------------------------------------------------|
| Submit application with requirements. | Evaluate applicant's documents. 1.1Undergo | None None | 1 hour 2 hours | Administrative Officer V Administrative Division Administrative |
| | examination and interview. | rvene | 2 noard | Officer V Chief Administrative Officer Administrative Division |
| | 1.2 Prepare recommendation and endorsement to the Assistant Department Head/Department Head for final assessment. | None | 1 day | Administrative Officer V Chief Administrative Officer Administrative Division |
| 2.Follow up results of examinations and assessment. | 2. Inform applicant/s status of application. | None | 15 minutes | Administrative Officer V Chief Administrative Officer Administrative Division |
| | 2.1 Forward considered application/s to the Human Resource and Management Department for approval of the City Mayor. | None | 1 day | Administrative Officer V Chief Administrative Officer Administrative Division |
| | TOTAL: | None | 2 days; 3 hours; 15 minutes | |
| Accepting Applications For Available Positions | Simple Transaction | n | | |



2. ACCEPTING APPLICATIONS FOR LEAVE

The Department through its Administrative Division accepts application for leave submitted by employees with necessary attachments relative to reasons for filing.

| Office or Division: | Administrative Division | | | | |
|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Classification: | Simple Transaction | Simple Transaction | | | |
| Type of Transaction: | G2G - Government to Government | | | | |
| Who may avail: | HCDRD Employees | i | | | |
| CHECKLIST OF REQU | JIREMENTS | | WHERE TO SE | CURE | |
| Vacation Leave: Accor | mplished Leave | HCDRD Ad | HCDRD Administrative Division | | |
| Sick Leave: Accomplise (medical certificate if ne | | HCDRD Ad | ministrative Divisi | on | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE | |
| 1. Submit accomplished application for leave with requirements. | 1. Accept accomplished application for leave with the requirements. 1.1 Transmit to the Office of the Assistant Department Head and Department Head for approval. | None | 5 minutes 15 minutes | Administrative Assistant Administrative Officer V Administrative Division Administrative Officer V Chief Administrative Officer Administrative Division | |
| | 1.2 Attach approved leave application in attendance monitoring report. | None | 2 minutes | Administrative Assistant Administrative Officer V | |
| | TOTAL: | None | 22 minutes | | |
| Accepting Applications For Leave | Simple Transaction | n | | 1 | |

3. ACCEPTING APPLICATIONS FOR RETIREMENT

The Department through its Administrative Division shall accept the requirements to process retirement benefits of employees in accordance with existing rules and regulations of the government.



| Office or Division: | Administrative Division |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Classification: | Simple Transaction |
| Type of Transaction: | G2G - Government to Government |
| Who may avail: | HCDRD Retirable Employees |
| Checklist of Requirements | Where to Secure |
| Endorsement / Transmittal Letter | HCDRD Administrative Division |
| Application form for retirement (GSIS Form) | GSIS. Human Resource Management Department, HCDRD Administrative Division |
| Certification of No Pending Administrative Case (City Legal) | City Legal Department |
| Ombudsman Clearance | Ombudsman |
| General Clearance | HCDRD Administrative Division |
| Office Clearance | HCDRD Administrative Division |
| Service Record from Human Resource Management Department indicating certification as to Leave without pay (LWOP) incurred during the period of employment. | Human Resource Management Department |
| For employee's with discrepancies in name and/or date of birth, an Authenticated Certificate of Live Birth (Birth Certificate) | Philippine Statistics Authority |
| Declaration of Pendency/Non-Pendency | Human Resource Management Department, HCDRD Administrative Division |
| 4 ID Picture/ 2 Valid IDs | Applicant |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------|--------------------------------------------------|
| Submit application with requirements to the HCDRD Administrative | Evaluate and verify submitted documents. | | 1 hour | Administrative Officer V Administrative Division |
| Division. | 1.1 Submit complete documents to the Human Resource Management Department for further evaluation. and for transmittal to GSIS. | | 30 minutes | Administrative Staff Administrative Division |
| | TOTAL: | None | 0 day; 1 hour; 30 minutes | |
| Accepting Applications for Retirement | The service is covered by RA 10154 and Resolution No. 1302242. | | | |

4. ACCEPTING APPLICATIONS FOR TERMINAL LEAVE

The Department through the Administrative Division accepts application for Terminal Leave of employees who separates from government service by resignation or retirement.



| Office or Division: | Administrative Division |
|----------------------|-------------------------------------------------------------|
| Classification: | Simple Transaction |
| Type of Transaction: | G2G - Government to Government |
| Who may avail: | Retirable /Resigned/HCDRD Employees (Separated from Office) |

| CHECKLIST OF REQUIREMENTS | WHERE TO SECURE |
|-----------------------------------------------|---------------------------------------------------------------------------|
| General Clearance | HCDRD Administrative Division and other concerned offices |
| Office Clearance | HCDRD Administrative Division |
| Certificate of No Pending Case | City Legal Department |
| RTC/MTC/Prosecutor's Clearance | RTC/MTC/City Prosecutor's Office |
| Letter Application for retirement | Client (Applicant) |
| Certification of Leave Credits | HCDRD Administrative Division |
| Accomplished GSIS Form | GSIS. Human Resource Management Department, HCDRD Administrative Division |
| Service Record | Human Resource Management Department |
| Declaration of Pendency/Non-Pendency | Human Resource Management Department, HCDRD Administrative Division |
| ID Picture/Two Valid IDs | HCDRD Employee |
| GSIS Clearance | GSIS |
| Statement of Assets ,Liabilities and Networth | HCDRD Employee |
| Birth Certificate | PSA |
| Ombudsman Clearance | Office of the Ombudsman |
| Affidavit of Undertaking | HCDRD Employee |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1.Submit application with requirements. | 1. Accept application with complete requirements. 1.1 Transmit to Human Resource Management Department for appropriate action. | None | 1 hour 30 minutes | Administrative Officer V Chief Administrative Officer Administrative Division Administrative Officer V Chief Administrative Officer Administrative Officer Administrative Division |
| | TOTAL: | None | 0 day; 1 hour; 30minutes | |
| Accepting Applications For Terminal Leave | Simple Transaction | n | Communica | |



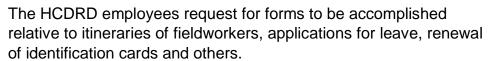
5. ISSUANCE OF CERTIFICATIONS NEEDED BY EMPLOYEES

The Department's workforce request for certifications with regard to employment, employment and compensation, attendance, office clearance and others.

| Office or Division: | Human Resource and Central Records Section under Administrative Division | | |
|---------------------------|--------------------------------------------------------------------------|---------------------------|--|
| Classification: | Simple Transaction | | |
| Type of Transaction: | G2G - Government to Government | | |
| Who may avail: | HCDRD Employees and other government offices | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| Employees | | | |
| None | | N/A | |
| Other government Offices | | | |
| Written Request | | From the requesting party | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|--------------------|---------------------------------|--------------------------------------------------------------------------------------------|
| Request for needed certification from the Administrative Division | 1. Give the log book to the client. 1.1Prepare the needed certification. | None None | 5 minutes 15 minutes | Administrative Staff Administrative Division Administrative Staff Administrative Division |
| 2. Receive requested certification from Administrative Division. | 2. Release the certification. | None | 10 minutes | Chief Administrative Officer Administrative Officer V Administrative Division |
| | TOTAL: | None | 0day; 0 hour ; 30 minutes | |
| Issuance Of Certifications Needed By Employees | Simple Transaction | n | | |

6. ISSUANCE OF FORMS





| Office or Division: | Human Resource and Central Records Section under | | |
|----------------------|--------------------------------------------------|--|--|
| | Administrative Division | | |
| Classification: | Simple Transaction | | |
| Type of Transaction: | G2G- Government to Government | | |
| Who may avail: | HCDRD Employees. | | |

| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | | |
|-----------------------------------|--------------------------------|--------------------|---------------------------------------|-----------------------------------------------------------------------------------------|
| None | | N/A | | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
| 1. Request for a specific form/s. | 1.Give log book to the client. | None | 2 minutes | Administrative Staff Human Resource and Management Section/ Budget and Supplies Section |
| 2.Wait for the release of form/s. | 2. Issue requested forms. | None | 1 minute | Administrative Staff Human Resource and Management Section/ Budget and Supplies Section |
| | TOTAL: | None | 0 day; 0 hour; 4 minutes | |
| Issuance of Forms | Simple Transaction | n | | |



7. RELEASE COPY OR CERTIFIED TRUE COPY OF DOCUMENT/S

The Department through the Administrative Division attends to the request of the employees or other clients for issuance of a certified true copy of a document.

| Office or Division: | Human Resource and Central Records Section under Administrative Division | | |
|-------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------|--|
| Classification: | Simple Transaction | | |
| Type of Transaction: | G2G - Government to Government | | |
| Who may avail: | HCDRD Employees and other government offices. | | |
| CHECKLIST OF REQUIREMENTS | | WHERE TO SECURE | |
| None | | N/A | |
| In some cases client has a copy of a document which needs to be certified as a true copy. | | Client | |

| CLIENT STEPS | AGENCY ACTIONS | FEES TO BE PAID | PROCESSING TIME | PERSON RESPONSIBLE |
|-----------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------|-------------------------------------------------------------------------------|
| Request for a certified true copy of document at Administrative | 1. Give log book to the client. | None | 5 minutes | Administrative Staff Administrative Division |
| Division. | 1.1.Check, and verify with the original copy on file. | None | 15 minutes | Administrative Staff Administrative Division |
| | 1.2 Certify document as a true copy. | None | 3 minutes | Administrative Officer V Chief Administrative Officer Administrative Division |
| 2. Wait for the release of a certified true copy of document. | Release certified true copy of document. Documents released should be received by the requesting party | None | 5 minutes | Administrative Staff Administrative Division |
| | for file. | | | |
| | TOTAL: | None | 0 day; 0 hour; 28 minutes | |
| Release Copy Or Certified True Copy Of Document/S | Simple Transaction | 1 | 1 | |



Office or Division:



The Department through the Administrative Division provides the needed supplies of the workforce in the performance of day to day work assignments and activities.

Administrative Division

| Classification: | Simple Transaction | | | |
|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------|---------------------------------|-----------------------------------------------------------------------|
| Type of Transaction: | G2G - Government to Government | | | |
| Who may avail: | HCDRD Employees | | | |
| CHECKLIST OF REQU | QUIREMENTS WHERE TO SECURE | | | |
| List of Needed Supplies | 8 | Employee/S | Section Assigned | |
| CLIENT STEPS | AGENCY ACTIONS | FEES TO FROCESSING | | PERSON RESPONSIBLE |
| 1. Request for supplies. | 1.Give Supplies Record Folder to reflect supplies needed. | None | 5 minutes | Supply Officer Budget and Supply Section |
| | 1.1 Check availability of requested supplies and prepare for release upon approval of the Division Head. | None | 15 minutes | Supply Officer Chief Administrative Officer Budget and Supply Section |
| 2.Receive requested supplies | 2. Record names of recipient and the quantity of the released supplies. | None | 2 minutes | Supply Officer Budget and Supply Section |
| | TOTAL: | None | 0 day; 0 hour; 22 minutes | |
| Support Workforce By Providing Available Supplies. | Simple Transaction | n | | |

9. ISSUANCE OF CERTIFICATION

The Community Associations request for certification as requirement of the Department of Human Settlements and Urban Development (DHSUD) for accreditation.



| Office or Division: | Administrative Division |
|----------------------|-----------------------------|
| Classification: | Simple Transaction |
| Type of Transaction: | G2C - Government to Citizen |
| Who may avail: | Homeowner's Association |

| CHEC | KLIST OF REQUIREMENTS | WHERE TO SECURE |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| | etter of request to Mr. Ramon T. sprer, HCDRD Department Head | Client |
| | spection Report | Project Officer or Assigned Person |
| 3. Or from the state of the sta | riginal Sealed Copy of Certification om Barangay indicating that: ne requesting association is the only eighborhood Association existing in e area and being acknowledged by e Barangay. | Barangay Hall |
| the | e concerned Barangay | |
| | st of Officers and members with prresponding signature | Client |
| 5. Ta | ax mapping and Google map | Client |
| 6. El | ection of Minutes of the Meeting | Client |
| 7. Up | odated General Information Sheet | Client |
| | and Title or Tax Declaration (if ailable) | Register of Deeds |

| CLIENT STEPS | AGENCY | FEES TO | PROCESSING | PERSON |
|---------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------|------------|-----------------------------------------------------------------------------------|
| | ACTIONS | BE PAID | TIME | RESPONSIBLE |
| Request for Certification as requirement for accreditation to DHSUD | 1. Check/Review the documents submitted by the community associations 2. Encode/review the certification 3. Submit the certification to | None | 1 day | Supervising Administrative Officer Administrative Officer Asst. Department Head |

| | the Department Head for signature | | | Department Head |
|------------------------------------------|--------------------------------------------|------|-------------------------------|------------------------------------------|
| 2. Wait for the release of certification | Issue requested certification | none | 1 minute | Supervising Administrative Officer |
| | TOTAL: | None | 1 day; 0 hour; 1 minute | |
| Issuance of Certification | Simple Transaction | n | | |



HOUSING , COMMUNITY DEVELOPMENT AND RESETTLEMENT DEPARTMENT (HCDRD) 3rd Floor Civic Center Building C, Quezon City Hall,

Quezon City

Tel No. 988-42-42 local 8641; 8642; 8643; 8645; 8647; 8648; 7606

| FEEDBACK AND COMPLAINTS MECHANISM | | | |
|---------------------------------------|-----------------------------------------------------|--|--|
| How to send feedback | Please see below / attached | | |
| How feedbacks are processed | Please see below / attached | | |
| How to file a complaint | Please see below / attached | | |
| How complaints are processed | Please see below / attached | | |
| Contact Information of CCB, PCC, ARTA | 1-6565 8888 (02) 84785091, 84785091, 84785099 | | |



Client Feedback Form (PANANAW O PUNA)

| Please let us know how we have served you. You may use this for compliments, or suggestions for improvement of | | | | |
|----------------------------------------------------------------------------------------------------------------|----------------------|---------------|-------------|-------------------------|
| services. Simply check the corresponding | g box. | | | |
| (Ipaalam po ninyo sa amin kung paano na o mungkahi upang mapabuti pa ang serb | | | | a papuri, reklamo , |
| Suggestion (Mungkahi) | | Compliments | | Complaints (Reklamo) |
| Person/Unit Concerned or Involved: | | | | |
| Mga tao/tanggapan na may kaalaman sa | serbisyo, papuri,rek | lamo o mungka | hi | |
| Facts of details surrounding the incident: | | | | |
| (Kaganapan o detalyeng binabalot sa par | ngyayari) | | | |
| | | | | |
| Recommendation(s)Suggestion(s)/Desired Action from our Office | | | | |
| Rekomendasyon/Mungkahi/Nais na aksy | on mula sa aming ta | nggapan.) | | |
| | | | | |
| Name: (Optional) | | Office/Aç | | |
| Pangalan | | Tangga | oan/Ahensya | |
| *You can send through email | | | | |



COMPLAINTS

| Please indicate details of complaints/comments | |
|------------------------------------------------|--|
| | |
| | |
| Name of Client | |
| Contact Number | |

Redress Mechanism

A complaint against an officer or an employee after due investigation shall be given due course and the complaint must be in writing and sworn to by the complainant. The complaint which shall contain the following details may be filed anytime at the Office of the Department Head.

- 1. Full Name and Address of the Complainant
- 2. Full Name and Address of the person complained of as well as his position and office of employment (section or division to which he / she belongs)
- 3. A narration of the relevant and material facts, which shows the acts or omissions allegedly committed by the civil servant.
- 4. Certified true copies of documentary evidence and affidavits of his witnesses, if any, and in the absence of any one of the aforementioned requirements, the complaint shall be dismissed.

The complaint shall be in accordance with the uniform rules on administrative cases in the civil service.



| Office | Address | Contact Information |
|------------------------------------------------------------|-----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| HOUSING, COMMUNITY DEVELOPMENT AND RESETTLEMENT DEPARTMENT | 3 rd Floor Civic Center Bldg C. Quezon City Hall Compound, Quezon City | OFFICE OF THE DEPARTMENT HEAD Mr. Ramon T. Asprer City Government Department Head III Tel. No.8-988-4242 loc. 8641 OFFICE OF THE ASSISTANT DEPARTMENT HEAD Atty. Joselito V. Conejero Acting Assistant Department Head Housing and Homesite Regulation Officer VI Tel. No.8-988-4242 loc. 8643 ADMINISTRATIVE DIVISION Ms. Lorna N. Constantino Chief Administrative Officer Tel. No.8-988-4242 loc. 8645 Human Resource and Central Records Section Mr. Dennis M. Castro Administrative Officer V Tel. No.8-988-4242 loc. 8645 Budget and Supply Section Ms. Marites M. Miro Supervising Admin Officer / GAD Focal Person Tel. No.8-988-4242 loc. 8645 |

| Office | Address | Contact Information |
|--------|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | HOUSING AND RESETTLEMENT DIVISION |
| | | Atty. Joselito V. Conejero Acting Assistant Department Head / Housing and Homesite Regulation Officer VI Tel. No.8-988-4242 Loc. 8647 |
| | | Direct Sale Section Mr. Fernando Felipe Housing and Homesite Regulation Officer IV Tel. No.8-988-4242 Loc. 8648 |
| | | Community Mortgage Program Section Ms. Agnes L. Simon Housing and Homesite Regulation Officer V Tel. No.8-988-4242 Loc. 7606 |
| | | Community Development Section Atty. Joselito V. Conejero Acting Assistant Department Head / Housing and Homesite Regulation Officer VI Tel. No.8-988-4242 Loc. 7606 |

| Office | Address | Contact Information |
|--------|---------|------------------------------------------------------------------------------------------------------------------------------------------|
| | | SUPPORT SERVICES DIVISION |
| | | Ms. Mena N. Ocampo Housing and Homesite Regulation Officer VI Tel. No.8-988-4242 Loc. 8647 |
| | | Accounts Management and Monitoring Section |
| | | Ms.Marietta O.Cabajaan Housing and Homesite Regulation Officer II Tel. No.8-988-4242 Loc. 8648 |
| | | Basic Utilities and other Services Section Mr. Artemio Tolentino Housing and Homesite Regulation Officer IV Tel. No.8-988-4242 Loc. 8648 |
| | | |

| Office | Address | Contact Information |
|--------|---------|--------------------------------------------------------------------------------------------------------------------------|
| | | CENSUS AND PLANNING DIVISION |
| | | Mr. Joey F. Dela Rosa Housing and Homesite Regulation Officer VI Tel. No.8-988-4242 Loc. 8643 |
| | | Census Survey Section |
| | | Ms. Gemma G. Ingalla Housing and Homesite Regulation Officer V Tel. No.8-988-4242 Loc. 8643 |
| | | Technical Section Narciso M. Alvarado Housing and Homesite Regulation Officer V |
| | | Tel. No.8-988-4242 Loc. 8643 |
| | | Legal Support Group Ms. Diwata Elvira M. Mariano Housing and Homesite Regulation Officer IV Tel. No.8-988-4242 loc. 8641 |
| | | Management Information System Unit |
| | | Mr. Kerby N.Ensong Housing and Homesite Regulation Officer II HCDRD Website Focal Person |
| | | Tel. No.8-988-4242 loc. 8642 |