

**SWORN STATEMENTS OF ASSETS, LIABILITIES, AND NET WORTH,  
DISCLOSURE OF BUSINESS INTEREST AND FINANCIAL CONNECTIONS,  
AND IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE  
AS OF DECEMBER 31, \_\_\_\_\_**

(Required by R.A. No. 6713)

Name: \_\_\_\_\_ Position/ Income: \_\_\_\_\_  
Surname First Name M.I Office Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Spouse Name: \_\_\_\_\_ Position: \_\_\_\_\_  
Surname First Name M.I Office: \_\_\_\_\_

**Unmarried Children below 18 years of age:**

Name	Date of Birth

**A. ASSETS, LIABILITIES AND NET WORTH**

**1a. Real Properties**

Kind	Location	Year End Acquired	Mode of Acquisition	Assessed Value	Current Fair Market Value	Land Bldg, Etc.	Improvements

Total: P \_\_\_\_\_

**1b. Personal and other Properties**

Kind	Year Acquired	Acquisition Cost

Total: P \_\_\_\_\_

**2. LIABILITIES (Loans, mortgages, etc.)**

Loan	Name of Creditors	Amount

Total: P \_\_\_\_\_

**NETWORTH {Total Assets (1a + 1b) less  
Total Liabilities (2)}**

P \_\_\_\_\_

Note: Please use additional forms/ sheets if necessary

**B. BUSINESS INTEREST AND FINANCIAL CONDITIONS**

Do you have business interest and other financial connections including those of your spouse and unmarried children below 18 years of age, living with you in your household?

( ) Yes                      ( ) No                      if yes, give particulars

Name	Name of Firm/ Company	Address	Nature of Business And/ Or Financial Connection	Date of Acquisition

**C. IDENTIFICATION OF RELATIVES IN THE GOVERNMENT SERVICE**

Name	Position	Relationship	Name/Address of Office

I hereby verify to the best of the knowledge and information, that these are true statements of my assets, liabilities, networth business interest and financial connections including those of my spouse and unmarried children below 18 years of age and names of my relatives in the government as of \_\_\_\_\_ required by and in accordance with Republic Act 6713.

I hereby authorized the Ombudsman or his authorized representatives to obtain and secure from all appropriate government agencies, including the Bureau of Internal and financial connections, to include those of my spouse and unmarried children below 18 years of age living with me in my household covering previous years to include the years I first assumed office in the govern ment.  
Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Spouse  
TIN: \_\_\_\_\_

\_\_\_\_\_  
Signature  
TIN: \_\_\_\_\_

Comm. Cert. No. \_\_\_\_\_  
Issued at \_\_\_\_\_  
Issued on \_\_\_\_\_

Comm. Cert No. \_\_\_\_\_  
Issued at \_\_\_\_\_  
Issued on \_\_\_\_\_

SUBSCRIBE AND SWORN to before me this \_\_\_\_ day of \_\_\_\_\_  
Affiant exhibiting his Community Tax Certificate as indicated above

\_\_\_\_\_  
**(Person Administering Oath)**