2025 SALN Form
Per CSC Resolution No. 2500632
Promulgated on 25 June 2025

SWORN STATEMENT OF ASSETS, LIABILITIES, AND NET WORTH

(As required by R.A. No. 6713)

COMPLIANCE FOR:

❑ *Assumption of office as of* _____ ❑ *Annual filing as of December 31,* _____ ❑ *Exit as of* _____

DECLARANT:

_____
(Family Name) (First Name) (M.I.)

SPOUSE:

_____
(Family Name) (First Name) (M.I.)

POSITION: _____

AGENCY/OFFICE: _____

OFFICE ADDRESS: _____

POSITION: _____

AGENCY/OFFICE:[1] _____

OFFICE ADDRESS: _____

SPOUSES, WHO ARE BOTH PUBLIC OFFICIALS OR EMPLOYEES, MAY FILE THE SALN JOINTLY OR SEPARATELY. THE DECLARANT SHALL CHECK THE APPROPRIATE BOX

❑ *Joint Filing* ❑ *Separate Filing* ❑ *Not Applicable*

IF WITH MULTIPLE MARRIAGES, INDICATE NAME(S) OF SPOUSES, OTHERWISE CHECK THE "NOT APPLICABLE" BOX.

_____ ❑ *Not Applicable*

_____

UNMARRIED CHILDREN BELOW EIGHTEEN (18) YEARS OF AGE LIVING IN DECLARANT'S HOUSEHOLD

NAME OF CHILD	AGE

ASSETS, LIABILITIES AND NETWORTH[2]

(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)[3]

1. ASSETS

a. Real Properties

DESCRIPTION (e.g. lot, house and lot, condominium, and improvements)	KIND (e.g. residential, commercial, industrial, agricultural and mixed use)	EXACT LOCATION	ASSESSED VALUE (As found in the Tax Declaration of Real Property, if available)	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
					YEAR	MODE	

Subtotal: _____

b. Personal Properties

DESCRIPTION	ACQUISITION YEAR	ACQUISITION COST/ AMOUNT

[1] Position, Agency, and Address shall only be declared if the spouse is a public official or employee.
[2] Additional sheets may be used by the declarant, if necessary.
[3] Capital or paraphernal assets, and liabilities of the declarant's spouse, and properties of children below 18 years of age and living in the declarant's household shall be disclosed using the additional sheets provided.
[iv] *Balae* refers to the parent of one's son or daughter-in-law; *Bilas* refers to a brother-in-law's wife or sister-in-law's husband; *Inso* refers to the appellation for the wife of an elder brother or male cousin.

Subtotal:

TOTAL ASSETS:

Signature/ Initial of Declarant

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

NET WORTH: Total Assets less Total Liabilities = _____

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant /Declarant's spouse/ Unmarried Children Below Eighteen (18) years of Age Living in Declarant's Household)

❑ *I/We do not have any business interest or financial connection.*

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION

RELATIVES IN THE GOVERNMENT SERVICE

(Within the Fourth Degree of Consanguinity or Affinity. Include also Bilas, Balae and Inso[iv])

❑ *I/We do not know of any relative/s in the government service)*

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS

I hereby certify that these are true and correct statements of my assets, liabilities, net worth, business interests and financial connections, including those of my spouse and unmarried children below eighteen (18) years of age living in my household, and that to the best of my knowledge, the above-enumerated are names of my relatives in the government within the fourth civil degree of consanguinity or affinity.

I hereby authorize the Ombudsman or his/her duly authorized representative to obtain and secure from all appropriate government agencies, including the Bureau of Internal Revenue such documents that may show my assets, liabilities, net worth, business interests 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 year I first assumed office in government.

Date: _____

_____
Signature of Declarant

Government Issued ID: _____
ID No.: _____
Date Issued: _____

_____
Signature of Declarant

Government Issued ID: _____
ID No.: _____
Date Issued: _____

SUBSCRIBED AND SWORN to before me this ____ day of _, affiant exhibiting to me the above-stated government-issued identification card.

_____
(Person Administering Oath)