

SALN Review Form

Sworn Statement of Assets, Liabilities and Net Worth

Name: _____ Office: _____ Date: _____

- PAGE 1
- Indicate date: As of **31 December** _____
- Indicate if Joint Filing, Separate, or Not Applicable Indicate date: As of 31 December _____
- Correct name: _____
- If married, indicate name of spouse; if otherwise, indicate "**Not Applicable**"
- Indicate name, position and employer of spouse OR "**Not Applicable**"
- Exclude child aged above 18 years; if none/without, in "**Not Applicable**"
- Indicate exact location of Real Properties/Assessed Value/Current Fair Market Value

	<u>Real Properties</u>	<u>Personal Properties</u>	<u>Total Assets</u>	<u>Liabilities</u>	<u>Net Worth</u>
Revise Computation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complete Entries	<input type="checkbox"/>	Assessed Value <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate " Not Applicable "	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAGE 2 If none, check box and indicate "**Not Applicable**" for:

- Business Interests and Financial Connections Relatives in the Government Service
- Indicate date accomplished Declarant to sign Indicate ID details
- Indicate date subscribed and sworn to
- Signature of Spouse; otherwise Prepare written explanation why spouse can not sign
- Affix initials to all revised entry/entries
- Use revised SALN form and/or additional sheets if necessary
- > <https://goo.gl/RdMoaY> > <https://goo.gl/gyv75d>
- Other/s: _____

PLEASE REVIEW AND ENSURE THAT ALL ALTERATIONS ARE REFLECTED IN ALL COPIES BEFORE SUBMITTING.

Reviewed by: _____

Please return to HRAS/FAD on/or before: _____