SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of June, 2019

(Required by R.A. 6713)

DECLARANT:	CORALES	NIKKI	G.	POSITION:	Substitute Instructor
	(Family Name)	(First Name)	(M. I.)	AGENCY/OFFICE:	DTHM, Visayas State Univers
				OFFICE ADDRESS:	Baybay City, Leyte
DDRESS	Brgy. San Fe	rnando, Palo, I	Leyte		
SPOUSE:	NA			POSITION:	NA
	(Family Name)	(First Name)	(M. I.)	AGENCY/OFFICE:	NA
	(Family Name)	(First Name)	(M. I.)	AGENCY/OFFICE: OFFICE ADDRESS:	NA NA
UNMA					NA NA
UNMA				OFFICE ADDRESS:	NA RANT'S HOUSEHOLD
UNMA		BELOW EIGHTI		OFFICE ADDRESS: AGE LIVING IN DECLAR	NA RANT'S HOUSEHOLD
UNMA		BELOW EIGHTE		OFFICE ADDRESS: AGE LIVING IN DECLAR DATE OF BIR	NA RANT'S HOUSEHOLD TH AGE
UNMA		BELOW EIGHTE NAME NA		AGE LIVING IN DECLAR DATE OF BIR' NA	NA RANT'S HOUSEHOLD TH AGE

a. Real Properties*

DESCRIPTION	KIND	LOCATION	ASSESSED VALUE	FAIR MARKET VALUE	ACQU	SITION ACQUISITION COS	
(e.g. lot, house and lot condominium and improvements)			(As found in the Tax Declaration of Real Property)		YEAR	MODE	
NA	NA	NA	NA	NA	NA	NA	NA NA
NAMES TO VE	dugarano es	ngso avo n	ulii multwins	amevou ur	LIVes un	101 10 8 101	CHOTAIRES ARE D

ubtotal: P

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
Laptop	2015	15,000.00
Appliances (elctric fan, water heater, rice cooker)	2018	2,500.00
Clothing	2019	5,000.00
Shoes	2018-2019	1,500.00
Mobile Phone	2016	6,000.00

Subtotal: P 30,000.00

ETS (a + b): 30,000.00

TOTAL ASSETS (a + b):

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Regular Loan	Leyte Area Multi-Purpose Cooperative	10,000.00
Other Personal Loans	sisters, parents	20,000.00
SUBSTITUTE OF THE SUBSTITUTE O	MOMAT TTABITIMING	20,000,00

TOTAL LIABILITIES:

30,000.00

NETWORTH: Total Assets Less Total Liabilities = Page 1 of 2

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

(of Declarant/ Declarant's spouse/ Unmarried Children Below Eighteen(18) years of Age Living in Declarant 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
none	none	none	none
	vite(g)		63
	1. pr 1997		

RELATIVES IN THE GOVERNMENT SERVICE

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

☐ I/We do not know of any relautive/s in the government service.

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
Olga Corales-Ultra	sister	Asst. Prof. 1	UP Visayas Tacloban College
John Ultra	brother-in-law	Asst. Prof. 1	UP Visayas Tacloban College
Marvin Torrechiva	first cousin	Admin. Aide VI	Department of Health
Ginno Montilla	first cousin	Admin Assistant	Department of Health

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 relatives in the government within 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: Aug. 2	3, 2019 Dalge		
(Signature	of Declarant)	(Signature of Co-Declarar	nt/Spouse)
Government Issued	BIR TIN	Government Issued	4
ID No.:	738-461-322	ID No. :	
Date Issued:	6/25/2019	2 Pate Issued: AUG 2019	
SUBSCRIBED	AND SWORN to before me	this day of 29/19, affia	nt exhibiting to me the
above-stated govern	nment issued identification	card.	
		ATTY. RYSAN C. GUIN VSULEGAL OFFICER Person Administ	OCOR

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