Revised as of January 2015
Per CSC Resolution No. 1500088
Promulgated on January 23, 2015

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH
As of December 31, 2021
(Required by R.A. 6713)

Note: *Husband and wife who are both public officials and employees may file the required statements jointly or separately.*
☐ *Joint Filing* ☐ *Separate Filing* ☑ *Not Applicable*

DECLARANT:	**DIAZ**	**BENSON**	**S.**	**POSITION:**	Administrative Aide IV, Welder I
	(Family Name)	(First Name)	(M.I.)	**AGENCY/OFFICE:**	VSU
ADDRESS:	Candadam , Baybay City, Leyte			**OFFICE ADDRESS:**	Baybay City, Leyte
SPOUSE:	DIAZ	CHARITO	D.	**POSITION:**	House Wife
	(Family Name)	(First Name)	(M.I.)	**AGENCY/OFFICE:**	
				OFFICE ADDRESS:	

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

NAME	DATE OF BIRTH	AGE
Julius D. Diaz	July 2, 2003	18

ASSETS, LIABILITIES AND NETWORTH
(Including those of the spouse and unmarried children below eighteen (18) years of age living in declarant's household)

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)	CURRENT FAIR MARKET VALUE (As found in the Tax Declaration of Real Property)	ACQUISITION YEAR	ACQUISITION MODE	ACQUISITION COST
None							

Subtotal: —

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED		ACQUISITION COST/AMOUNT
Furniture, Appliances	2000 - 2021		50,000.00
Motorcycle	2021	Installment Bases	127,000.00

Subtotal : **177,000.00**

TOTAL ASSETS (a+b): 177,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
None		

TOTAL LIABILITIES: —

NET WORTH : Total Assets less Total Liabilities = **177,000.00**

* *Additional sheet/s may be used, if necessary.*

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
NONE			

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 relative/ s in the government service)*

NAME OF RELATIVE	RELATIONSHIP	POSITION	NAME OF AGENCY/OFFICE AND ADDRESS
NONE			

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: April 29, 2022

(Signature of Declarant)

Government Issued ID: PhilHealth
ID No.: 13-000103162-8
Date Issued:

(Signature of Co-Declarant/ Spouse)

Government Issued ID:
ID No.:
Date Issued:

29 APR 2022

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

ATTY: RYSAN C. GUINOCOR

(Person Administering Oath)