

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of December 31, 2019

(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:	TIU,	SANDRA	C.	POSITION:	Administrative Asst. III
	(Family Name)	(First Name)	(M. I.)	AGENCY/OFFICE:	Accounting Office
ADDRESS	807 M. L. QUEZON ST.			OFFICE ADDRESS:	Visayas State University
	BAYBAY CITY, LEYTE				Baybay City, Leyte
SPOUSE:	TIU,	EBIO	P.	POSITION:	NONE
	(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
NONE		

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 <small>(e.g. lot, house and lot condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial,</small>	EXACT LOCATION	ASSESSED VALUE	CURRENT FAIR MARKET VALUE	ACQUISITION		ACQUISITION COST
			<small>(As found in the Tax Declaration of Real Property)</small>		YEAR	MODE	
HOUSE IMPROVEMENTS		807 M.L. QUEZON ST., ZONE 7, BAYBAY CITY, LEYTE	220,000.00	180,000.00	2011-2019	CASH	180,000

Subtotal: P 180,000.00

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/ AMOUNT
Cash in Bank-PNB & LANDBANK	2019	20,000.00
Furnitures & Appliances	2011-2019	100,000.00
Jewelries	2015-2019	150,000.00

Subtotal: P 270,000.00

TOTAL ASSETS (a + b): 450,000.00

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE
Salary Loans	G S I S	187,000.00
	RURAL BANK OF HINDANG	150,000.00
	ST. BERNARD LENDING CORP.	56,000.00

TOTAL LIABILITIES: 393,000.00

NETWORTH : Total Assets Less Total Liabilities = 57,000.00

*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 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
N/A	N/A	N/A	N/A

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
MS. JUNE LILIA R. KIRONG	COUSIN	STATE AUDITOR IV	COA, VSU, BAYBAY CITY, LEYTE
ROSENDO CHIONG, III	NEPHEW	HEAD NURSE	CITY HEALTH OFFICE, BAYBAY
			CITY, LEYTE

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 : MAY 28, 2020


SANDRA C. TIW

(Signature of Declarant)


EBIO P. TIW

(Signature of Co-Declarant/Spouse)

Government Issued ID: VSU ID

ID No. : V000512

Date Issued: January 2, 2010

Government Issued ID: I SENIOR CITIZEN

ID No. : 2019-00878

Date Issued: October 11, 2019

28 MAY 2020

SUBSCRIBED AND SWORN to before me this ____ day of ____ 2020, affiant exhibiting to me the above-stated government issued identification card.


ATTY. RYM C. GUINOCOR

VSU OFFICE
(Person Administering Oath)