AFFIDAVIT OF FAMILY'S FINANCIAL CAPACITY

I, _____, with Learner's Reference Number (LRN)
(Name of Student Applicant)
_____)_____, a Filipino, [check one: ☐ **a minor represented by parent/guardian/** ☐ **of legal age**], and a resident of

_____,
(Address)
after having been duly sworn to in accordance with law, do hereby depose and state the following facts to support the declarations made in the application for the DepEd Senior High School Voucher Program (SHS VP):

I. STUDENT APPLICANT'S FATHER

Full Name:	
Civil Status:	*Tick [/] the option that applies.* ___ Single/Solo Parent ___ Married ___ Married, Separated ___ Widower ___ Annulled ___ Common-law/Live-in Partner ___ Unknown whereabouts
Source of Income:	*Tick [/] the option that applies.* ___ **Employment** ☐ Local ☐ Overseas Name of Employer: _____ ___ **Informal Employment** *(Tricycle/jeepney/pedicab driver, manicurist, barber, etc.)* Please specify: _____ ___ **Micro/small business** *(Sari-sari store, direct selling, etc.)* Please specify: _____ ___ **None**
Gross Monthly	

Income:	**₱**
Signature:	

II. STUDENT APPLICANT'S MOTHER

Full Name:	
Civil Status:	*Tick [/] the option that applies.* ___ Single/Solo Parent ___ Married ___ Married, Separated ___ Widower ___ Annulled ___ Common-law/Live-in Partner ___ Unknown whereabouts
Source of Income:	*Tick [/] the option that applies.* ___ **Employment** ☐ Local ☐ Overseas Name of Employer: _____ ___ **Informal Employment** *(Tricycle/jeepney/pedicab driver, manicurist, barber, etc.)* Please specify: _____ ___ **Micro/small business** *(Sari-sari store, direct selling, etc.)* Please specify: _____ ___ **None**
Gross Monthly Income:	**₱**
Signature:	

III. **STUDENT APPLICANT'S GUARDIAN** *(Leave blank if not applicable)*

Full Name:	
Civil Status:	*Tick [/] the option that applies.* ___ Single/Solo Parent ___ Married ___ Married, Separated ___ Widower ___ Annulled ___ Common-law/Live-in Partner ___ Unknown whereabouts
Source of Income:	*Tick [/] the option that applies.* ___ **Employment** ☐ Local ☐ Overseas Name of Employer: _____ ___ **Informal Employment** *(Tricycle/jeepney/pedicab driver, manicurist, barber, etc.)* Please specify: _____ ___ **Micro/small business** *(Sari-sari store, direct selling, etc.)* Please specify: _____ ___ **None**
Gross Monthly Income:	**₱**
Signature:	

IV. **PERSONS PROVIDING ADDITIONAL FINANCIAL SUPPORT FOR THE STUDENT APPLICANT'S EDUCATION, OTHER THAN THE PARENTS/GUARDIAN** *(Leave blank if not applicable)*

Full Name:	
Relationship to the applicant	☐ Relative ☐ Family Friend ☐ Benefactor/Sponsor

Amount of Financial Help (Monthly basis):	**₱**

I hereby confirm that I am aware that any willful, unlawful, and untruthful statement or falsehood upon material matters stated in this affidavit and/or required by this ESC and SHS VP application, as well as other violations of the Guidelines on Government Assistance and Subsidies (GAS) programs issued by DepEd, will disqualify/exclude the program applicant and may bar the learner from other subsidy programs provided by DepEd, without prejudice to applicable administrative and criminal remedies that may be pursued against me and/or all proper parties.

I am executing this affidavit to attest the truth of the foregoing facts and statements.

IN WITNESS WHEREOF. I have hereunto affixed my signature this _____ day of _____, _____ at _____, Philippines.

_____
Affiant

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____ at _____, Philippines. I hereby certify I have personally examined the above-named affiant, who confirmed to me that he/she voluntarily executed the above affidavit and understood the contents thereof.

Doc. No. _____
Page No. _____
Book No. _____
Series of _____