



Republic of the Philippines
Department of Education
REGION III
SCHOOLS DIVISION OF BULACAN

DIVISION MEMORANDUM
No. 60 s. 2025


SUBMISSION OF CY 2024 STATEMENT OF ASSETS AND LIABILITIES
AND NETWORTH (SALN)

To : Assistant Schools Division Superintendents
Division Chiefs
Education Program Supervisors
Division Unit Heads
Public Schools District Supervisors
Elementary, JHS and SHS Principals/OICs
All Others Concerned

1. In compliance to RA 6713 known as the Code of Conduct and Ethical Standards for Public Officials and Employees, this is to inform all teaching, teaching-related and non-teaching personnel of the submission of the Statement of Assets and Liabilities and Networth (SALN) for CY 2024.
2. Statement of Assets and Liabilities and Networth shall be accomplished following the schedule below:

Activity	Date	Personnel/Unit Involved
Submission to School/District	Until February 28, 2025	All Personnel
School/District checking & consolidation	March 03 to April 04, 2025	Administrative Officer II or Personnel In-charge
Submission to SDO	April 01 to 11, 2025	Records Unit
SDO Checking	April 14 to May 12, 2025	Personnel Unit
Submission to Ombudsman	May 15, 2025	SDO/Personnel Unit

3. All personnel are advised to take their oath administered before a Notary Public.
4. Use the attached SALN template. Please submit the consolidated SALN per district for elementary and per secondary school in alphabetical order in two (2) copies.
5. For information, dissemination, and strict compliance.


NORMA P. ESTEBAN, EdD, CESO V
Schools Division Superintendent

January 27, 2025



Address: Provincial Capitol Compound, Brgy. Guinhawa,
City of Malolos, Bulacan
Website: <https://bulacandeped.com>
Email: bulacan@deped.gov.ph

SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____
(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:

(Family Name)

(First Name)

(M.I.)

ADDRESS:

SPOUSE:

(Family Name)

(First Name)

(M.I.)

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

POSITION:

AGENCY/OFFICE:

OFFICE ADDRESS:

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

NAME	DATE OF BIRTH	AGE

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, agricultural and mixed use)</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	

Subtotal: _____

b. Personal Properties*

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

Subtotal : _____

TOTAL ASSETS (a+b): _____

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

2. LIABILITIES*

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

TOTAL LIABILITIES: _____

NET WORTH : Total Assets less Total Liabilities = _____

* 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

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

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: _____

(Signature of Declarant)

Government Issued ID: _____
ID No.: _____
Date Issued: _____

(Signature of Co-Declarant/ Spouse)

Government Issued ID: _____
ID No.: _____
Date Issued: _____

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

(Person Administering Oath)

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SWORN STATEMENT OF ASSETS, LIABILITIES AND NET WORTH

As of _____

(Sample additional sheet/s for the exclusive properties of the declarant’s spouse and unmarried children below eighteen (18) years of age living in declarant’s household)

NAME: _____

(Family Name) (First Name) (M.I.)

POSITION: _____

AGENCY/OFFICE: _____

ASSETS, LIABILITIES AND NET WORTH

1. ASSETS

a. Real Properties

DESCRIPTION <small>(e.g. lot, house and lot, condominium and improvements)</small>	KIND <small>(e.g. residential, commercial, industrial, agricultural and mixed use)</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	

b. Personal Properties

DESCRIPTION	YEAR ACQUIRED	ACQUISITION COST/AMOUNT

2. LIABILITIES

NATURE	NAME OF CREDITORS	OUTSTANDING BALANCE

BUSINESS INTERESTS AND FINANCIAL CONNECTIONS

NAME OF ENTITY/BUSINESS ENTERPRISE	BUSINESS ADDRESS	NATURE OF BUSINESS INTEREST &/OR FINANCIAL CONNECTION	DATE OF ACQUISITION OF INTEREST OR CONNECTION