

AFFIDAVIT OF FAMILY'S FINANCIAL CAPACITY¹

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

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

II. STUDENT APPLICANT'S MOTHER

Full Name	
Civil Status	Tick [/] the option that applies. <input type="checkbox"/> Single/ Solo Parent <input type="checkbox"/> Married <input type="checkbox"/> Married, Separated <input type="checkbox"/> Widower

¹An Affidavit of Family's Financial Capacity is a **REQUIRED** form or document for all ESC and SHS VP applications. This Affidavit **MAY** be accomplished by learner applicants who are below 18 years old at the time of submission of applications represented by parent/guardian or by learner applicants of legal age.



	<input type="checkbox"/> Annulled <input type="checkbox"/> Common-law / Live-in Partner <input type="checkbox"/> Unknown whereabouts
Source of Income	Tick [/] the option that applies. <input type="checkbox"/> Employment [<input type="checkbox"/>] Local [<input type="checkbox"/>] Overseas Name of Employer: _____ <input type="checkbox"/> Informal Employment (Tricycle/jeepney/pedicab driver, manicurist, barber, etc.) Please specify: _____ <input type="checkbox"/> Micro/small business (Sari-sari store, direct selling, etc.) Please specify: _____ <input type="checkbox"/> None
Gross Monthly Income	P _____
Signature	

III. STUDENT APPLICANT'S GUARDIAN (LEAVE BLANK IF NOT APPLICABLE)

Full Name	
Civil Status	Tick [/] the option that applies. <input type="checkbox"/> Single/ Solo Parent <input type="checkbox"/> Married <input type="checkbox"/> Married, Separated <input type="checkbox"/> Widower <input type="checkbox"/> Annulled <input type="checkbox"/> Common-law / Live-in Partner <input type="checkbox"/> Unknown whereabouts
Source of Income	Tick [/] the option that applies. <input type="checkbox"/> Employment [<input type="checkbox"/>] Local [<input type="checkbox"/>] Overseas Name of Employer: _____ <input type="checkbox"/> Informal Employment (Tricycle/jeepney/pedicab driver, manicurist, barber, etc.) Please specify: _____ <input type="checkbox"/> Micro/small business (Sari-sari store, direct selling, etc.) Please specify: _____ <input type="checkbox"/> None
Gross Monthly Income	P _____
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 _____, 2023 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 _____

