

Republic of the Philippines)
City/Municipality of _____) S.S.
Province of _____)

AFFIDAVIT OF TWO DISINTERESTED PERSONS

Contribution Penalty Condonation and Restructuring Program for Household Employers

We, _____ and _____, of legal
(Name) (Name)
ages with residence and postal address at _____,
(Address)
in accordance with law, do hereby depose and say- THAT:

1. We personally know _____, a Household Employer duly
(Name)
registered with the Social Security System (SSS), with Employer ID Number
_____, with Kasambahay/s duly hired on _____,
(Employer ID Number) (DD Month YYYY)
and residential address at _____.(Address)

2. As neighbors, we have personal knowledge of the Kasambahay/s,
_____ that was/were under the employ
(Name/s of Kasambahay)
of our neighbor and that his/her/their employment as Kasambahay/s was/were
terminated effective _____.
(DD Month YYYY)
This/These is/are the same Kasambahay/s who was/were the subject of nonpayment
of SS contributions.

3. We also have personal knowledge of the financial difficulty that our neighbor is
facing due to the pandemic/natural calamity/fire/burglary/death of their
breadwinner, who provides for the financial needs of the family.

4. We are aware if his/her obligation of the monthly remittances to the SSS for and
on behalf of the Kasambahay/s but was not able to remit because of the financial
difficulties that his/her family has experienced during the past years due to
_____ which is beyond his/her control.
(Reason/s of Financial Difficulty)

5. We are executing this affidavit to attest the truth of the above-mentioned facts
for all legal intents and purposes, it may serve.

AFFIANTS FURTHER SAYETH NAUGHT

Affiant

Affiant

SUBSCRIBED AND SWORN to before me this ___ day of _____, 20___, the affiants having shown to me their government issued identification card/s bearing the following details:

Name	Valid Proof of Identification	Date of Expiry/ Place of Issue

Notary Public

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