

# CERTIFICATION

(Homeowners/Condominium Association/Barangay)

## Contribution Penalty Condonation and Restructuring Program for Household Employers

### TO WHOM IT MAY CONCERN:

This is to certify that Mr./Mrs. \_\_\_\_\_ is a resident of \_\_\_\_\_  
(Name)  
\_\_\_\_\_ and a household employer, with  
(Name of the Subdivision/Condominium/Barangay)  
Employer ID Number \_\_\_\_\_ and residential address at  
(Employer ID Number)  
\_\_\_\_\_  
(Address)

This further certifies that the resident has suffered financial losses due to:

- pandemic
- natural calamity
- fire
- burglary
- death loss of household financial provider
- others: \_\_\_\_\_

Furthermore, the Kasambahay/s who is/are subject of non-payment/underpayment of contributions has/have been employed from \_\_\_\_\_ to \_\_\_\_\_.  
(MM-YYYY) (MM-YYYY)

This certification is issued based on the information provided by the household employer for whatever legal purpose this may serve.

Done this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, at \_\_\_\_\_, Philippines.

\_\_\_\_\_  
Signature Over Printed Name

\_\_\_\_\_  
Official Designation