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**CARPER LAD Form No. 30**

(Revised CARP-LAD Form No. 30)

Republic of the Philippines

**DEPARTMENT OF AGRARIAN REFORM**

Region No. 08

Province of Southern Leyte

Municipality of Sogod

**AGRARIAN REFORM BENEFICIARY (ARB) APPLICATION**

**ARB DEMOGRAPHIC PROFILE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **NAME OF ARB APPLICANT:** |  | |  | | | |  | | |  | | |
|  | **Surname** | | **Given Name** | | | | **Middle Name** | | | **Alias** | | |
| 1. **DATE OF BIRTH:** |  | | 1. **AGE:** | |  | |  | 1. **GENDER:** | | |  | |
|  |  |  | | |  | |  |  | | |  |  |
| 1. **POSTAL/PERMANENT ADDRESS:** |  | | |  | |  | | |  | | | |
|  | **Barangay** | | | **Municipality** | | **Province** | | | **Code Number** | | | |

1. **IMMEDIATE HOUSEHOLD MEMBERS’ PROFILE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SURNAME** | **GIVEN NAME** | **M.I.** | **AGE** | **RELATIONSHIP** | **EDUCATIONAL ATTAINMENT** | **SOURCE/S OF INCOME** | | | **MEMBERSHIP IN ORGANIZATION/S** |
| **FARM** | **NON-FARM** | **OFF-FARM** |
|  |  |  |  |  |  |  |  |  |  |
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**(Use Additional Sheet if Necessary)**

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**FARM PROFILE**

1. **FARM AND TENURE INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FARM NO.** | **NAME OF LANDOWNER/ ADMINISTRATOR**  **(Family Name,First Name, Middle Initial)** | **FARM LOCATION**  **(Municipality, Barangay)** | **AREA (has.)** | **LAND USE (MAJOR CROPS)** | **TENURIAL STATUS AND ARRANGEMENTS (Pls check applicable status)** | | | | | **YEAR TENURE WAS ESTAB-LISHED/**  **STARTED** |
| **LEASE RENTAL** | **SHARING ARRANGE-MENT** | **DAILY WAGE RATE AS REGULAR FRM-WRKER** | **DAILY WAGE RATE AS SEASONAL FARM-WORKER** | **OTHER OR AR-RANGE-MENTS** |
|  |  |  |  |  |  |  |  |  |  |  |
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1. **PRODUCTION PROFILE**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FARM NO.** | **CROPS PLANTED** | **Unit of Pro-**  **duction** | **AVERAGE PRODUCTION For the Past 3 Yrs** | | | **METHODS OF FARMING (Pls check)** | | |
| **\_\_\_\_\_\_\_**  **YEAR** | **\_\_\_\_\_\_\_**  **YEAR** | **\_\_\_\_\_\_\_**  **YEAR** | **TRADI-TIONAL** | **MECHA-NIZED** | **SEMI-MECHA-NIZED** |
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**9. PROFILE OF COMMERCIAL FARM/S OR PLANTATION/S**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **NAME OF FARM/COMPANY** | **LOCATION/POSTAL ADDRESS** | **TOTAL AREA (has.)** | **CROPS PLANTED** | **NUMBER OF:** | | |
| **Tenants** | **Lessees** | **Regular Farmworkers** |
|  |  |  |  |  |  |  |
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1. **EMPLOYMENT INFORMATION**

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| --- | --- | --- | --- | --- | --- | --- |
| **PRESENT STATUS**  **(i.e., Regular Farmworker, Seasonal Farmworker, etc.)** | **POSITION/**  **DESIGNATION**  **(i.e, Laborer, Farm Manager, Supervisor/Foreman, Kapatas, etc.)** | **PLACE OF ASSIGNMENT**  **(Farm Production, Factory/Processing Plant)** | **WORK ACTIVITIES INVOLVED IN** | **LENGTH OF SERVICE IN THE COMMERCIAL FARM/PLANTATION** | **Inclusive DATEs/YEAR EMPLOYED IN THE FARM COMPANY** | **DATE/YEAR TERMINATED**  **(i.e., retrenched, retired, resigned)** |
|  |  |  |  |  |  |  |

**CERTIFICATION:**

I hereby certify that all interview questions were asked in the local dialect and I have fully understood them. I also certify that I am willing and have the ability and capability to cultivate and make productive the land that will be awarded to me. I am aware that any material false declaration in the accomplishment of this form may adversely affect this application.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **INTERVIEWER**  (Signature Over Printed Name) |  |  |  | **ARB APPLICANT**  (Signature over Printer Name Or Thumbmark) |
|  |  |  |  |  |
| **DATE SIGNED** |  |  |  | **DATE SIGNED** |
|  |  |  |  |  |
| **WITNESS**  (Signature Over Printed Name) |  |  |  | **BARC CHAIRPERSON**  Signature Over Printed Name |
|  |  |  |  |  |
| **DATE SIGNED** |  |  |  | **DATE SIGNED** |

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**ADDITIONAL SHEET FOR IMMEDIATE HOUSEHOLD MEMBER’S PROFILE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SURNAME** | **GIVEN NAME** | **M.I.** | **AGE** | **RELATIONSHIP** | **EDUCATIONAL ATTAINMENT** | **SOURCE/S OF INCOME** | | | **MEMBERSHIP IN ORGANIZATION/S** |
| **FARM** | **NON-FARM** | **OFF-FARM** |
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: Put a big “X” in the row immediately after writing/typing/encoding the name of the last ARB in the list. Then put the words “NOTHING FOLLOWS”. Interviewer and respondent should initial this additional sheet.