



Republic of the Philippines
Department of Agrarian Reform

CARPER LAD Form No. 37-B

LAD-ARB CARDING FORM 1-A: Data Gathering Form
(please see instruction in filling-up the form)

- | | |
|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> New | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Validation | <input type="checkbox"/> Updating |

SCREENING QUESTION FOR RESPONDENT: Please check [✓] appropriate box.

<input type="checkbox"/> Title Holder		
<input type="checkbox"/> Spouse	1. Name (Last, First, Middle, Appellation)	
<input type="checkbox"/> Child	2. Reason/s for non-availability of the title holder	
<input type="checkbox"/> Other dependent/s		
<input type="checkbox"/> Others	1. Name (Last, First, Middle, Appellation)	
	2. Relation to title holder	
	3. Name of title holder (L, F, M, A)	
	4. Reason/s for non-availability of the title holder	

I. ARB PERSONAL PROFILE

ARB ID No.	Last Name	First Name	Middle Name	Appellation	Status (L - D) ^a
					<input type="checkbox"/> <input type="checkbox"/>
Address (house no., street name, barangay, municipality, province):					
Place of Birth (municipality, province)		Date of Birth (mm/dd/yyyy)	Age	Sex	Civil Status
					Blood Type

																					<i>(if available)</i>	
Religion			Indigenous Cultural Community Group					Number of Children and Dependent(s)					Tax Identification Number <i>(If any)</i>									
								Male		Female		Total										
Highest Educational Attainment		<input type="checkbox"/> A - Primary Level (1-4)					<input type="checkbox"/> E - High School Graduate					I - Others please specify <i>(e.g. cartilla, vocational, etc.):</i> _____ _____										
		<input type="checkbox"/> B - Intermediate Level (5-6)					<input type="checkbox"/> F - College Level															
		<input type="checkbox"/> C - Elementary graduate					<input type="checkbox"/> G - College Graduate															
		<input type="checkbox"/> D - High School Level					<input type="checkbox"/> H - Graduate Studies (masters/doctorate)															
Name of Spouse(s) <i>(Complete Name - First Name, Middle Initial, Last Name)</i>							Date of Birth <i>(mm/dd/yyyy)</i>			Age		Highest Educ. Attainment					Status (L - D) ⁶					
1.																	<input type="checkbox"/> <input type="checkbox"/>					
2.																	<input type="checkbox"/> <input type="checkbox"/>					
Name of Children and Dependent(s) <i>(Complete Name - First Name, Middle Initial, Last Name)</i>					Sex (M - F)		Date of Birth <i>(mm/dd/yyyy)</i>			Age		Relationship			Highest Educ. Attainment		Status (L - D) ⁶					
1.					<input type="checkbox"/> <input type="checkbox"/>												<input type="checkbox"/> <input type="checkbox"/>					
2.					<input type="checkbox"/> <input type="checkbox"/>												<input type="checkbox"/> <input type="checkbox"/>					
3.					<input type="checkbox"/> <input type="checkbox"/>												<input type="checkbox"/> <input type="checkbox"/>					
4.					<input type="checkbox"/> <input type="checkbox"/>												<input type="checkbox"/> <input type="checkbox"/>					

⁶ L – Living D – Deceased

II. LAND TENURE STATUS

Downloadable Forms at: www.dar.gov.ph free of charge

EPI/CLOA/ LH Serial No.	Period		Area (hectares)	Name	Relation to ARB	**** Type of Land Transaction	Date (yyyy/mm/dd)	Remarks (include date of transfer action if any)
	From	To						

**** refer to legend use in Item B - column on nature of land transaction

III. LAND AMORTIZATION

EPI/CLOA/LH Serial No.	Status				Remarks (e.g., date of full payment, date when payment stopped, and reasons why payment stopped)
	Fully paid	Started payment but stopped	On-going	No payment at all	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

IV. SOURCES OF ANNUAL ARB HOUSEHOLD INCOME

A. FARM				
Sources	Derived from EPI/CLOA/LH (PhP)	Derived from other Landholdings (PhP)	Annual Gross Income (PhP)	Remarks
Crop (major and minor)				
Livestock and Poultry				
Fishery/Fishpond				
Total (PhP)				

B. Non-farm (income derived from non-farm productive or rural industry activities e.g. weaving, tricycle, sari-sari store, welding etc.)						
Sources of income	Amount of average annual income generated (PhP)				Total Income (PhP)	Remarks
	ARB Title Holder	Spouse	Children	Other household		

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				members		

C. Off-farm <i>(income derived from working in other farms)</i>						
Sources of income	Amount of average annual income generated (PhP)				Total Income (PhP)	Remarks
	ARB Title Holder	Spouse	Children	Other household members		

V. MEMBERSHIP IN ORGANIZATION

Name of Organization	Type*	Address	Position	Inclusive Dates (from – to) <i>(yyyy/mm/dd - yyyy/mm/dd)</i>

***Typology** **(1) Cooperative** **(2) Irrigators Assn** **(3) Farmers Assn** **(4) Women's Org** **(5) Auto Savings** **(6) Federation** **(7) Other**

VI. ACCESS TO SUPPORT SERVICES *(For the last 3 years - **Provide additional sheet/s, if necessary)*

Type (Pls. check if services have been accessed)	
<input type="checkbox"/> Training ** (Please indicate/specify list of trainings attended - using the attached reference)	
<input type="checkbox"/> 1. Credit Assistance	5. Physical Infrastructures
<input type="checkbox"/> 2. Marketing Assistance	<input type="checkbox"/> • Farm to market road
<input type="checkbox"/> 3. Basic Social Services	<input type="checkbox"/> • Irrigation facilities
<input type="checkbox"/> • Health	<input type="checkbox"/> • Bridges
<input type="checkbox"/> • Potable water	<input type="checkbox"/> 6. Pre-post harvest facilities
<input type="checkbox"/> • Education	<input type="checkbox"/> 7. Livelihood assistance
<input type="checkbox"/> • Electricity	

Signature	Thumb Mark	PICTURE
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By EP/CLOA Holder	Left	Right	(1" X 1")
By Respondent			
- (by ARB Title Holder ONLY) -			

PREPARED BY		INDEXED BY		CHECKED BY		ENCODED BY	
Name & Signature	Date	Name & Signature	Date	Name & Signature	Date	Name & Signature	Date

Enumerator :

MARO :

SIGNATURE OVER PRINTED NAME

SIGNATURE OVER PRINTED NAME