PERSONAL FINANCIAL STATEMENT								
As of						20		
Complete this form for each another individual, record of are owned by the applicant	nly your por	tion of said	asset or lia	bility. Do no				
Name: Business Phone:								
Residence Address: Residence Phone:								
City, State & Zip Code:								
Asset	Liabilities							
Cash on Hand & in Banks	\$		Accounts Payable			\$		
Savings Accounts	\$		Notes Payable to Banks & Others (Describe in Section 1)			\$		
IRA or Retirement Accounts	\$		Installment Accounts (Auto)			\$		
Accounts & Notes Receivable	\$		Installment Accounts (Other)			\$		
Life Insurance Cash Surrender Value (Describe in Section 7)	\$		Loans on Life Insurance		\$			
Stocks & Bonds (Describe in Section 2)	\$		Mortgages on Real Estate (Describe in Section 3)			\$		
Real Estate (Describe in Section 3)	\$		Unpaid Taxes (Describe in Section 5)			\$		
Automobile - Present Value	\$		Other Liabilities (Describe in Section 6)			\$		
Other Personal Property (Describe in Section 4)	\$		TOTAL LIABILITIES			\$		
Other Assets (Describe in Section 4)	\$							
TOTAL ASSETS\$  Section 1 - Notes Payable to Banks and Others								
Name & Address of	•							
Noteholder(s)	Balance	Balance	Amount	Frequency		of Collateral		
Section 2 - Stocks & Bonds								
Name of Securities or Fund	Original Cost			Current Market Value				
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Section 3 - Real Estate Owned							
List each parcel separately. Use attachments if necessary.							
	Property A	Property B	Property C				
Type of Property							
2 d duana	ĺ						
Address	<del></del>		1				
Date Purchased	<del></del>		<u> </u>				
Original Cost	<del> </del>		<u> </u>				
Present Market Value	<del></del>		<u> </u>				
Current Mortgage Balance	i Oil Brossel Br	1 2 2 2 2 2 2					
Section	n 4 - Other Personal Pro	operty & Assets					
	Section 5 - Unpaid	Taxes	-				
	Section 6 - Other Lia	bilities					
	Section 7 - Life Insura	nce Held					
I certify that the above statements are t	rue and accurate as of	the stated date(s). These	e statements are made				
for the purpose of MBE/WBE/VBE certif	ication. I understand	that false statements may	y result in the				
forfeiture of certification and possible p	rosecution.						
Signature:		Date:					