



PERSONAL FINANCIAL STATEMENT

As of _____, 20____

Complete this form for each owner of the applicant firm. For any assets or liabilities that are jointly held with another individual, record only your portion of said asset or liability. Do not include assets and liabilities that are owned by the applicant firm. Do not include contingent liabilities.

Name: _____ Business Phone: _____

Residence Address: _____ Residence Phone: _____

Company's Legal Name: _____ Marital Status: Single Married

Assets		Liabilities	
Cash on Hand & in Banks	\$		
Savings Accounts	\$	Mortgages on Real Estate Other Than Primary Residence	\$
Investment Accounts	\$	Loans on Life Insurance	\$
Ownership in Other Businesses (Describe in Section 5)	\$	Other Liabilities (Describe in Section 6)	\$
Life Insurance (Cash Surrender Value)(Describe in Section 7)	\$	Notes payable to banks & others (Describe in Section 1)	\$
Stocks & Bonds (Describe in Section 2)	\$		\$
Value of Your Ownership Interest in Real Estate, Excluding Primary Residence (Describe in Section 3)	\$		\$
Amounts Owed to You	\$		\$
Personal Property and other Assets (Describe in Section 4)	\$	TOTAL LIABILITIES.....	\$
Assets Held in Trust	\$		
TOTAL ASSETS.....	\$		

Section 1 - Notes Payable to Banks and Others

Name & Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Payment Frequency	How Secured or Endorsed / Type of Collateral

Section 2 - Stocks & Bonds

Name of Securities or Fund	Original Cost	Current Market Value

Section 3 - Real Estate Owned

List each parcel separately. Use attachments if necessary.

Type of Property	Property A	Property B	Property C
Address			
Date Purchased			
Original Cost			
Tax Assessment Value			
Current Mortgage Balance			

Section 4 - Other Personal Property & Assets

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Section 5 - Ownership in Other Businesses

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Section 6 - Other Liabilities

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Section 7 - Life Insurance Held

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I certify that the above statements are true and accurate as of the stated date(s). These statements are made for the purpose of MBE/WBE/VBE certification. I understand that false statements may result in the forfeiture of certification and possible prosecution.

Signature:	Date:
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