Small Business Enter	rprise Program
Personal Financial	Statement

\odot	Personal Finance			
pace		As of	,	
Complete this form for each economically disa whose combined interest totals 51% or more, or the small business enterprise.				
Name	Business Phone			
Residence Address (As reported to the IRS) City, State & Zip	Residence Phone	Residence Phone		
Business Name of Applicant Firm				
Spouse's Full Name (Marital Status: Single, Married, Divorced, Unio	on)			
Assets	(Omit Cents)	Liabilities	(Omit Cents)	
Cash and Cash Equivalents	\$	Loan on Life Insurance (Complete Section 5)	\$	
Retirement Accounts (IRSs, 401Ks, 403Bs, Pensions, etc.) (Report full value minus tax and interest penalties that would apply if assets were distributed today) (Complete Section 3)	\$	Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$	
Brokerage, Investment Accounts	\$	Notes, Obligations on Personal Property (Complete Section 6)	\$	
Assets Held in Trust	\$	Notes & Accounts Payable to Banks and Others (Complete Section 2)	\$	
Loans to Shareholders & Other Receivables (Complete section 6)	\$	Other Liabilities (Complete Section 8)	\$	
Real Estate Excluding Primary Residence (Complete Section 4)	\$	Unpaid taxes (Complete Section 8)	\$	
Life Insurance (Cash Surrender Value Only) (Complete Section 5)	\$			
Other Personal Property and Assets (Complete Section 6)	\$			
Business Interests Other Than the Applicant Firm (Complete Section 7)	\$			
Total Assets	\$	Total Liabilities	\$	
		NET WORTH	\$	

Section 2. Notes Payable to Banks and Others (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.) Original Balance Name of Noteholder(s) Current Payment Frequency How Secured Balance Amount (monthly, etc.) or Endorsed Type of Collateral

Section 3. Brokerage and custodial accounts, stocks, bonds, retirement accounts. (Full Value) (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name of Security / Brokerage Account / Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value	

Section 4. Real Estate Owned (Including Primary Residence, Investment Properties, Personal Property Leased or Rented for Business Puposes, Farm Properties, or any Other Income Producing property.

(List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed).

	Primar	y Residence	Property B	Property C
Type of Property				
Address				
Date Acquired and Method of Acquisition (purchase, inherit, divorce, gift, etc.)				
Names on Deed				
Purchase Price				
Present Market Value				
Source of Market Valuation				
Name of all Mortgage Holders				
Mortgage Acc. # and balance (as of date of form)				
Equity line of credit balance				
Amount of Payment Per Month/Yea (Specify)	ar			
Section 5. Life Insurance Held beneficiaries).	(Give face amou	int and cash suri	render value of policies, name of	insurance company and
Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information

Section 6. Other Personal Property and Assets (Use attach	ments as necess	sary)			
Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Is this Asset insured?	Lien or Note amount and Terms of Payment	
Automobiles and Vehicles (including recreation vehicles, motorcycles, boats, etc.) Include personally owned vehicles that are leased or rented to businesses or other individuals.					
Household Coode / Jawalar					
Household Goods / Jewelry					
Other (List)					
Accounts and Notes Receivables					
Section 7. Value of Other Business Investments, Other Bus Sole Proprietorships, General Partners, Joint Ventures, Limited Lia				Corporations.	
Section 8. Other Liabilities and Unpaid Taxes (Describe)					
Section 9. Transfers of Assets: Have you within 2 years of					
domestic partner, relative, or entity in which you have an ownership or beneficial interest including a trust? Yes 🔲 No 🗌 If yes, describe					
I declare under penalty of perjury that the information provided in this personal net worth statement and supporting documents is complete, true and					
correct. I certify that no assets have been transferred to any beneficiary for less than fair market value in the last two years. I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government					
agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application and this personal net worth					
statement, and I authorize such agency to contact any entity named in the application or this personal financial statement, including the names banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the					
named firm's eligibility. I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract, which may be awarded; denial or revocation of certification; suspension and debarment; and for					
initiating action under federal and/or state law concerning false statemen			allon, suspens	sion and department, and for	
Signature (SBE Owner)	Dat	e:			
Notary: Subscribed and sworn to before me this	davi	of			
	day (Month		Year	
Signed:	Nota	ry Public in ar	nd for the		
County of: State	Nota	ry Seal:			
My commission expires:					