



Small Business Enterprise Program

Personal Net Worth Statement - As of _____

Complete this form for each proprietor(s), or stockholder(s) whose combined interest totals 51% or more of voting stock in the small business. If a question does not apply, write "N/A".

Name: _____ Phone: _____

Primary Address _____

City, State & Zip Code _____

Name of Firm _____

Assets	(Omit Cents)	Liabilities	(Omit Cents)
Cash on Hand and in Banks	\$	Loan on Life Insurance (Complete Section 5)	\$
Retirement Account (Complete Section 3)	\$	Mortgages on Real Estate - Excluding Primary Residence Debt (Complete Section 4)	\$
Brokerage, Investment Accounts (Complete Section 3)	\$	Notes, Obligations on Personal Property (Complete Section 6)	\$
Assets Held in Trust	\$	Notes Payable to Banks and Others (Complete Section 2)	\$
Loans from You to the Firm, Other Entities, Individuals, & 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)	\$		
Personal Property and Other Assets (Complete Section 6)	\$		
Business Interest Other than the Applicant Firm (Complete Section 7)	\$		
Total Assets	\$	Total Liabilities	\$
		Net Worth	\$

Section 2. Notes Payable to Banks and Others (Use additional pages if necessary)

Name of Noteholder(s)	Original Balance	Current Balance	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds (Use additional pages if necessary)

Name of Security / Brokerage Account / Retirement Account	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned (List each parcel separately – use additional pages if necessary).

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Names on Deed			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			

Section 5. Life Insurance Held (Use additional pages if necessary)

Insurance Company	Cash Surrender Amount	Loan on Policy Information	Beneficiaries

Section 6. Other Personal Property and Assets (Use additional pages if necessary)

Type of Property or Asset	Total Present Value	Amount of Liability (Balance)	Lien or Note amount and Terms of Payment

Section 7. Value of Other Business Investments, Other Businesses Owned (excluding applicant firm) Sole Proprietorships,

Section 8. Other Liabilities and Unpaid Taxes

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 statement, fraud or other applicable offenses.

Signature (Owner)

Date

NOTARY CERTIFICATE: (Insert applicable state acknowledgment, affirmation, or oath)