DISADVANTAGED BUSINESS ENTERPRISE (DBE)
DISTRICT DEPARTMENT OF TRANSPORTATION
PERSONAL NET WORTH STATEMENT

This form is to be completed by each person whose ownership and control is being relied upon for DBE certification by the applicant firm.

(*) Please attach extra sheets as necessary. Each attachment must be identified as part of this statement and signed.

Name:	Residence Telephone ( )
Residence Address:	
City, State & Zip Code:	Business Telephone ( )
Business Address:	
City, State & Zip Code:	Facsimile Number ( )

ASSETS*				LIABILITIES*			
	Dollars	Joint w/whom	Your %		Dollars	Joint w/whom	Your %
Cash on Hand & Banks	$			Accounts Payable	$		
Savings Accounts	$			Notes Payable to Banks & Others	$		
IRA / Retirement Accounts	$			Installment Account(auto)	$		
Accounts & Notes Receivable	$			Monthly Payments $	$		
Stocks & Bonds	$			Installment Account(other)	$		
Real Estate	$			Monthly Payments $	$		
Personal Residence	$			Mortgages on Real Estate	$		
Automobile (present value)	$			Personal Residence Mortgage	$		
Other Personal Property	$			Unpaid Taxes	$		
Other Assets	$			Other Liabilities	$		
TOTAL ASSETS	$			**TOTAL LIABILITIES**	$		
	NET WORTH (ASSETS - LIABILITIES)			$			

Section 1 * Notes Payable to Bank and Others

Names and Address of Noteholder(s)	Original Balance	Current Balance	Annual Payment Amount	Frequency & Amount	How Secured or Endorsed Type of Collateral

Section Stocks & Bonds 2* Stocks & Bonds

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
TOTAL					

Section 3* Real Estate Owned (List each parcel separately)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Payment Amount (annual)			
Mortgage Status			

Section 4* Other Personal Property and Other Assets: Describe if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency, household items, art & other collectibles, and personal effects

Section 5* Unpaid Taxes: Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.

Section 6* Other Liabilities: Describe in detail.

Section 7* Life Insurance Held: Give face amount and cash surrender value of policies - name of insurance company and beneficiaries.

I hereby authorize DDOT to make inquiries, as necessary, to verify the truth and accuracy of the information contained herein. Further, I declare, under penalty of perjury under the laws of the United States, that the foregoing information and information contained in attachments hereto, is true and accurate as of the stated date. These statements are made for the purpose of obtaining DDOT DBE Certification and possible participation on federally-assisted contracts. I understand false statements may result in my inability to obtain or continue DDOT DBE Certification and may result in criminal prosecution.

Print Name:	Social Security Number:
Signature:	Date:

Notary Public (print name): _____

Notary Public (signature): _____

(Notary Seal)

Sworn to before me this_____ day of _____, _____