

Certification of Social & Economic Disadvantage PERSONAL NET WORTH

Complete this form each disadvantaged individual that is an owner of a DBE or applicant firm. Personal assets and liabilities for that individual alone should be shown. Married individuals should show only his or her share of assets and liabilities held jointly or as community property with the individual's spouse.

Name	Business Phone ()
Residence Address	Residence Phone ()
City, State, & Zip Code	Fax
Business Name of Applicant	

DETERMINATION OF SOCIAL DISADVANTAGE

“Socially disadvantaged individuals are those who have been subjected to racial or ethnic prejudice or cultural bias within American Society because of their identities as members of groups and without regard to their individual qualities.”

I certify that I have read and understand the above statement. I further certify that I have experienced social disadvantage based on discrimination because of my: (mark all that apply) *(This statement is valid only when signed by the individual claiming social di disadvantage)*

_____ race _____ ethnicity _____ gender _____ other (Please explain on separate sheet)

Signature:	Owner/Title:
PERSONAL FINANCIAL STATEMENT	As of _____, 20_____

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash on hand & in Banks.....	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable	\$ _____
IRA, 401K, S.E.P., Keogh, or other		(Describe in Section 1)	
Retirement Account	\$ _____	Installment Account (Auto)	\$ _____
Accounts & Notes Receivable	\$ _____	Mo. Payments \$ _____	\$ _____
Life Insurance – Cash Surrender			
Value Only	\$ _____	Installment Account (Other)	\$ _____
(Complete Section 7)		Mo. Payments \$ _____	
Stocks and Bonds	\$ _____	Loan on Life Insurance	\$ _____
(Describe in Section 2)		Mortgages on Real Estate	\$ _____
Real Estate	\$ _____	(Describe in Section 3)	
(Describe in Section 3)		Unpaid Taxes	\$ _____
Automotive –Present Value	\$ _____	(Describe in Section 5)	
Other Personal Property	\$ _____	Other Liabilities	\$ _____
(Describe in Section 4)		(Describe in Section 6)	
Other Assets	\$ _____		
(Describe in Section 4)		Total Liabilities	\$ _____
Total Assets	\$ _____	Net Worth (Total Assets minus Total Liabilities)	

Source of Income		Contingent Liabilities	
Salary	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgements.....	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income (Describe Below)	\$ _____	Other Special Debt	\$ _____

Section 1. **Notes Payable to Bank and Others** (Use attachments if necessary. Each attachment must be identified as a part of this state – ment and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Indorsed (Type of Collateral)

Section 2. Stocks and Bonds (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value	Date of Quotation/Exchange	Total Value

Section 3. Real Estate Owned (List each parcel separately. Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)			
	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			

Section 4. **Other Personal Property and Other Assets.** (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe the delinquency).

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 authorize the State Highway and Transportation Department to verify the accuracy of the statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program at the State Highway and Transportation Department. I certify that to the best of my knowledge the information provided is true, accurate and complete.

Signature: _____ Date: _____ Social Security Number: _____

Date _____ Authorized Signature: _____

AFFIDAVIT NO. _____ Name (Print) _____

SWORN and subscribed before me by _____, of legal age, _____, _____, Resident of _____, occupation _____, marital status _____, known to me personally or whom I have identified by means of _____. In _____, Puerto Rico this _____ day of _____, 20 _____.
Indicate Id. # of / government issued Id.

Notary Public