



SMALL BUSINESS PROGRAM PERSONAL NET WORTH STATEMENT

(Must be completed by each owner. Make additional copies as necessary)

Complete a form for each partner who has 5% or more ownership in the company. An individual's personal net worth includes only his or her share of the assets held jointly or as community property with the individual's spouse.

Name	Date of Birth	Spouse's Name
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Residence Address	Residence Phone
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City, State & Zip Code

Business Name	Business Phone
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PERSONAL FINANCIAL STATEMENT

As of (Date) ____/____/_____, in determining net worth, **EXCLUDE** individual ownership interest in the applicant business and personal residence. If married use only ½ of marital assets. Round all numbers to the nearest dollar.

ASSETS		LIABILITIES	
Cash on hand and in bank	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable and Others (Describe in Section 1)	\$ _____
IRA or Other Retirement Account	\$ _____	Installment Account (Auto)	\$ _____
Accounts and Notes Receivable	\$ _____	Installment Account (Other)	\$ _____
Life insurance Cash Surrender Value Only (Complete Section 7)	\$ _____	Loan on Life Insurance	\$ _____
Stocks and Bonds (Describe in Section 2)	\$ _____	Mortgages on Real Estate (Exclude Business & Personal Residence)(Describe in Section 3)	\$ _____
Real Estate (Exclude Business & Personal Residence) (Describe in Section 3)	\$ _____	Unpaid Taxes (Describe in Section 5)	
Automobile(s) – Present Value	\$ _____	Other Liabilities (Describe in Section 6)	\$ _____
REQUIRED Other Personal Property (Ex: Furniture, Jewelry, etc...) (Describe in Section 4)	\$ _____	Total Liabilities	\$ _____
Other Assets (Describe in Section 4)	\$ _____	Net Worth (Total Assets minus Total Liabilities)	\$ _____
Total Assets	\$ _____		

Section 1. Notes payable to Bank and Others (Use attachments, if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Note Holders	Original Balance	Current Balance	Payment Amount	How Secured or Endorsed 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) NOTE: Must be within five (5) days of statement date.

Number of Shares	Name of Securities / Description	Registered Owner	Present Market Value

Section 3. Real Estate Owned. (Do not include your personal resident) 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 (SF) Single Family (MF) Multiple Family (L) Land / Acreage (C) Commercial / Industrial			
Form of Ownership (SP) Separate Property (CP) Community Property (JT) Joint Tenancy (TC) Tenants in Common			
Address			
Date Purchased			
Purchased Price			
Present Market Value			
Mortgage Balance			
All Other Mortgages / Liens (Include loans or equity lines of credit)			

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 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.)

Section 8. Transfer of Assets.

Have you, the individual claiming small business status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? ____YES ____NO

If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred, amount paid for the assets, the market value of the assets at the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions and may also exclude any transfers to an immediate family member for educational, medical or essential support purposes.

AFFIDAVIT OF CERTIFICATION

*This form must be signed and notarized for **EACH** owner*

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAWS.

I, _____ (full name printed), swear or affirm under penalty of law that I am (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statement submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm, as well as the ownership and affiliations thereof.

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 I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, 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 agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department of Transportation, METRO, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payment; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to METRO of any material change in the information contained in the original application within 30 calendar days of such change (e.g. ownership, change in Personal Net Worth, etc).

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.

I certify that I am the owner of the above-referenced firm seeking certification as a Small Business Enterprise. I further certify that my personal net worth (excluding personal residence and value of applicant's business) does not exceed \$1.32 million. I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Name _____

Signature _____

Executed on _____(Date)

The State of _____

County of _____

Before me, a Notary Public, on this day personally appeared _____ ,
known to me (or proved to me on the oath of) to be the person whose name is subscribed to the
forgoing instrument and acknowledged to me that he executed the same for the purpose and
consideration therein expressed.

Given under my hand and seal of office this _____ day of _____ A.D. 20_____.

Notary Public, State of _____

(PERSONALIZED SEAL)

(Print name of Notary Public here)

My commission expires the _____ day of 20_____.