

# MISSISSIPPI

Disadvantaged Business Enterprise Program

## UNIFIED CERTIFICATION APPLICATION



Under Sec. 26.107 of 49 CFR Part 26, dated February 2, 1999, if at any time, the Department or a recipient has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made false statements, the Department may initiate suspension or debarment proceedings against the person or firm under 49 CFR Part 31, Program Fraud and Civil Remedies, and/or refer the matter to the Department of Justice under 18 U.S.C. 1001.

**MAIL TO:**

Mississippi Department of Transportation  
Office of Civil Rights – DBE Liaison  
P.O. Box 1850  
Jackson, MS 39215-1850  
Phone: (601) 359-7466 Fax: (601) 576-4504  
[www.goMDOT.com](http://www.goMDOT.com)

# ROADMAP FOR APPLICANTS

## 1. Should I apply?

- a) Your firm must meet the following requirements to qualify as a Disadvantaged Business Enterprise (DBE) under 49 CFR Part 26. The Mississippi Unified Certification Program uses the following and supplemental roles to 49CFR Part 26.
  - ⇒ **Small Business Act 15 USCS, Section 637(a).**
  - ⇒ **Federal SBA Rules 13 CFR Part 121 and 124.**
- b) Firm is at least 51% owned and controlled by socially and economically disadvantage individuals.
- c) Firms and owners meet the requirements of Small Business Act 15 USCS, Section 637 (a) and Federal SBA Rules 13 CFR Part 121 and 124.
- d) Firms must be for profit.

**Note: All firms shall be subject to on-site review.**

If you are currently certified as a firm with:

☒ **Mississippi Development Authority (MDA)**

you may be eligible for a streamlined certification application process pursuant to MOU between the MDOT and the MDA. Under the MOU, the certifying agency to which you are applying will accept your current Mississippi Development Authority application package in lieu of requiring you to submit an entirely new application. You must still meet the requirements of Mississippi Unified Certification Program.

## 3. What documents must I submit with this application?

### ALL APPLICANTS

- \_\_\_ Work experience resumes that include places of ownership/employment and corresponding dates
- \_\_\_ Notarized Personal Net Worth Statement
- \_\_\_ Social & Economic Disadvantage Statement
- \_\_\_ Copy of personal tax returns as filed with IRS for the last 3 years.
- \_\_\_ Documented proof of contributions used to acquire ownership for each owner (e.g., both sides of cancelled checks)
- \_\_\_ Signed loan agreement and security agreements
- \_\_\_ Description of real estate
- \_\_\_ List of equipment leased and signed lease agreements
- \_\_\_ List of construction equipment and/or vehicles owned and titles/proof of ownership
- \_\_\_ Signed leases for office/storage space
- \_\_\_ End of Year Balance Sheets and Income Statements for the past 3 years (or life of firm if less than 3 years) (A new business must provide a current Balance Sheet.)
- \_\_\_ Copies of relevant licenses
- \_\_\_ DBE/MBE/WBE, SBA 8(a) or SDB Certifications or denials and decertification
- \_\_\_ Bank Authorization and Signatory cards
- \_\_\_ Schedule of salaries paid to all officers, managers, owners or directors of the firm (W-2's)

### SOLE PROPRIETORSHIP

- \_\_\_ Assumed name, fictitious name or other registration certificate from appropriate governmental agency

### PARTNERSHIP OR JOINT VENTURE

- \_\_\_ Original and any amended Partnership or Joint Venture Agreements
- \_\_\_ Assumed name, fictitious name or other registration.
- \_\_\_ Certificate from appropriate governmental agency, if applicable
- \_\_\_ Partnership tax returns as filed with IRS for last 3 years

### CORPORATION or LLC

- \_\_\_ Official Articles of Incorporation (signed by the state official)
- \_\_\_ Both side of all Corporate Stock Certificates and Stock.
- \_\_\_ Transfer Ledger
- \_\_\_ Copy of corporate tax returns as filed with IRS for the last 3 years.
- \_\_\_ Shareholder Agreement
- \_\_\_ Minutes of all stockholders meetings
- \_\_\_ Minutes of all Board of Directors meetings
- \_\_\_ Corporate By-laws
- \_\_\_ Corporate Amendments to the By-laws.

⇒ **NOTE: Mississippi Unified Certification Program reserves the right to request additional documentation.**

⇒ **Where can I find more information?**

Visit [www.goMDOT.com](http://www.goMDOT.com) or contact MDOT Office of Civil Rights, at (601) 359-7466, or Mississippi Transit Authority, Shirley Wilson (601) 359-7800, or MDOT Aeronautics Division, Elton Jay (601) 359-7850 or your local FAA or FTA Offices.

## Section 1: CERTIFICATION INFORMATION

### 1. Prior/Other Certifications.

(a) Is your firm currently certified for any of the following programs? <i>(If Yes, attach a copy of your certification(s))</i>	<input type="checkbox"/> DBE <input type="checkbox"/> WBE <input type="checkbox"/> MBE  <input type="checkbox"/> 8(a) <input type="checkbox"/> SDB	Name of certifying agency: _____ Has this firm's home state conducted an on-site visit? <input type="checkbox"/> Yes, on ___/___/____ <input type="checkbox"/> No
(b) Has your firm applied for certification for any program listed in 1(a) in the past? <input type="checkbox"/> Yes, on ___/___/____ <input type="checkbox"/> No If Yes, identify: Other names your company has used: _____ Identification and certification numbers: _____		
(c) Has this firm or any of its owners, Board of Directors, officers or management personnel been denied certification or been decertified before by any agency in any state, local or Federal entity? <input type="checkbox"/> Yes, on ___/___/____ <input type="checkbox"/> No If Yes, identify State and name of agency: _____		

## Section 2: GENERAL INFORMATION

### 2. Contact Information.

Contact person:		Legal name of firm:		
Phone #.:	Cell #:	Fax #:		
E-mail:		Web site:		
Street address of firm: <i>(No P.O. Box #)</i>				
Mailing address of firm:	City:	County:	State:	Zip:

### 3. Business Profile.

Primary nature of business/NAICS code:		Federal Tax ID:		
Applicant's Social Security number:				
This firm was established on ___/___/____		I (we) have owned this firm since: ___/___/____		
Did the business exist under a different type of ownership prior to the date indicated above? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain.				
Method of acquisition <i>(Check all that apply.)</i> :				
<input type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input type="checkbox"/> Other <i>(Explain.)</i> _____				
Has this firm operated under a different name during the past five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain.				
Has this firm applied for reorganization under Chapter 11 and/or liquidation under Chapter 7, within the last 3 years? <i>(If Yes, provide court papers.)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Type of firm <i>(Check all applicable.)</i> :				
<input type="checkbox"/> Sole proprietorship <i>(Provide a copy of the assumed name certificate or see Road Map for Applicants.)</i> <input type="checkbox"/> Partnership <i>(Provide copies of all partnership agreements and the assumed name certificate.)</i> <input type="checkbox"/> Corporation <i>(Provide Articles of Incorporation, copies of the stock certificates (both sides), Stock Transfer Ledger, Shareholders' Agreement, all minutes of the shareholders' meetings and Board of Directors' meetings, the Corporate Bylaws and Bylaw Amendments (if applicable), the Corporate Bank Resolution and Bank Signature Cards.)</i> <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other				
Number of employees: Permanent Full-time _____		Temporary Full-time _____		Seasonal Full-time _____
Permanent Part-time _____		Temporary Part-time _____		Seasonal Part-time _____
Where do you obtain seasonal employees? _____				
Does your firm directly pay, in its own name, all its employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, explain.				
Specify the gross receipts of the firm for the last 3 years:		Year ending _____		Total receipts
\$ _____		Year ending _____		Total receipts
<i>(Attach copies of full tax returns for each year.)</i>		Year ending _____		Total receipts
\$ _____		Year ending _____		Total receipts
\$ _____		Year ending _____		Total receipts

### Section 3: OWNERSHIP

**4. Identify all individuals or holding companies with any ownership interest. List their cash, equipment and/or real estate and/or other investment in the firm and attach the documentation of the source of these investments. (Attach work experience resumes of each person. If more than three owners, attach a separate sheet for that owners information.)**

#### First Person

Name:		Title:		Home Phone #:	
Home Address ( <i>street and number</i> ):			City:		State: Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic group ( <i>Attach proof of status.</i> ):			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Ethnic Group ( <i>Explain.</i> ) _____			
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of years owned:		Initial investment to acquire ownership interest in firm:		<u>Type</u> <u>Dollar Value</u>	
Percentage owned:				Cash      \$	
Family relationship to other owners:				Real Estate    \$	
				Equipment    \$	
				Other	
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

#### Second Person

Name:		Title:		Home Phone #:	
Home Address ( <i>street and number</i> ):			City:		State: Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic group ( <i>Attach proof of status.</i> ):			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Ethnic Group ( <i>Explain.</i> ) _____			
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of years owned:		Initial investment to acquire ownership interest in firm:		<u>Type</u> <u>Dollar Value</u>	
Percentage owned:				Cash      \$	
Familial relationship to other owners:				Real Estate    \$	
				Equipment    \$	
				Other	
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

#### Third Person

Name:		Title:		Home Phone #:	
Home Address ( <i>street and number</i> ):			City:		State: Zip:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Ethnic group ( <i>Attach proof of status.</i> ):			
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian Pacific <input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Ethnic Group ( <i>Explain.</i> ) _____			
Legal permanent resident: <input type="checkbox"/> Yes <input type="checkbox"/> No					
Number of years owned:		Initial investment to acquire ownership interest in firm:		<u>Type</u> <u>Dollar Value</u>	
Percentage owned:				Cash      \$	
Familial relationship to other owners:				Real Estate    \$	
				Equipment    \$	
				Other	
Shares of Stock:	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method acquired</u>
Additional contributions made by anyone since the business was started/acquired:					

## Section 4: CONTROL

**5. Identify Officers & Board of Directors.** (Attach work experience resumes of each person. If additional space is required, attach a separate sheet.)

	Name	Title/Date Appointed	Ethnicity	Gender
Company Officers	1.			
	2.			
	3.			
	4.			
	5.			
Board of Directors	1.			
	2.			
	3.			
	4.			
	5.			

**6. Identify management personnel who control the firm in the following areas.** (Attach work experience resumes, including dates of employment at each company, for each person. If more than two persons, attach a separate sheet.)

	Name	Title	Ethnicity	Gender
Financial Decisions (responsible for check signing, acquisition of lines of credit, surety bonding, supplies, etc.)	1. 2.			
Estimating, bidding, and negotiating (cost estimates, bid preparation and submission, negotiations or contract execution)	1. 2.			
Hiring/firing of management personnel	1. 2.			
Field/Production Operations Supervisor (site supervision/scheduling, project management services)	1. 2.			
List all field supervisors	1. 2.			
Office Management	1. 2.			
Marketing/Sales	1. 2.			
Purchasing of major equipment	1. 2.			

**7. Identify persons or firms who provide the following services:**

	Name of firm	Name of person	Address	Phone #
External management or technical/computer service				
Accountant				
Attorney				
Principal suppliers	1. Materials or equipment supplied _____			
	2. Materials or equipment supplied _____ _____			

**8. Identify those union(s), business(es) or professional association(s) in which the owner(s) or management personnel have membership.**

Name of union, business or professional association	Address	Phone #
1.		
2.		
3.		

**9. Attach a list of equipment and/or vehicles within your firm's possession or under your control (indicate separately), office space (owned or leased) and storage space (owned or leased), including signed leasing agreements.**

**10. Financial Information.**

(a) Banking Information  
 Name of Bank: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Name of Officer: \_\_\_\_\_  
 Address of Bank: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(b) Bonding Information. If you have bonding capacity, identify:  
 Name of Agent/Broker: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Address of Agent/Broker: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Bonding limit: Aggregate limit \$ \_\_\_\_\_ Project limit \$ \_\_\_\_\_

(c) Attach copies of year end balance sheet and profit and loss (income) statements for the last 3 years, or if business has been in operation for less than one year, provide a current balance sheet.

**11. Identify all sources, amount and purposes of money loaned to the firm, including name of person or firm securing the loan, if other than owner. (Attach copies of all loan agreements.)**

Name of Source	Address of Source	Amount
1.		
2.		
3.		

**12. List current licenses (e.g., contractor, engineer, architect, ICC, etc.). (Attach copies of licenses.)**

Name of Individual or Firm	Name of License	Expiration Date	License Number
1.			
2.			
3.			

**13. Does your firm have key personnel insurance?  Yes  No**

(If Yes, attach a list of the persons named and the value.)

**14. List the 3 largest contracts completed by this firm in the past 3 years.**

Name of owner/contractor	Name/location of project	Type of work performed
1.		
2.		
3.		

**15. List all active jobs this firm is currently working on. (If additional space is required, attach a separate sheet.)**

Name of prime contractor and project number	Location of project	Type of work	Date project began	Anticipated completion date
1.				
2.				
3.				

**Section 5: AFFILIATION**

**16. Affiliation with other businesses.**

(a) Affiliate companies:	
(b) Do any of the people listed in questions 4, 5 or 6 perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Person: _____ Title: _____ Business: _____ Function: _____	
(c) Do any of the people listed in questions 4, 5 or 6 own or work for other firms that have a business relationship with yours? <i>(e.g., ownership interest, shared office space, financial investments, equipment leases or personnel sharing)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Firm: _____ Person: _____ Business relationship: _____	
(d) Whether affiliated or not, is the applicant firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment or office staff, with any other business, organization or entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify: Firm's: _____ Tax ID number: _____ Explain nature of shared facilities: _____	
(e) At present or in the past 5 years:  <i>If you answer Yes to any of these questions, identify on a separate piece of paper any relevant names, addresses, dates and explanations.</i>	Has this firm been a subsidiary of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this firm consisted of a partnership in which one or more of the partners are other firms? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has any other firm owned 5% or more of this firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this firm had any subsidiaries? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has this firm owned 5% or more of any other firm? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Section 6: OTHER**

**17. Are you a trucking firm?**  Yes     No

*(If yes, attach proof of ownership of a fully operational truck and trailer. Documentation should include insurance and titles.)*

**18. Are you a regular dealer?**  Yes     No

*(If yes, attach proof of warehouse, product lines carried, and distribution equipment.)*

**AFFIDAVIT OF CERTIFICATION**

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 LAW.

I \_\_\_\_\_ (full name), 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 statements 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, control 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 a 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.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, 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 declare under penalty of perjury that the foregoing is true and correct.

Signature of owner, officer or partner \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

I declare under penalty of perjury that the information provided in this application and supporting documents relating to my disadvantaged status and me is true and correct.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>NOTARY CERTIFICATE</b>	
STATE OF _____	} SS:
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20____.	
Printed/typed name of Notary Public _____	
Signature of Notary Public _____	
County of residence _____	Date commission expires _____

**AFFIDAVIT OF SOCIAL AND ECONOMIC DISADVANTAGE**

*This form must be signed and notarized for each owner upon which disadvantaged status is relied.*

**SOCIAL DISADVANTAGE**

I hereby certify under penalty of perjury that I am a member of one of the following groups:

- African American                       Hispanic                                       Native American
- Asian Pacific                               Asian Indian                                   Female
- Other Ethnic Group (*explain*) \_\_\_\_\_

And that I have held myself out as a member of that group and have acted as a member of that group.

I further certify that I am an owner of the company seeking **DBE** certification and that I have experienced social disadvantage due to the effects of discrimination based upon my (check all that apply).

- Race                       Ethnicity                       Gender                       Other (*explain*)

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PERSONAL FINANCIAL STATEMENT**

I hereby certify under penalty of perjury that my personal net worth does not exceed \$750,000.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This statement is supported by

- A signed, notarized statement of personal net worth, with appropriate supporting documentation.

<b>NOTARY CERTIFICATE</b>	
STATE OF _____	} SS:
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20____.	
Printed/typed name of Notary Public _____	
Signature of Notary Public _____	
County of residence _____ Date commission expires _____	

**PERSONAL FINANCIAL STATEMENT**

As of \_\_\_\_\_, \_\_\_\_\_

**For firm applying for airport concession DBE certification:** A PNW is not required at this time.

Each individual owner of a DBE firm whose ownership or control is relied upon for DBE certification is required to provide Personal Net Worth (PNW) information and include it in the notarized DBE Certification Application package. For a firm with more than one owner relied upon for DBE certification, please make additional copies of this Statement. The Unified Certification Program of Mississippi reserves the right to request additional information as necessary and may conduct an on-site visit to verify the information contained in this Statement.

I understand that all personal financial information I submit will remain confidential unless I give my written consent to release this information to a third party. I also understand that the only exception to this confidentiality provision is if I decide to appeal a decision by the unified certification program of Mississippi.

Name	Business Phone
Residential Address	Residential Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

<b>ASSETS</b> <i>(Omit Cents)</i>	<b>LIABILITIES</b> <i>(Omit Cents)</i>
Cash on Hand & in Banks..... \$ _____	Accounts Payable .....\$ _____
Savings Accounts..... \$ _____	Notes Payable to Banks and Others.....\$ _____ (Describe in Section 2)
IRA or Other Retirement Account..... \$ _____	Installment Account (Auto).....\$ _____ Mon. Payments \$ _____
Accounts & Notes Receivable..... \$ _____	Installment Account (Other).....\$ _____ Mon. Payments \$ _____
Life Insurance-Cash Surrender Value Only.. \$ _____ (Complete Section 8)	Loan on Life Insurance.....\$ _____
Stocks and Bonds..... \$ _____ (Describe in Section 3)	Mortgages on Real Estate.....\$ _____ (Describe in Section 4)
Real Estate..... \$ _____ (Describe in Section 4)	Unpaid Taxes.....\$ _____ (Describe in Section 6)
Automobile-Present Value..... \$ _____	Other Liabilities.....\$ _____ (Describe in Section 7)
Other Personal Property..... \$ _____ (Describe in Section 5)	Total Liabilities .....\$ _____
Other Assets..... \$ _____ (Describe in Section 5)	Net Worth.....\$ _____
<b>Total..... \$ _____</b>	<b>Total.....\$ _____</b>

<b>Section 1: Source of Income</b>	<b>Contingent Liabilities</b>
Salary..... \$ _____	As Endorser or Co-Maker .....\$ _____
Net Investment Income..... \$ _____	Legal Claims & Judgments .....\$ _____
Real Estate Income..... \$ _____	Provisions for Federal Income Tax .....\$ _____
Other Income (Describe below)*..... \$ _____	Other Special Debt .....\$ _____

Description of Other Income in Section 1.

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\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

**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.)

Name and Address of Note Holder(s).	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	Type of Collateral

**Section 3: 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 Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4. Real Estate Owned.** (List each parcel separately. Use attachment 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			
Amount of Payment per Month/Year			
Status of Mortgage			

**Section 5: 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 6: Unpaid Taxes.** (Describe in detail as to type, to whom payable, due date, amount and what property, if any.)

**Section 7: Other Liabilities.** (Describe in detail.)

**Section 8: Life Insurance Held.** (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number: