

Personal Financial Statement For Determination of Personal Net Worth Disadvantaged Business Enterprise (DBE)

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name _____ Business Phone () _____

Residence Address _____ Residence Phone () _____

City, State & Zip Code _____

Business Name of Applicant/Borrower _____

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash on hands & in Banks		Accounts Payable	
Savings Accounts		Notes Payable to Banks and Others (Describe in Section 2)	
IRA or Other Retirement Account		Installment Account (Auto) Mo. Payments \$ _____	
Accounts & Notes Receivable		Installment Account (other) Mo. 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	
Total	\$ _____	Total	\$ _____

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

Description of Other Income in Section 1. _____

*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 Bank and others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed 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 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			
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, when due, amount, and to what property, if any, a tax lien attaches).

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: _____

Affidavit

I authorize the Commonwealth Ports Authority to make inquiries as necessary to verify the accuracy of the statements made and to determine my personal net worth. I certify the above and the statements contained in the attachments are true and accurate as of _____ . The information provided is for the purpose of determining eligibility for the DBE program.

The undersigned swears that the foregoing statements are true and correct and include all material information necessary to identify and establish the applicant's personal net worth. Further, the undersigned agrees to permit an on-site review of the company's operation as well as the audit and examination of books, records and files of the named firm. Any material misrepresentation will be grounds terminating eligibility as well as any contract that may be awarded and for initiating action under Federal and/or Commonwealth of the Northern Mariana Islands laws concerning false statements.

Name of Firm

Name

Title

Signature

Date

On this _____ day of _____, _____ before me appeared

_____ who, being duly sworn, did execute the foregoing affidavit, and did state that he or she was properly

authorized by (Name of Firm) _____
to execute the affidavit and did so as his or her free act and deed.

Notary Public _____ Commission expires _____
{Seal}