

**PERSONAL FINANCIAL STATEMENT**

AS OF \_\_\_\_\_, \_\_\_\_\_

(BOTH PAGES MUST BE COMPLETED BY EACH OWNER-THIS FORM MAY BE COPIED)

**Complete this form for: (1) each socially disadvantaged proprietor, (2) each socially disadvantaged limited and general partner whose combined interest totals 51% or more, or (3) each socially disadvantaged stockholder making up 51% or more of voting stock.**

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

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand and in Banks .....	\$ _____	Accounts Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others .....	\$ _____
IRA or Other Retirement Account .....	\$ _____	(Describe in Section 1)	
Accounts and Notes Receivable .....	\$ _____	Installment Account (Auto) .....	\$ _____
Life Insurance - Cash Surrender Value Only .....	\$ _____	Installment Account (Other).....	\$ _____
(Complete Section 7)		Loan on Life Insurance .....	\$ _____
Stocks and Bonds .....	\$ _____	Mortgages on Real Estate .....	\$ _____
(Describe in Section 2)		(Describe in Section 3)	
Real Estate.....	\$ _____	Unpaid Taxes .....	\$ _____
(Describe in Section 3)		(Describe in Section 5)	
Automobile(s) - Present Value .....	\$ _____	Other Liabilities.....	\$ _____
Other Personal Property .....	\$ _____	(Describe in Section 6)	
(Describe in Section 4)		<b>Total Liabilities</b> .....	\$ _____
Other Assets .....	\$ _____		
(Describe in Section 4)		<b>Net Worth</b> (Total Assets minus Total Liabilities) ...	\$ _____
<b>Total Assets</b> .....	\$ _____		

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 .....	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 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 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 Quotation/Exchange	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 and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

**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.)

\_\_\_\_\_

I authorize the Office of Certification at the Colorado Department of Transportation 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 Programs of the partners of Colorado's Uniform Certification Program (UCP). These statements are true and correct to the best of my belief.

Printed/typed name:	Signature and date:
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County of \_\_\_\_\_ State of \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signed \_\_\_\_\_  
(Notary Public)

\_\_\_\_\_

\_\_\_\_\_

(Address of Notary)