

Regional Transportation District
INDIVIDUAL PERSONAL FINANCIAL STATEMENT

(Submit with SBE Certification & Recertification Applications)



As of _____, 20 _____

CONFIDENTIAL

INSTRUCTIONS: Complete this form for EACH majority owner or stockholder whose individual or combined interest makes up 51% or more of the company's ownership. This form should include individual assets only; jointly-held assets should be split. Do not leave any item blank; enter "0" or "N/A." This statement must be notarized before submitting with the SBE Certification Application.

Name _____ Business Phone _____

Residence Address _____ Residence Phone _____

City, State, & Zip Code _____

Business Name of Applicant _____

ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
1. Cash on Hand and in Banks \$ _____	12. Accounts Payable \$ _____
2. Savings Accounts \$ _____	13. Notes Payable to Banks and Others \$ _____ (Describe in Section 1)
3. IRA or Other Retirement Account.....\$ _____	14. Installment Account (Auto) \$ _____
4. Accounts and Notes Receivable.....\$ _____	15. Installment Account (Other) \$ _____
5. Life Insurance – Cash Surrender Value Only\$ _____ (Complete Section 7)	16. Loan on Life Insurance \$ _____
6. Stocks and Bonds \$ _____ (Describe in Section 2)	17. Mortgages on Real Estate \$ _____ (Describe in Section 3)
7. Real Estate \$ _____ (Describe in Section 3)	18. Unpaid Taxes..... \$ _____ (Describe in Section 5)
8. Automobile(s) – Present Value \$ _____	19. Other Liabilities \$ _____ (Describe in Section 6)
9. Other Personal Property..... \$ _____ (Describe in Section 4)	20. Total Liabilities (add lines 12-19)..... \$ _____
10. Other Assets Including Business Ownership Interests...\$ _____ (Describe in Section 4)	21. Net Worth \$ _____ Total Assets (line 11) minus Total Liabilities (line 20)
11. Total Assets (add lines 1-10).....\$ _____	

Sources of Income	Contingent Liabilities
22. Salary \$ _____	26. As Endorser or Co-Maker \$ _____
23. Net Investment Income \$ _____	27. Legal Claims and Judgements..... \$ _____
24. Real Estate Income \$ _____	28. Provision for Federal Income Tax \$ _____
25. Other Income.....\$ _____	29. Other Special Debt \$ _____

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

Name of Securities	Number of Shares Held	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Current Value
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____
		\$ _____	\$ _____		\$ _____

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Section 3. Real Estate Owned (List each property separately. Include your primary residence. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Current Market Value	\$	\$	\$
Name of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance	\$	\$	\$
Payment Amount	\$	\$	\$
Status of Mortgage			

Section 4. Other Personal Property and Other Assets (Describe; if any is pledged as security, state the name and address of lien holder, amount of lien, terms of payment; if delinquent, describe delinquency. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Section 5. Unpaid Taxes (Describe in detail as to type, to whom payable, amount and date due, and to what property, if any, a tax lien attaches.)

Section 6. Other Liabilities (Describe in detail. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Section 7. Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance company, and beneficiaries.)

By signing this form, I authorize the Small Business Opportunity Office at Regional Transportation District (RTD) to verify the accuracy of the statements made in order to determine whether I meet the personal net worth guidelines for participation in RTD's Small Business Enterprise (SBE) Program. 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 _____ <div style="text-align: center; margin-left: 200px;">(Notary Public)</div> <div style="text-align: center; margin-left: 100px;">(Address of Notary)</div>	NOTARY SEAL HERE
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