

**DISADVANTAGED BUSINESS ENTERPRISE PROGRAM  
PERSONAL FINANCIAL STATEMENT**

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

Complete this form for each socially disadvantaged proprietor(s), or socially disadvantaged limited and general partner(s) whose combined interest totals 51% or more, or socially disadvantaged stockholder(s) owning 51% or more of voting stock in the disadvantaged business enterprise.

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

<b>ASSETS</b> (Omit Cents)	<b>LIABILITIES</b> (Omit Cents)
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Cash on hand and in banks ..... \$ _____  Savings Accounts ..... \$ _____  IRA/Other Retirement Accts ..... \$ _____  Accounts & Notes Receivable .... \$ _____  Life Insurance-Cash Surrender Value Only ..... \$ _____ (Complete Section 8)  Stocks and Bonds ..... \$ _____ (Describe in Section 3)  Real Estate ..... \$ _____ (Describe in Section 4)  Automobile(s) - Present Value ... \$ _____  Other Personal Property ..... \$ _____ (Describe in Section 5)  Other Assets ..... \$ _____ (Describe in Section 5)  <p align="right"><b>Total \$</b> _____</p>	Accounts Payable ..... \$ _____  Notes Payable to Banks and Others \$ _____ (Describe in Section 2)  Installment Account (Auto) ..... \$ _____ (Monthly Payments \$ _____)  Installment Account (Other) ..... \$ _____ (Monthly Payments \$ _____)  Loan on Life Insurance ..... \$ _____  Mortgages on Real Estate ..... \$ _____ (Describe in Section 4)  Unpaid Taxes ..... \$ _____ (Describe in Section 6)  Other Liabilities ..... \$ _____ (Describe in Section 7)  Total Liabilities ..... \$ _____  Net Worth ..... \$ _____  <p align="right"><b>Total \$</b> _____</p>
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<b>Section 1. Source of Income</b>	<b>Contingent Liabilities</b>
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Salary ..... \$ _____	As Endorser or Co-Maker ..... \$ _____
Net Investment Income ..... \$ _____	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 towards 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 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 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, 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.)

**Section 9. Asset Transfers.**

(Describe any transfer of assets between the disadvantaged individual and any individual or business within the past 2 years.)

I authorize the **ILLINOIS UNIFIED CERTIFICATION PROGRAM** to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of DBE certification. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:

Date:

Social Security Number:

Signature:

Date:

Social Security Number:

**PLEASE NOTE:** The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.