



CITY OF HOUSTON, MAYOR'S OFFICE
AFFIRMATIVE ACTION AND CONTRACT COMPLIANCE DIVISION
ADDENDUM TO DISADVANTAGED BUSINESS ENTERPRISE (DBE)
CERTIFICATION APPLICATION
Personal Financial Statement

Complete this form for: (1) each socially and economically disadvantaged proprietor, or (2) each socially and economically disadvantaged limited and general partner whose combined interest totals 51% or more, or (3) each socially and economically disadvantaged stockholder making up 51% or more of voting stock. An individual's Personal Net Worth includes only his or her separate property and his or her own share of assets held jointly or as community property with the individual's spouse.

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

DETERMINATION OF SOCIAL DISADVANTAGE

I certify that I am, in fact, socially and economically disadvantaged in accordance with 49CFR part 26.

Signature: _____ Owner Title: _____

PERSONAL FINANCIAL STATEMENT

In determining net worth, EXCLUDE individual ownership interest in the applicant firm and individual equity in primary residence. As of _____, _____
 (Date)

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

Source of Income		Contingent Liabilities	
Salary/Commissions	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgements	\$ _____
Real Estate Income	\$ _____	Provision for Federal Income Tax	\$ _____
Other Income (*Describe below)	\$ _____	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.)

NOTE: Must be within five (5) days of statement date

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.)

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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.)

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Section 6. Other Liabilities. (Describe in detail.)

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

Section 8. Transfer of Assets.

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? _____ YES _____ NO

If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred, amount paid for the assets, the market value of the assets at the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions such as birthdays, graduations, anniversaries, and retirements; and may also exclude any transfers to an immediate family member for educational, medical or essential support purposes.

[Please provide copies of complete, signed, personal income tax returns, including all schedules for all individuals claiming disadvantaged status for this DBE business.]

I authorize the Affirmative Action and Contract Compliance Office of the City of Houston 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 Program. The City of Houston reserves the option to require either a Full Audited Financial Statement, a Reviewed Financial Statement, or a Compiled Financial Statement.

The Statements made in this document are true and correct to the best of my belief.

Signature:	Title:	SSN:	Date:

STATE OF _____

COUNTY OF _____

Before me, a Notary Public, on this day personally appeared _____, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that the statements therein contained are true and correct.

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me by _____

this _____ day of _____, _____.

Notary Public in and for the State of _____

NOTES: Under Title 18 U.S.C. Section 1001 and Title 15 U.S.C. Section 645, any person who misrepresents a firm's status as a Small Disadvantaged Business Concern, or makes any false statement in order to influence the certification process in any way, or to obtain a Federal contract shall be subject to fines of up to \$500,000 and imprisonment of up to 10 years, or both, for violating Federal laws.

THIS DOCUMENT IS REQUIRED BY U.S. DEPARTMENT OF TRANSPORTATION REGULATIONS 49 CFR PART 26. YOU MAY PHOTOCOPY FORM, AS NEEDED.

