



MONTANA DEPARTMENT OF TRANSPORTATION
Disadvantaged Business Enterprise Program 49
C.F.R. part 26
Uniform Certification Application



MDT - 7/15/03

Personal Financial Statement

Montana Department of Transportation

As of

Complete this form for: (1) each proprietor, or (2) each limited partner, each general partner, (3) each stockholder, or (4) any person or entity upon which their status is depended on achieve the status of "Disadvantaged".

Business Name

Disadvantaged Owner's Name

Business Phone

Residence Address

Residence Phone

City

State

Zip Code

ASSETS		LIABILITIES	
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Account	\$	Notes Payable to Banks and Others	\$
IRA or Other Retirement Account	\$	(Describe in Section 2)	
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance-Cash Surrender Value Only	\$	Mo. Payments	\$
(Complete Section 8)		Installment Account (Other)	\$
Stocks and Bonds (Describe in Section 3)	\$	Mo. Payments	\$
Real Estate (Describe in Section 4)	\$	Loan on Life Insurance	\$
Automobile-Present Value	\$	Mortgages on Real Estate (Describe in Section 4)	\$
Other Personal Property (Describe in Section 5)	\$	Unpaid Taxes (Describe in Section 6)	\$
Other Assets (Describe in Section 5)	\$	Other Liabilities (Describe in Section 7)	\$
Total Assets	\$	Total Liabilities	\$

Subtotal Net Worth = Total Assets Minus Total Liabilities	\$
Primary Residence Equity (Asset Minus Liability)	\$
Applicant Firm Equity (Asset Minus Liability)	\$
Total Personal Net Worth = Subtract Primary Residence Equity and Applicant firm equity from Subtotal Net Worth (Enter this amount on the Affidavit of Personal Net Worth.)	\$

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

Description of Other Income in Section 1.

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 Note Holder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral



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Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Number of Shares	Name of Securities	Cost	Market Value Quotations/Exchange	Date of Quotation/Exchange

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.)

	Primary Residence	Applicant Firm	Other Property (list all)
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 attached.)

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.)

I authorize MDT to make inquiries as necessary to verify the accuracy of the statements made. 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 verifying Economic Disadvantage or obtain certification as a Disadvantaged Enterprise. I understand FALSE statements may result in possible prosecution by the US Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ SSN Number: _____

Signature: _____ Date: _____ SSN Number: _____



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**'Financial Institution Form – CONFIDENTIAL' Form
Must Be Completed and Must Accompany
Your Completed Application**

DBE Applicants: Complete and sign this section only, then have your financial institution complete Page 22. This form must be fully completed and submitted with your application.

Dear

(Name of Financial Institution)

I have authorized the Montana Department of Transportation Office of Certification to seek information about my firm's relationship with your company.

Please complete this form. My application for DBE Certification will not be considered complete unless I return this form with my DBE application.

Thank you.

(Name of Firm)

Printed Name of Owner/President

Owner/President's Signature

Date



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To be Completed by the Financial Institution

Indicate the services your institution provides to this company.			
Checking accounts: Payroll Number of authorized signatures: Regular Number of authorized signatures: Other Number of authorized signatures:			
Identify "Other" accounts:			
List the names of authorized signers according to account type:			
List any outstanding commercial/business loans:			
Origination Date	Original Amount	Current Balance	Date
Are there personal guarantors for any of the loans? If yes, list their names:			Yes No
Does the company have a line of credit? If yes, is it secured? List the collateral:			Yes No Yes No
Are there personal guarantors? If yes, list their names:			Yes No
List the names of all company individuals who signed promissory notes:			
Name of Financial Institution:			
Address:	City:	State:	Zip:
Printed name of bank official:		Title:	
Signature:			Date: