

State of Hawaii
Department of Transportation
Instructions for
Re-certification of Disadvantaged Business Enterprise

The information requested in this application is necessary to determine whether your firm continues to qualify as a *bona fide* Disadvantaged Business Enterprise (DBE) according to the guidelines established by the Code of Federal Regulations (CFR) 49, Part 26, Subparts D and E.

Contents

DBE Recertification Application	(Attachment I)
Affidavit of Certification	(Attachment II)
Supplemental Documents	(Attachment III)
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Documentation

The applicable documents identified in Attachment III must be submitted with each application. The re-certification process is not complete until all documents are received by the State of Hawaii, Department of Transportation (HDOT). Additional documents may be required at the discretion of the HDOT. Send completed application, Personal Financial Statement and supporting documents to:

State of Hawaii
Department of Transportation
Office of Civil Rights/Disadvantaged Business Enterprise Program
869 Punchbowl Street, Room 112
Honolulu, Hawaii 96813

Phone: (808) 587-2023

TTY: (808) 587-2210

Fax: (808) 587-2025

Site Visits

The HDOT staff may schedule an on-site visit prior to re-certification if there are substantive changes that affect your DBE eligibility. The on-site visit is not applicable to out-of-state firms.

Acknowledgement

Submission of this application indicates that you understand and accept the conditions for participation in HDOT's DBE Program:

1. Applicant agrees to permit the HDOT access to inspect the applicant's place(s) of business.
2. Applicant agrees to notify HDOT within 30 days of any changes in information supplied in this application.
3. Applicant agrees to submit a "Change Affidavit" and supply gross receipts information annually to HDOT (except in the re-certification year).

Once re-certified, the certification is effective for three years. You will receive written notification of your certification status.

**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
DISADVANTAGED BUSINESS ENTERPRISE (DBE)
RECERTIFICATION APPLICATION**

ALL ITEMS NOT APPLICABLE MUST BE SO INDICATED WITH N/A

1. FIRM PROFILE

Application Date: _____

Name of Firm: _____		
Contact Person: _____		Title: _____
Business Address: _____		
(P.O. Box unacceptable) No. Street _____		Suite/Unit Number _____
City / State _____		Zip Code _____
Mailing Address: _____		
(if different) No. Street _____		Suite/Unit Number _____
City / State _____		Zip Code _____
E-Mail Address: _____		Web-Site: _____
Telephone Number: () _____		Fax Number: () _____
<small>Area Code + Number</small>		<small>Area Code + Number</small>
Other Number: () _____		
Is Business address and/or business phone number also a residence address or phone number? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Federal Identification Number: _____

2. TYPE OF BUSINESS

Indicate the nature of the firm's business with a check mark, and list the North American Industry Classification System (NAICS) code(s) for which you are seeking certification in the space below:
(you may search your firm's NAICS and size standard at <http://www.census.gov/epcd/naics02>)

- Concession (ACDBE)
 Construction
 Consultant
 Manufacturer
 Service Provider
 Supplier
 Other (please describe): _____

NAICS code	NAICS description	Business capability
Example 238320	Painting and Wall Covering Contractors	Commercial painting, interior and exterior

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3. FIRM QUALIFICATIONS

A. Is your firm registered to do business in Hawaii? Yes No

B. Date this firm was established _____

C. Indicate your firm's active business license(s) and other pertinent license(s) or permit(s).

Type of Licensee	Issuing Authority	Name of Licensee	License No.	Exp Date

4. RELATIONSHIPS WITH OTHER BUSINESSES

(1) Is your firm co-located with another business, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?
 Yes No If Yes, identify: Other Firm's name: _____
 Explain nature of shared facilities:

Is your firm:	(a) a subsidiary of any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(b) a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(c) owned by another firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	(d) a parent company to any subsidiaries?	<input type="checkbox"/> Yes <input type="checkbox"/> No

(3) Does any other firm have an ownership interest in your firm? Yes No

(4) If you answered "Yes" to any of the questions in (2) and/or (3), identify the following for each (attach extra sheets, if needed):

	<u>Name</u>	<u>Address</u>	<u>Type of Business</u>
1.			
2.			
3.			

5. OWNERSHIP OF THE FIRM

A. Percent Ownership: _____% Women _____% Minority

B. Type of Ownership:

Sole Proprietor Partnership Corporation LLC LLP Joint Venture

Other Business Entity (please describe): _____

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C. List all owners whose ownership and control are relied upon for DBE certification.

NAME	ETHNICITY	GENDER	DATE OF OWNERSHIP	PARTNERSHIP % VOTE %	NUMBER OF SHARES (CORP. ONLY)	U.S. CITIZEN OR RESIDENT

Has the ownership of the company changed since the last certification by the HDOT?
If so, please explain and attach supporting documentation evidencing the change.

D. List any additional contributions of (money, equipment, real estate, etc.) made to the company since the last certification by HDOT.

TYPE OF ADDITIONAL CONTRIBUTIONS	DOLLAR VALUE IF OTHER THAN CASH	FROM	PURPOSE

E. Describe or attach a copy of any stock options or other ownership options that are outstanding and any agreements between owners, or between owners and third parties, which restrict ownership, or control of disadvantaged owners.

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F. State the amount of all compensation, income, payments, revenue, reimbursements and distributions of any kind each owner is entitled to receive and/or accrue from the applicant firm.

Name	Current Annual Salary	Total Dividends for past 2 years	*Total Debt Repayment	*Total Other Compensation

** If these columns apply, please attach an explanation for these items*

G. If Applicant firm is a corporation, partnership, LLP or LLC, please provide the name, position, and date elected (if applicable) for each officer, director, partner, member, etc.:

Name	**Position(s)	Date(s) Elected

**** For corporations: Indicate whether director, and if officer, state position as well.
 For partnerships/LLPs/LLCs: Indicate all that apply - either general, limited, or managing partner, and/or management committee member**

H. Has the Board of Directors, Officers, governing body or membership changed within the last three years?
 If so, list the names of the former participants. Yes No

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6. MANAGEMENT OF THE FIRM

A. The following duties are actually performed by the persons named below: (indicate with an * all authorized check signers).

MANAGEMENT TASK	NAME	REPORTS TO
Proposal, estimating and bid writing		
Hiring and firing of management personnel		
Purchasing of major equipment & supplies		
Financial control		
Contract negotiation and approval		
Contract administration		
Determines jobs firm will undertake		
Marketing and sales		
Warehouse and inventory control		
Field supervision		

B. Identify any owner or official who is or has been an employee of another firm which has an ownership interest in or a business relationship with the applicant firm.

C. What were the firm's gross receipts (including *all* affiliates) and number of employees for the last three (3) years?

YEAR ENDING	GROSS RECEIPTS	NO. OF EMPLOYEES

NAME OF FIRM: _____

Affiliate firm (if applicable)

YEAR ENDING	GROSS RECEIPTS	NO. OF EMPLOYEES

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E. List all sources and amounts of money loaned to the firm.

DATE	SOURCE	AMOUNT

7. CERTIFICATION INFORMATION

A. Has this firm been certified as a DBE within the last three years by any state or governmental agency?
 Yes No If yes, please attach copies of certification letter/certificate

B. Indicate if the firm or other firms with any of the same officers has previously been denied certification or participation as a DBE and describe the circumstances. Indicate the name of the certifying authority and the date of such denial.

CERTIFYING AUTHORITY	DATE OF CERTIFICATION DENIAL

C. Please use the space provided below to explain any of the above items.
 You may attach additional sheets if necessary.

AFFIDAVIT OF CERTIFICATION

(Must be signed and notarized for EACH owner upon which disadvantaged status is relied.)

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I, _____ (print full name), swear or affirm under penalty of law that I am _____ (title) of applicant firm _____ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of including certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denials of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certified Program (UCP) of any material change to the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.)

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

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I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (check all that apply):

- Female
- Black American
- Hispanic American
- Native American
- Asian-Pacific American
- Subcontinent Asian American
- Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identify as a member of one or more of the groups identified above, without regard to my individual qualities.

I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Name of Firm

Name / Title	Signature of owner/applicant	Date

Notary Public

County of _____	State of _____	{Seal}
Subscribed before me by _____ <small>(name of subscriber)</small>		
on this the _____ day of _____, 20____.		
Notary Public: _____ <small>(Signature of Notary)</small> My commission expires: _____ <small>(expiration date)</small>		

**STATE OF HAWAII
DEPARTMENT OF TRANSPORTATION
REQUIRED SUPPLEMENTAL DOCUMENTS FOR DBE RECERTIFICATION**

The following documents, if applicable must be submitted with this application. Failure to submit all the required information will result in a delay and/or termination in the processing of your application for recertification. All applicants **must** submit the required documents for Section I, and Section IIA, IIB, IIC or IID, as applicable to your organization. **Please place checkmarks in the appropriate blanks. If certain items are not applicable to your business, please indicate by writing N/A next to the item.**

I. REQUIRED DOCUMENTS FOR ALL APPLICANTS

- 1. Any changes to the resume(s) of owners or principals (education, training & employment experience).
- 2. Applicable license(s) and permits
- 3. Signed leases for office/storage space within the last 3 years
- 4. Copies of DBE, SBA 8(a) or SDB certification or denial letters within the last 3 years
- 5. List of projects/contracts completed or ongoing for the last calendar year
- 6. Affidavit of Certification for **each** disadvantaged owner (with 51% interest or more) (Attachment II)
- 7. Personal Financial Statement for **each** disadvantaged owner (Attachment V)
- 8. U. S. Individual Income Tax Returns for last 2 years for **each** disadvantaged owner (all schedules and W2s)

II. REQUIRED DOCUMENTS BY TYPE OF ORGANIZATION

(Complete either Section A, B, C or D according to your form of legal organization)

A. Sole Proprietor

- 1. Federal Tax Returns (Form 1040), Schedule C, Profit or Loss from Business, for the last 3 years

B. Partnership

- 1. Any changes to the Partnership Agreement within the last 3 years
- 2. Buy-out rights agreement within the last 3 years
- 3. Profit sharing agreement within the last 3 years
- 4. Federal Tax Returns (Form 1065) **(first page only)** for the most recent 3 years

C. Limited Liability Company (LLC)

- 1. Any changes to the Articles of Organization within the last 3 years
- 2. Any changes to the Operating Agreement within the last 3 years
- 3. Minutes of the Board meetings held within the last year
- 4. Federal Tax Returns (Form 1065), **(first page only)** for the most recent 3 years

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D. For a Corporation

- 1. Any changes to the Articles of Incorporation within the last 3 years
- 2. Any changes to the Corporate By-Laws within the last 3 years
- 3. Minutes of Stockholders and Board Meetings for the last year
- 4. Minutes of the most recent corporate organizational meeting affecting ownership, management, and control
- 5. Stock transfer ledger (if ownership interest has changed in the last 3 years)
- 6. Copies of stock certificates issued, front and back (not specimen) during the last 3 years
- 7. Federal Tax Returns (Form 1120S or 4562) **(first page only)** for the last 3 years

Instructions for Completing the Personal Financial Statement

Please do not make adjustments to your figures pursuant to U.S. Department of Transportation (U.S. DOT) regulations 49 CFR Part 26. The Hawaii Department of Transportation (HDOT) will use the information provided on your completed Personal Financial Statement to determine your *Personal Net Worth according to 49 CFR Part 26*. An individual's *Personal Net Worth* includes only his or her own share of assets held jointly or as community property with the individual's spouse and **excludes** the following:

- Individual's ownership interest in the applicant firm;
- Individual's equity in his or her primary residence;
- Tax and interest penalties that would accrue if retirement savings or investments (e.g., pension plans, Individual Retirement Accounts, 401(k) accounts, etc.) were distributed at the present time.
- Assets documented to be necessary to obtain financing or a franchise agreement for the initiation, support or expansion of an airport concession, to a maximum of \$3 million (Airport Concession DBEs only).

If your *Personal Net Worth* exceeds the **\$750,000** cap and you, individually, or you and other individuals are the majority owners of an applicant firm, the firm is not eligible for DBE certification. If the *Personal Net Worth* of the majority owner(s) exceeds the \$750,000 cap at any time after your firm is certified, the firm is no longer eligible for certification. Should that occur, it is your responsibility to contact HDOT in writing.

General Instructions

- You must complete all line items on the Personal Financial Statement to the best of your ability.
- If necessary, use additional sheet(s) of paper to report all information and details.

Specific Instructions

DATE AND CONTACT INFORMATION

Be sure to include the date in the upper right corner of the first page and your contact information.

ASSETS

All assets must be reported at their current fair market values as of the date of your statement. **Assessor's assessed value for real estate, for example, is not acceptable.** Assets held in a trust generally should be included.

Cash on hand & in Banks: Enter the total amount of cash on-hand and in bank accounts other than savings.

Savings Accounts: Enter the total amount in all savings accounts.

IRA or other Retirement Account: Enter the total present value of all IRAs and other retirement accounts, including any deferred compensation and pension plans (less any tax and /or interest penalties)

Accounts & Notes Receivable: Enter the total value of all monies owed to you personally, if any. This should include shareholder loans to the applicant firm, if any.

Life Insurance-Cash Surrender Value Only: Enter the value of any life insurance policies. This amount should be cash surrender value only, not the amount a beneficiary would receive upon your death, also known as face value. A complete description is required in *Section 8*.

Stocks and Bonds: Enter the current market value of your stocks and bonds. A complete listing and description is required in *Section 3*.

Real Estate: Enter the current fair market value of **all** real estate owned. A complete listing and description of all real estate owned is required in *Section 4*. The amount must correspond with the total "Present Market Value" amounts listed in *Section 4*.

Automobile-Present Value: Enter the current fair market value of all automobiles owned.

Other Personal Property: Enter the current fair market value of all other personal property owned, but not included in the previous entries. A complete description of these assets is required in *Section 5*.

State of Hawaii/Department of Transportation/DBE Recertification Application

Other Assets: Enter the current fair market value of all other assets owned, but not included in the previous entries. Indicate the value of any other business owned by applicant. A complete description of these assets is required in *Section 5*.

LIABILITIES

Accounts Payable: Enter the total value of all unpaid accounts payable that is your responsibility. (i.e. gas, electric, telephone bills, etc.)

Notes Payable to Bank and Others: Enter the total amount due on all notes payable to banks and others. This should **not**, however, include any mortgage balances. A complete description of all notes payable to banks and others is required in *Section 2*.

Installment Account (Auto): Enter amount of the present balance of the debt that you owe for auto installment account. Please be sure to indicate the total monthly payment in the space provided.

Installment Account (Other): Enter amount of the present balance of the debt that you owe for other installment account. Please be sure to indicate the total monthly payment in the space provided. For example, include the balances of all credit card debts in this line.

Loans on Life Insurance: Enter the total value of all loans due on life insurance policies. A complete description is required in *Section 8*.

Mortgages on Real Estate: Enter the total balance on all mortgages payable on real estate. A complete breakdown of all mortgages on real estate is required in *Section 4*. The amount must correspond with the total of the mortgage balances amounts listed in *Section 4*.

Unpaid Taxes: Enter the total amount of all taxes that are currently due, but are unpaid. Contingent tax liabilities or anticipated taxes for current year should not be included. A complete description is required in *Section 6*.

Other Liabilities: Enter the total value due on all other liabilities not classified in the previous entries. A complete description is required in *Section 7*.

Net Worth: To compute Net Worth, add all liabilities and put that figure in the Total Liabilities line. Then subtract Total Liabilities from Total Assets to get your Net Worth. To check your figures, add Total Liabilities and Net Worth and the sum must equal Total Assets. If your figures do not match, your form will be returned to you to correct and complete again.

SECTION 1. SOURCE OF INCOME

Salary: Enter the amount of your total annual salary. This includes any salary from the applicant firm and if applicable, any salary from outside employment.

Net Investment Income: Enter the total amount of all investment income (i.e. dividends, interest, etc.).

Real Estate Income: Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.

Other Income: Enter the total amount of all other income received (i.e. alimony, social security, pension, etc.). Please be sure to describe the source of the other income in the space provided below in this section.

CONTINGENT LIABILITIES

Contingent liabilities are liabilities that belong to you only if an event(s) should occur. For example, if you have co-signed on a relative's loan, but you are not responsible for the debt until your relative defaults, that is a contingent liability. Contingent liabilities do not count toward your net worth until they become actual liabilities.

As Endorser or Co-Maker: Enter the total potential liabilities due as a result of being a co-signer for a loan or other commitments.

Legal Claims and Judgments: Enter the potential liabilities due as a result of legal claims from judgments, lawsuits, etc.

Provisions for Federal Income Tax: Enter the total amount of all federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.

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Other Special Debt: Enter the total amount due on all remaining potential debts not accounted for.

SECTION 2. NOTES PAYABLE TO BANKS AND OTHERS

Enter the name and address of note holder(s), original balance, current balance, payment amount, frequency, and how secured for each note payable as entered in the "Liabilities" column. Do not include loans for your business or mortgages for your properties.

SECTION 3. STOCKS AND BONDS

Enter the number of shares, names of securities, cost, fair market value, and the date of fair market value for all shares of stock and bonds held. You may attach recent copies of your stock account listings. Do not include stock in your business.

SECTION 4. REAL ESTATE

Starting with your primary residence (be sure to identify it as your primary residence), enter the type of property, address, date of purchase, original cost, present fair market value, name and address of mortgage holder, mortgage account number, mortgage balance, amount of payment, and status of mortgage for all real estate held. Please ensure that this section contains all real estate owned, including rental properties, vacation properties, commercial properties, etc.

Total "Present Market Value" amounts should correspond with the "Real Estate" amount listed in the "Assets" column. Additionally, total "Mortgage Balance" amounts should correspond with the "Mortgages on Real Estate" amount listed in the "Liabilities" column. Attach additional sheets if needed.

SECTION 5. OTHER PERSONAL PROPERTY AND OTHER ASSETS

Itemize and describe in detail other personal property and Other Assets owned as listed in the "Assets" column. For other personal property, include boats, trailers, jewelry, furniture, household goods, collectibles, clothing, etc. For other assets, include equity interest in other businesses, trusts, investments, etc.

SECTION 6. UNPAID TAXES

Describe in detail as to the type, to whom payable, when due, amount, and to what property, if any, the tax lien attaches. Please refer to the unpaid taxes listed in the "Liabilities" column. If none, state "NONE." This section should not include the contingent tax liabilities or anticipated taxes owed for the current year. For any unusually large amounts, you must include documentation, such as tax liens, to support the amounts.

SECTION 7. OTHER LIABILITIES

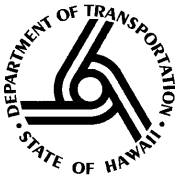
Describe in detail any other liabilities as referenced by the value listed in the "Liabilities" column. If none, state "NONE." For any unusually large amounts, you must include documentation, such as bills, to support the amounts.

SECTION 8. LIFE INSURANCE HELD

Describe all life insurance policies held. Please be sure to include the face amount of the policies, name of insurance company and beneficiaries and cash surrender values of the policies.

EXECUTION OF STATEMENT

Be sure to sign, date, and include your social security number at the end of the statement.



**State of Hawaii Department of Transportation
 Personal Financial Statement
 For Determination of Personal Net Worth
 Disadvantaged Business Enterprise (DBE)**



ATTACHMENT V

As of _____, _____

Complete this form for each socially and economically disadvantaged owner whose ownership and control are relied upon.	
Name	Business Phone ()
Residence Address	Residence Phone ()
City, State & Zip Code	
Business Name of Applicant	

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

Description of Other Income in Section 1.

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*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement & signed.)

Name and Address of Note holder(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 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 & 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.)

Signature: _____ Date: _____ Social Security Number: _____