

COMPLETING AN UP-TO-DATE PERSONAL NET WORTH STATEMENT

(These Statements Are Not Subject To Public Disclosure)

All owners claiming disadvantaged status MUST submit an up-to-date Personal Net Worth Statement, and support it, by providing complete (all schedule) signed copies of their last two Federal Individual Income Tax Returns (1040) filed with the Internal Revenue Service.

A Current Personal Net Worth form **must** be completed by all owners claiming disadvantaged status.

You **must** complete all asset and liability sections (1 through 12) and transfer the totals from each section to the **Net Worth Summary Page**. For any section where no asset or liability exists, you may indicate “*Not Applicable,*” and enter zero (s) on the summary page. If you require more space in any section, attach additional sheets, and reference the appropriate section number and heading.

If any asset or liability is jointly held, the disadvantaged individual, need only reflect the value of his/her share.

**STATE OF FLORIDA
UNIFIED CERTIFICATION PROGRAM
STATEMENT OF PERSONAL NET WORTH**

PERSONAL INFORMATION	
Name	
Address	
Phone	Business Phone
Business Name	
Business Address	

AFFIDAVIT AND AUTHORIZATION

THE UNDERSIGNED SWEARS OR AFFIRMS THAT THIS STATEMENT IS A TRUE AND ACCURATE REPRESENTATION OF THEIR PERSONAL NET WORTH.

THIS STATEMENT MEETS THE REQUIREMENTS OF 49 CFR, PART 26 AND BECOMES PART OF THE APPLICATION FOR DBE CERTIFICATION.

DOCUMENTS USED IN PREPARING THIS STATEMENT SHALL BE MAINTAINED BY THE UNDERSIGNED, AND WILL BE MADE AVAILABLE UPON REQUEST. IF A CPA OR OTHER THIRD PARTY PREPARED THIS FORM, THE INDIVIDUAL WHOSE NET WORTH IS BEING REPORTED ATTESTS TO HAVING REVIEWED IT, AND THAT IT IS ACCURATE.

ANY MATERIAL MISREPRESENTATION WILL BE GROUNDS FOR INITIATING ACTIONS UNDER FEDERAL OR STATE LAWS CONCERNING FALSE STATEMENTS.

STATE OF _____, COUNTY OF _____

OWNER'S SIGNATURE _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, BY

_____ (name of affiant) HE/SHE PERSONALLY

KNOWN TO ME OR HAS PRODUCED _____ AS IDENTIFICATION.

In witness thereof, I hereunto set my hand and official seal

Notary Public

My commission expires

SECTION 1: CASH ON HAND & IN BANKS

This is the total amount of your cash on hand, which includes funds deposited in financial institutions, both U.S. and Foreign. This includes, but is not limited to funds accumulated in savings accounts, checking accounts, certificates of deposit and money market accounts.

NAME OF FINANCIAL INSTITUTION	ACCOUNT TYPE	OWNERSHIP %	AMOUNT
CASH			

TOTAL CASH (Summary Line 1) \$ _____

SECTION 2: IRA OR OTHER RETIREMENT ACCOUNTS

Individual and other retirement accounts include any fund representing an IRA, an employer/employee funded program such as a 401K or any other retirement plan. This includes the individual and employer contributions made to the plan.

NAME OF COMPANY OR INSTITUTION HOLDER	CURRENT VALUE

TOTAL RETIREMENT ACCOUNTS (Summary Line 2) \$ _____

SECTION 3: LIFE INSURANCE, CASH SURRENDER VALUE ONLY

The cash surrender value of any life insurance policies you own. Indicate any loans against the policies.

COMPANY NAME	CASH VALUE	LOAN AMOUNT

TOTAL CASH VALUE (Summary Line 3) \$ _____

TOTAL LOANS OUTSTANDING (Summary Line 13) \$ _____

SECTION 4: STOCKS, BONDS, AND OTHER SECURITIES

List the value of your investment in stocks, bonds, securities, and any other investments not covered in previous sections.

TRUSTEE OR BROKERAGE ACCOUNT	OWNERSHIP %	MARKET VALUE

TOTAL STOCKS, BONDS, & SECURITIES (Summary Line 4) \$ _____

SECTION 5: INVESTMENT VALUE OF OTHER BUSINESSES

If you own at least 5% of another business, you have a qualifying investment. You must provide information on the current market value of your ownership interest in the business(es). Use the most recent financial statement to determine the value of your investment in the business(es).

NAME OF OTHER BUSINESS	CURRENT VALUE OF YOUR OWNERSHIP

TOTAL VALUE OF OWNERSHIP (Summary Line 5) \$ _____

SECTION 6: REAL ESTATE

Excluding your primary residence, all other residential and business property at current market value. This includes, but is not limited to, rental homes, condos, beach homes, and second homes as investments, personal property leased or rented for business purposes, farm properties or any other income producing land or property. List any first and second mortgages against this real estate. (Describe on a separate sheet)

MORTGAGEE	TYPE OF USE	OWNERSHIP %	PROPERTY VALUE	MORTGAGE BALANCE

TOTAL REAL ESTATE (Summary Line 6) \$ _____

MORTGAGE LOAN(S) (transfer total to line 14 summary) \$ _____

SECTION 7: PERSONAL VEHICLES

List all personal autos, trucks, boats, and recreational vehicles owned at current market value. Include personally owned vehicles that are leased or rented to businesses or other individuals. Include any loan balances against these personal vehicles.

YEAR AND DESCRIPTION	OWNERSHIP %	CURRENT VALUE	NOTE BALANCE

TOTAL VALUE (transfer to line of 7 summary) \$ _____

TOTAL LOAN BALANCE (Summary Line 12) \$ _____

SECTION 8: OTHER PERSONAL PROPERTY

Includes personal property items such as household goods, computers, electronic equipment, jewelry, antiques and collections, etc. at current market value. You must retain your compilation, but you need only provide the total below. Calculate only the value of your share of ownership. For example, if the total value is \$100, and your share is one-half, you would list \$50 as the Total.

TOTAL OTHER PERSONAL PROPERTY (Summary Line 8) \$ _____

SECTION 9: OTHER ASSETS	
The market value of any other assets you own that do not fit into one of the foregoing sections.	
DESCRIPTION OF ASSETS	VALUE

TOTAL OTHER ASSETS (Summary Line 9) \$ _____

SECTION 10: ACCOUNTS PAYABLE			
Includes credit card debt and store accounts not associated with the applicant firm, and other accounts payable by you personally. Do not include payables listed in other sections.			
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL ACCOUNTS PAYABLE (Summary Line 10) \$ _____

SECTION 11: NOTES PAYABLE	
Include the current balances of any personal loans that are not reflected elsewhere in this document and other personal debt guaranteed by your signature. Shareholder loans must be in the form of a written agreement, with defined interest and a repayment schedule.	
DESCRIPTION OF LOAN	AMOUNT

TOTAL NOTES PAYABLE (Summary Line 11) \$ _____

SECTION 12: UNPAID TAXES			
Include your portion of any obligation for unpaid taxes, i.e. Federal, state, or county property assessments.			
DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT

TOTAL UNPAID TAXES (Summary Line 15) \$ _____

SECTION 13: OTHER LIABILITIES	
Include your share of any liability not previously accounted for in this statement. DO NOT include contingent or deferred liabilities.	
DESCRIPTION	AMOUNT

TOTAL OTHER LIABILITIES (Summary Line 16) \$ _____

Has the owner transferred any assets to the spouse or another individual, or established trust accounts within the past two years?
 Yes No *(If Yes, provide a statement describing the items transferred and market cost. Provide a copy of written documents applicable.)*

NET WORTH SUMMARY PAGE
FLORIDA UNIFORM CERTIFICATION PROGRAM
PERSONAL NET WORTH AS OF _____ (date)

OWNER'S NAME: _____

ASSETS	DOLLAR VALUE
1. Cash (Total Section 1)	\$ _____
2. Retirement Accounts (Total Section 2)	_____
3. Life Insurance (Total Section 3)	_____
4. Stocks, Bonds, and Other Securities (Total Section 4)	_____
5. Value of Other Business(es) (Total Section 5)	_____
6. Real Estate (Total Section 6)	_____
7. Personal Vehicles (Total Section 7)	_____
8. Other Personal Property (Total Section 8)	_____
9. Other Assets (Total Section 9)	_____
TOTAL ASSETS	\$ _____

LIABILITIES	DOLLAR VALUE
10. Accounts Payable (Total Section 10)	\$ _____
11. Notes Payable (Total Section 11)	_____
12. Notes on Personal Vehicles (Total Section 7)	_____
13. Loan on Life Insurance (Total Section 3)	_____
14. Mortgages on Real Estate (Total Section 6)	_____
15. Unpaid Taxes (Total from Section 12)	_____
16. Other Liabilities (Total Section 13)	_____
TOTAL LIABILITIES	\$ _____

NET WORTH (Total Assets Minus Total Liabilities) \$ _____

EXHIBIT B

STATE OF FLORIDA UNIFIED CERTIFICATION PROGRAM

Disadvantaged Business Enterprise (DBE) Affidavit For Continuing Eligibility

DECLARATION

This declaration is executed under penalty of perjury of the laws of the United State and State of Florida.

PRINT NAME AND TITLE OF MAJORITY DISADVANTAGED OWNER: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS (if different): _____

BUSINESS PHONE: _____ FAX NUMBER: _____

DBE FIRM'S GROSS RECEIPTS (MOST RECENT COMPLETE YEAR): \$ _____ (attached a copy of firm's tax return, Schedule C or a CPA Report. *You must include the gross receipts of any and all affiliate businesses together with their respective tax returns or income statements*)

HAS THERE BEEN A CHANGE IN OWNERSHIP THIS PAST YEAR? YES _____ NO _____ (If "yes," *you must submit proof of investment; documents indicating race, gender, ethnicity and citizenship status; stock certificates, partnership agreements, Corporate Meeting Minutes etc. reflecting said changes for all new owners.*)

DOES THE PERSONAL NET WORTH (PNW)) OF ANY DISADVANTAGED OWNER EXCEED \$750,000? YES _____ NO _____ (If "yes," identify the owner(s)) *Personal Net Worth excludes your personal residence and the value of the DBE firm. Including all non-DBE business property, furnishings, jewelry, guns, stocks, bonds, IRAs, livestock, etc.*

HAS THERE BEEN A CHANGE IN MANAGEMENT? (Including Board of Directors for corporations) YES _____ NO _____ (If "yes," *you must provide the names of new management staff and a description of their duties and responsibilities.*)

I understand that any material misrepresentation will be grounds for de-certification, and for initiation of actions under Federal and/or State laws regarding the making of false statements. I certify that there have been no material changes in the information provided with this firm's most recent complete application for DBE certification, except those heretofore conveyed, in writing, to:

STATE OF _____

COUNTY _____

Disadvantaged Owner's Printed Name

Corporate Seal:

Disadvantaged Owner's Signature

SWORN TO AND SUBSCRIBED BEFORE ME THIS ___ DAY OF _____, 20___ BY _____

(Affiant's Printed Name)

HE/SHE IS PERSONALLY KNOWN TO ME OR HAS PRODUCED _____ (type) as identification.

STATE OF _____

(Notary's Printed Name)

My commission Expires

**RETURN ALL COMPLETE
FORMS
(ATTACH ALL REQUIRED
DOCUMENTS) TO:
*LEE COUNTY PORT AUTHORITY
D.B.E. OFFICE
11000 TERMINAL ACCESS RD.
FORT MYERS, FL 33913***