

## ATTACHMENT 2 Personal Net Worth Statement

As of (insert date): \_\_\_\_\_

For M/W/VBE and BEPD certification, each qualifying owner of the Applicant firm must complete the form and all non-qualifying owners who possess 20% or more interest in the Applicant firm are required to complete the form.

Business Name			
Owner Name		Business Phone	
Residence Address		Residence Phone	
City, State & Zip Code		Email	
ASSETS		LIABILITIES	
<b>(only \$, not ¢)</b>		<b>(only \$, not ¢)</b>	
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Account	\$	Notes Payable to Banks and Others (Describe in Section 1)	\$
Accounts & Notes Receivable	\$	Installment Account (Auto)	\$
Life Insurance – Cash Surrender Value (Describe in Section 6)	\$	Monthly Payments	\$
Stocks and Bonds (Describe in Section 2)	\$	Installment Account (Other)	\$
Automobile-Present Value	\$	Monthly Payments	\$
		Loan on Life Insurance	\$
		Unpaid Taxes (Describe in Section 4)	\$
		Other Liabilities (Describe in Section 5)	\$
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>
		<b>Net Worth</b> <b>(Assets-Liabilities=Net Worth)</b>	<b>\$</b>

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

### Section 1. 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 Note Holders	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.)

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

### Rental Property Income (List property locations and monthly payments)


**Section 4. 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 5. Other Liabilities** (Describe in detail.)

**Section 6. Life Insurance Held** (Give face amount and cash surrender value of policies – name of insurance company and beneficiaries.)

I authorize the City of Chicago 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 obtaining certification as a Minority, Women or Veteran-Owned Business Enterprise and/or Business Enterprise owned by People with Disabilities (Chicago Municipal Code 2-92). I understand FALSE statements may result in possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001) and/or the applicable local authority (730 ILCS 175/3, Chicago Municipal Code 1-22).

Signature:	Date:	SSN:
Signature:	Date:	SSN: