



CITY OF PHILADELPHIA

MINORITY BUSINESS ENTERPRISE COUNCIL
PERSONAL FINANCIAL STATEMENT
As of _____ 20 _____

Complete this form if 1) a sole proprietorship by the proprietor; 2) a partnership by each partner; 3) a corporation by each officer and each stockholder holds ownership; 4) include only those assets/liabilities relevant to applicant, excluding spouse.

NAME _____ RESIDENCE TELEPHONE NUMBER _____

RESIDENCE ADDRESS _____

CITY, STATE, & ZIP CODE _____

BUSINESS NAME OF APPLICANT _____

Table with columns ASSETS (Omit Cents) and LIABILITIES (Omit Cents). Rows include Cash on hand, IRA, Accounts & Notes Receivable, Life Insurance, Stocks and Bonds, Real Estate, Automobile, Other Personal Property, Other Assets, Accounts Payable, Notes Payable, Installment Account (Auto), Installment Account (Other), Loans on Life Insurance, Mortgages on Real Estate, Unpaid Taxes, Other Liabilities, Total Liabilities, and Net Worth.

Section 1. Source of Income and Contingent Liabilities. Rows include Salary, Net Investment Income, Real Estate Income, Other Income (Describe)*, As Endorser or Co-Maker, Legal Claims & Judgments, Provision for Fed. Income Tax, and Other Special Debt.

Description of Items Listed in Section 1 _____

* (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 Banks and Others

Table with 6 columns: Name & Address of Noteholder, Original Balance, Current Balance, Payment Amount, Terms (Monthly-etc.), and How Secured or Endorsed—Type of Collateral.

(Response is required)

Section 3. Stocks and Bonds: *(Use separate sheet if necessary).*

No. of Shares	Names of Securities	Cost	Market Value Quotation/Exchange	Date Amount

Section 4. Real Estate Owned. *(List each parcel separately. Use supplemental sheets if necessary. Each sheet must be identified as a supplement to this statement and signed).*

Address — Type of property	Title is in Name of	Date Purchased	Original Cost	Present Value	Mortgage Balance	Amount of Payment	Status of Mortgage

Section 5. Other Personal Property. *(Describe, and if any is mortgaged, state name and address of mortgage holder and amount of mortgage, terms of payment, and if delinquent, describe delinquency).*

Section 6. Other Assets, Notes & Accounts Receivable. *(Describe).*

Section 7. Unpaid Taxes. *(Describe in detail, as to type, to whom payable, when due, amount, and what, if any, property the tax lien attaches).*

Section 8. Other Liabilities. *(Describe in detail).*

Section 9. Life Insurance Held. *(Give face amount of policies — name of company and beneficiaries).*

MBEC is authorized to make all inquiries deemed necessary to verify the accuracy of the statements made herein. (I) verify the above and the statements contained in the schedules herein are true and correct statements of (my) financial condition as of the date stated herein. (I) understand that a misrepresentation may be punishable under Section 4904 of Title 18 P.S.C.A., RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

SIGNATURE

SOCIAL SECURITY NUMBER

DATE