PERSONAL FINANCIAL STATEMENT

North Dakota Department of Transportation, Civil Rights Division

SFN 52157 (Rev. 08-2006)

Complete this form for: (1) each economically disadvantaged proprietor, or (2) each economically disadvantaged limited partner, or (3) each economically disadvantaged general partner, or (4) each economically disadvantaged stockholder, or (5) any person or entity upon which their status is depended on to achieve the status of "disadvantaged".

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

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

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.

*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. (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

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 Quotation/Echange	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 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)

I authorize NDDOT 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 disadvantaged business enterprise. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: Date: Social Security Number:

Signature: Date: Social Security Number:

NOTARY CERTIFICATE

State of ________________________ County of ______________________

On this _______________ day of _________________________ in the year of _________, before me personally appeared

____

known to me to be the person whose name is described in, and who executed the within and did so of his or her own free act and deed,

Notary Public ____

State of ____

(Seal) Residing at ____

My Commission Expires: ________________________________