



**SMALL BUSINESS ENTERPRISE (SBE)**  
**WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY**  
**PERSONAL NET WORTH STATEMENT**  
**As of \_\_\_\_\_**

This form is to be completed by each person whose ownership and control is being relied upon for SBE certification by the applicant firm.  
(\* ) Please attach extra sheets as necessary. Each attachment must be identified as part of this statement and signed.

Applicant Name				Residence Telephone (       )			
Residence Address							
City, State & Zip Code				Business Telephone (       )			
Business Address							
City, State & Zip Code				Email Address			

<b>ASSETS* (Omit Cents)</b>				<b>LIABILITIES* (Omit Cents)</b>			
	Dollars	Joint w/whom	Your %		Dollars	Joint w/whom	Your %
Cash and Cash Equivalents	\$			Loan on Life Insurance (Complete Section 5)	\$		
Retirement Accounts (IRAs, 401Ks, 403Bs, Pensions, etc.) (Complete Section 3)	\$			Mortgages on Real Estate Excluding Primary Residence Debt (Complete Section 4)	\$		
Brokerage, Investment Accounts	\$			Notes, Obligations on Personal Property (Complete Section 2)	\$		
Assets Held in Trust	\$			Notes & Accounts Payable to Banks and Others	\$		
Loans from You to the Firm, Other Entities, Individuals & Other Receivables (Complete Section 8)	\$			Installment Account(other)	\$		
Real Estate Excluding Primary Residence (Complete Section 4)	\$			Other Liabilities (Complete Section 7)	\$		
Life Insurance (Cash Surrender Value) (Complete Section 5)	\$			Unpaid Taxes (Complete Section 7)	\$		
Other Personal Property and Assets (Complete Section 8)	\$				\$		
Business Interest Other Than the Applicant Firm (Complete Section 6)	\$				\$		
	\$				\$		
<b>TOTAL ASSETS</b>	\$			<b>TOTAL LIABILITIES</b>	\$		
	<b>NET WORTH (ASSETS - LIABILITIES)</b>			\$			

**Section 2 \* Notes Payable to Bank and Others**

Names and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency	How Secured or Endorsed Type of Collateral

**Section 3\* Brokerage and Custodial Accounts, Stocks, Bonds, Retirement Accounts.**

Name of Security/ Brokerage Account/ Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

**Section 4\* Real Estate Owned (List each parcel separately)**

	Primary Residence	Property B	Property C
Type of Property			
Address			
Date Purchased			
Purchase Price			
Present Market Value			
Source of Market Valuation			
Name of All Mortgage Holders			
Mortgage Acc. # and balance (as of date of form)			
Payment Amount (annual)			

**Section 5\* Life Insurance Held (Give face amount and cash surrender value of policies, name of insurance companies and beneficiaries)**

Insurance Company	Face Value	Cash Surrender Amount	Beneficiaries	Loan on Policy Information

**Section 6\* Value of Other Business Investments, Other Business Owned (excluding applicant firm)**


**Section 7\* Other Liabilities and Unpaid Taxes (Describe)**


**Section 8\* Other Personal Property and Other Assets:** Describe if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment, and if delinquent, describe delinquency, household items, art & other collectibles, and personal effects


I hereby authorize WMATA to make inquiries, as necessary, to verify the truth and accuracy of the information contained herein. Further, I declare, under penalty of perjury under the laws of the United States, that the foregoing information and information contained in attachments hereto, is true and accurate as of the stated date. These statements are made for the purpose of obtaining WMATA SBE Certification and possible participation on federally-assisted contracts. I understand false statements may result in my inability to obtain or continue WMATA SBE Certification and may result in criminal prosecution.

Print Name:	
Signature (SBE Owner)	Date:

**NOTARY CERTIFICATE:**  
(Insert applicable state acknowledgment, affirmation, or oath)