



University of South Alabama
STATEMENT OF PERSONAL NET WORTH
DISADVANTAGED BUSINESS ENTERPRISE PROGRAM

Complete this form for each socially disadvantaged proprietor(s), or socially disadvantaged limited and general partner(s) whose combined interest totals 51% or more, or socially disadvantaged stockholder(s) owning 51% or more of voting stock in the disadvantaged business enterprise.

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

Business Name of DBE

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on Hand and in Banks.....	\$ _____	Accounts Payable.....	\$ _____
Savings Accounts.....	\$ _____	Notes Payable to Banks and Others....	\$ _____
IRA or Other Retirement Account(s).....	\$ _____	Installment Account (Auto).....	\$ _____
Accounts and Notes Receivable.....	\$ _____	Monthly Payments.....	\$ _____
Life Insurance - Cash Surrender Value Only	\$ _____	Installment Account (Other).....	\$ _____
Stocks and Bonds.....	\$ _____	Monthly Payments.....	\$ _____
Real Estate.....	\$ _____	Loan on Life Insurance.....	\$ _____
Automobile - Present Value.....	\$ _____	Mortgages of Real Estate.....	\$ _____
Other Personal Property.....	\$ _____	Unpaid Taxes.....	\$ _____
		Other Liabilities.....	\$ _____
Total Assets.....	\$ _____	Total Liabilities.....	\$ _____
		Net Worth.....	\$ _____
		Total.....	\$ _____

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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.	

Section 2. Notes Payable to Bank and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name & 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 a part of this statement and signed.)

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

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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/Date of Purchase			
Name & Address of Title Holder			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Balance			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lean holder, amount of lien, terms of payment, and if delinquent, describe delinquency.)

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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 attached.)

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Section 7. Other Liabilities. (Describe in detail.)

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Section 8. Whole Life Insurance Held. (Give face amount and cash surrender value of policies, name of insurance company and beneficiaries.)

Section 9. Asset Transfers. (Describe any transfer of assets between the disadvantaged individual and any individual or business within the past two years.)

I authorize the University of South Alabama to make inquiries and verification of supporting documentation, 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).

Signature: _____	Date: _____	Social Security Number _____
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Subscribed and sworn to before me this _____ Day of _____

My commission expires _____

Notary Public _____ (Seal)