

COOK COUNTY
Personal Net Worth Statement

Revised 10/07

Cook County MBE/WBE Certification Program

As of (insert date): _____

For Applicants in the Construction Industry applying to the County of Cook for Certification or Re-Certification as MBE and/or WBE, 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	
(only \$, not ¢)		(only \$, not ¢)	
Cash on hand & in Banks	\$	Accounts Payable	\$
Savings Account	\$	Notes Payable to Banks and Others (Describe in Section 2)	\$
IRA or Other Retirement Account	\$	Installment Account (Auto)	\$
Accounts & Notes Receivable	\$	Monthly Payments	\$ _____
Life Insurance - Cash Surrender Value (Describe in Section 8)	\$	Installment Account (Other)	\$
Stocks and Bonds (Describe in Section 3)	\$	Monthly Payments	\$ _____
Real Estate (Describe in Section 4)	\$	Loan on Life Insurance	\$
Automobile-Present Value	\$	Mortgages on Real Estate (Describe in Section 4)	\$
Other Personal Property (Describe in Section 5)	\$	Unpaid Taxes (Describe in Section 6)	\$
Other Assets (Describe in Section 5)	\$	Other Liabilities (Describe in Section 7)	\$
		Total Liabilities	\$
Total Assets	\$	Net Worth (Assets - Liabilities = Net Worth)	\$

Section 1. Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provisions 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 towards 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 Noteholder(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 Quotations/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned (List each parcel separately. Use attachment if necessary. Each attachment must be identified as 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 is 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 the County of Cook 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 obtaining certification as a Minority and/or Woman-Owned Business Enterprise. I UNDERSTAND ANY MATERIAL MISREPRESENTATION OF INFORMATION IN THIS DOCUMENT MAY RESULT IN: 1) DENIAL OF CERTIFICATION; 2) DE-CERTIFICATION; 3) TERMINATION OF ANY CONTRACT AWARDED; 4) DENIAL OF MBE/WBE PARTICIPATION CREDIT; AND/OR 5) INITIATING ACTION UNDER FEDERAL, STATE OR LOCAL LAW.

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