City of Jacksonville (FL) PROCUREMENT DEPARTMENT JACKSONVILLE SMALL EMERGING BUSINESS (JSEB)

Ordinance 2004 - 602 E

OWNERS NET WORTH

Complete this form for each qualify owner(s)	ving			
Applicant Name:	Cell Phone:			
Residence Address:	Residence Phone:			
City, State and Zip Code:				
Business Name:	ness Name: Business Phone:			
PERSONAL FINANCIAL STATEMENT As of, 20				
ASSETS	(Omit Cents)	TOTAL LIABILITIES	(Omit Cents)	
Cash on hand and in banks	\$	Accounts payable	\$	
Savings accounts	\$	Notes payable to banks and others (describe in section 1)	\$	
IRA or other retirement account	\$	Unpaid / overdue taxes (describe in section 5)	\$	
Accounts and notes receivable	\$	Installment account (other)	\$	
Life insurance - cash surrender value only (complete section 7)	\$	Loans against life insurance	\$	
Stocks and bonds (describe in sec. 2)	\$			
Real estate OTHER THAN primary residence (describe in section 3)	\$	Total mortgages on OTHER real estate (describe in section 3)	\$	
Automobile(s) - present value	\$	Auto loan current balance	\$	
Other personal property and assets (describe in section 4)	\$	Other liabilities (describe in section 6)	\$	
Business value – net worth of business times percent ownership*	\$			
Total Assets	\$	Total Liabilities	\$	
NET WORTH (Total Assets minus Total Liabilities) = \$				

If the majority owner's business partner is also their spouse, 100% of the business book value and assets must be claimed per Ordinance 126.608 Section C (2).

^{*}For example: If my company is worth \$100,000, and I own 51% of the business, the business value is \$51,000.(\$100,000 X 0.51 = \$51,000)

Source of Income		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims and Judgments	\$
Real Estate Income	\$	Provision for Federal Income Tax	\$
Other Income	\$	Other Special Debt	\$

DETAILS OF PREVIOUS PAGE

Section 1. Notes Payable to Bank / Others		
Name and Address of Note holder(s)	Original Balance	Current Balance
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Number of		
Shares	Name of Securities	Total Value
		\$
		\$
		\$
		\$
		\$

Section 3. Real Estate Owned (List each parcel separately.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost	\$	\$	\$
Present Market Value	\$	\$	\$
Mortgage Balance	\$	\$	\$
Section 5. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attached.)			
Section 6. Other Liabilities (Describe in detail.)			
Section 7. Life Insurance Held (Give face amount and cash surrender value of policies - name of insurance company.)			
I authorize the City of Jacksonville to verify the accuracy of the statements made in order to determine whether I meet the standards for participation in the JSEB Program at the City of Jacksonville. PROVIDE A COPY OF YOUR IRS FORM 1040 FOR THE YEAR TO SUPPORT THIS STATEMENT. These statements are true and correct to the best of my belief.			
SIGNATURE:	TITLE:	SSN (last 4)/or Comp	· · · · · · · · · · · · · · · · · · ·

SSN (last 4)/or Complete EIN:

AFFIDAVIT

Owners Net Worth statement.

The undersigned swears that the initial and any supplemental information, statements and/or documents provided are: (i) provided in an effort to induce the grant of JSEB certification with the COJ; and (i) true and correct. Any material misrepresentation will be grounds for immediate de-certification, debarment and initiation of legal action under Federal, state and local laws concerning false statements.

Corporate Seal:		
	Print Applicant	's Name
	Signature of Ap	oplicant
State of		
County of		
Sworn to and subscribed before me this	day of	, 20
by	(Name of aft	iant). He / She is personally known to me
or has produced		_(type of identification) as identification.
(Notary's printed name) Commis	sion Expiration	(Notary's Signature)