PERSONAL FINANCIAL STATEMENT

North Dakota Department of Transportation, Civil Rights Division
SFN 52157 (Rev.11-2009)

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)

Cash on hand & in Banks	$
Savings Accounts	$
IRA or Other Retirement Account	$
Accounts & Notes Receivable	$
Life Insurance-Cash Surrender Value Only (Complete Section 8)	$
Stocks and Bonds (Describe in Section 3)	$
Real Estate (Describe in Section 4)	$
Automobile-Present Value	$
Other Personal Property (Describe in Section 5)	$
Other Assets (Describe in Section 5)	$
Total	$

LIABILITIES (Omit Cents)

Accounts Payable	$
Notes Payable to Banks and Others (Describe in Section 2)	$
Installment Account (Auto) Mo. Payments $	$
Installment Account (Other) Mo. Payments $	$
Loan on Life Insurance	$
Mortgages on Real Estate (Describe in Section 4)	$
Unpaid Taxes (Describe in Section 6)	$
Other Liabilities (Describe in Section 7)	$
Total Liabilities	$
Net Worth	$
Total	$

Section 1. Source of Income

Salary	$
Net Investment Income	$
Real Estate Income	$
Other Income (Describe below)*	$

Contingent Liabilities

As Endorser or Co-Maker	$
Legal Claims & Judgments	$
Provision for Federal Income Tax	$
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:

ACKNOWLEDGEMENT

STATE OF _____)
)SS
COUNTY OF _____)

On this _____ day of _____, 20____, personally appeared before me _____ known to me to be the person__ named in and who executed the foregoing instrument and acknowledged that _____ executed the same.

_____
PRINT, TYPE OR STAMP NAME OF NOTARY

My commission expires _____