

## PERSONAL NET WORTH FINANCIAL WORKSHEET

<b>Owner's Name</b>	<b>Business Name</b>			<b>Business Phone</b>
<b>Residence Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>	<b>Home Phone</b>

ASSETS	AMOUNT	Check if Joint Assets	LIABILITIES	AMOUNT
1. Cash on Hand & in banks	\$		1. Accounts payable	\$
2. Savings Accounts	\$		2. Notes payable to banks and others	\$
3. IRA or Other Retirement Accounts	\$		3. Installment account (auto)	\$
4. Personal & Notes Receivable	\$		4. Installment account & credit cards	\$
5. Life Insurance <i>(Cash surrender only)</i>	\$		5. Other Liabilities <i>(describe on separate sheet)</i>	\$
6. Stocks and Bonds <i>(current market value)</i>	\$		6. Mortgage on other properties	\$
7. Real Estate <i>(Exclude primary residence)</i>	\$		7. Other liabilities	\$
8. Automobiles <i>(present value)</i>	\$			
9. Personal property	\$			
10. Other Assets <i>(describe on separate sheet)</i>	\$		<b>TOTAL LIABILITIES</b> <b>(Add line 1 -8)</b>	\$
11. Ownership in <u>other</u> businesses	\$			
<b>Personal Net Worth (Total Assets Minus Total Liabilities)</b>				
<b>TOTAL ASSETS (Add Lines 1 – 11)</b>	\$		<b>Personal Net Worth (Total Assets Minus Total Liabilities)</b>	\$

I hereby certify that this *personal net worth statement* is **complete and accurate** to the best of my knowledge. I hereby certify under penalty of perjury that my personal net worth **does not exceed \$1.32 million**. The City of Savannah is authorized to verify the accuracy of this statement to determine whether I meet the standards for participation in the City of Savannah's LSBE and/or M/WBE Program(s).

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: This worksheet can be supported by a CPA's statement. If submitting a CPA's statement of PNW, check the box below and attach.*

**With this application, I am submitting a signed, notarized statement of personal net worth prepared by a Certified Public Accountant.**

NOTARY CERTIFICATE	
STATE OF _____	
COUNTY OF _____	
Subscribed and sworn to before me this _____ day of _____, 20 _____	
Signature of Notary Public _____	Printer/typed name of Notary Public _____
County of residence _____	Date commission expires _____