

PERSONAL FINANCIAL STATEMENT

As of _____, _____

Complete this form for: (1) each proprietor, (2) each limited partner who owns 20% or more interest and each general partner, (3) each stockholder owning 20% or more of voting stock or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residential Address	Residential Phone
City, State, & Zip Code	

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

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.

I authorize MDA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the Attorney General of the State of Mississippi.

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

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I, the undersigned hereby certify, under penalty of perjury, that my personal net worth is less than **\$750,000.00** for eligibility to the MBE/WBE Certification Program, and for the purpose of financing through the Minority Business Enterprise Loan Program, my personal net worth is less than **\$500,000.00** consistent with the provisions UNDER MISSISSIPPI'S MINORITY BUSINESS ENTERPRISE ACT SECTION 57 CHAPTER 69 HOUSE BILL 1349 AND SENATE BILL 2685 (2006 REGULAR SESSION).

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

NOTARY CERTIFICATE

STATE OF _____

} SS:

COUNTY OF _____

Subscribed and sworn to before me this _____ day of _____, 20____.

Printed/typed name of Notary Public _____

Signature of Notary Public _____

County of residence _____ Date commission expires _____