Personal Financial Statement Values as of:

Date of Birth _



Name:

Spouse:

Home

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Address:

Bus. Email:

Bus. Phone:

ASSETS	For assets held jointly with spouse or another person, include only the value YOUR interest, *	Dollar Value	Joint w Spouse? Y/N	LIABILITIES AND NET WORTH	For liabilities for which you are jointly liable with your spouse or another person, include only half the total.	Dollar Value	Joint w Spouse? Y/N
Cash on Hand,	Checking and Savings Accounts				yable (See Section 2 Below) (Home personal loan, etc. Do not include s or business loans)		
Retirement Acc	counts (See Section 8 Below)			Revolving Credit A	account Balances		
Stocks & Bond	s (See Section 3 Below)			Outstanding Local, State, Federal Personal Income Taxes from previous years (Include only balance remaining under payment plans).			
	ned (See Section 4 Below) (Do ue of Primary Personal Residence)			Ű	ages Payable (See Section 4 Below) (Do ages on Primary Personal Residence)		
Personal Notes	Receivable (See Section 6 Below)			Life Insurance Loa	ans (See Section 7 Below)		
Cash Value of I Below)	ife Insurance (See Section 7			Auto Loan Balances	s (See Section 9 Below)		
1 5 5	ther Businesses (See Section 5 the business applying)			Other Liabilities - I	Not otherwise listed		
Personal Vehicl 9 Below)	es (Cars, Trucks, etc) (See Section						
Other Owned	/ehicles (RVs, Boats, etc)			TOTAL LIAB	ILITIES		
Other Personal	Property (Jewelry, artwork, etc.)						
TOTAL AS	SETS			NET WORTH	(ASSETS LESS LIABILITIES)		

*For any assets held jointly with someone other than your spouse, provide the following information (use additional sheet if necessary):

		Your % of
Name(s) of Other Owner(s) and Percentage of Ownership for Each	Total Value of Asset	Ownership
	Name(s) of Other Owner(s) and Percentage of Ownership for Each	Name(s) of Other Owner(s) and Percentage of Ownership for Each Total Value of Asset

Transfers To Immediate Family Members within the Past Two Years Attach additional sheets if necessary.							
Description of Property/Asset	Name of Person to Whom	Relationship to			Amount Paid by	Value at Time	
Transferred	Transfer Was Made	You	Date of Transfer	Reason for Transfer	Transferee	of Transfer	

TOTAL

Assets Held in Trust for Which You Are the Primary Beneficiary

	Attach additional s	heets if necessary.
		Can Principle Be
Fruct	Value of Assets	Distributed to

					Can Principle Be	Is Trust
			Date Trust	Value of Assets	Distributed to	Revocable?
Name of the Trust	Name(s) of Trust Grantor(s)	Current Trustee's Name	Established	Held in Trust	You? (Y/N)	(Y/N)

THIS IS A 3 PAGE FORM, AND YOU MUST COMPLETE EACH SECTION ON ALL 3 PAGES OR THE APPLICATION WILL BE RETURNED.

Contingent Liabilitie		essary.			
Type of Contingent Liability	To What Creditor May Payment Have	Conditions That Will Trigger	Total Amount of	Name(s) of Person(s) with Primary	Date Liability Will Expire or
Action, etc.)	to be Made?	Obligation to Pay	Potential Liabilty	Responsibility	Terminate
		TOTAL			

Section 1. Sources of Income

Type of Income	Annual Amount	Source
Salary:		Employer:
Rental Income: (Complete Section 4)		Rental Property Address(es):
Other Business Income: (Complete Section 5)		Name of Business:
Other Income: (Complete Sections 6 and 8)		Source:
TOTAL		

Section 2. Notes Payable: Banks & Other Institutions (Not Including 1st Mortgages on Real Estate or Business-Related Loans) Identify all existing loans that are not secured by real estate. Attach additional sheets if necessary. List FULL AMOUNT even though only a portion may be included on page 1.

Name of Institution	Name(s) on Account	Original Balance	Outstanding Balance	Term of the Loan	Monthly Payment	Secured by What Assets (Collateral)?
	TOTAL					

Section 3. Stocks & Bonds Attach additional sheets if necessary.

Number of Shares or Face Value of Bonds	Type? Stock/ Bond	Agency or Name of Company Issuing Security or Bond	Asset Held In Name(s) Of	Market Value	Basis of Valuation	Pledged for Financing? Yes/No	Amount Pledged

TOTAL

Section 4. Real Estate Owned (and related 1st mortgage debt, if applicable). Attached additional sheets if necessary. Include full value even if owned iointly.

Tun value even n	Junea jenner yr					
Address of Property	Type of Property (Commercial, Rental, Vacation Home, Farm etc)	Titled in the Name(s) of	Basis for Valuation	Present Value	Mortgage Balance	Mortgage Holder
	1 4.111 010)		Basis IS. Valuation		mer igage balariee	incrigage Holder
	-		-			
			TOTAL			

Section 5. Equity in LLCs, S-Corps, or Other Businesses (exclude business for which you are applying)

Attach additional sheets if necessary.

Business Name	Type of Business	Ownership Percentage	Basis for Valuation (Appraisal, Buy-Sell Agreement,etc)	Valuation	Names of Other Shareholders, Patrners or Members
			TOTAL		

Section 6. Personal Notes Receivable and Personal Loans to Others Attach additional sheets if necessary.

Name(s) of Debtor(s)	Original Loan Balance	Loan Origination Date	Balance Outstanding	Maturity Date	Loan Purpose	Collateral (if any)

TOTAL

Section 7. Cash Value Life Insurance Policies Attach Additional sheets if necessary.

Name of Company	Face Amount	Cash Surrender Value	Loan Balance (if any)	Monthly Payment	Beneficiaries

Section 8. Retirement Accounts Attach Additional sheets if necessary.

Account Type (401k, IRA, Roth, etc)	Name of Plan Trustee or Financial Institution Holding Account	Name on the Account	Current Balance	Pledged for Financing? Yes/No	Amount Pledged

TOTAL

Section 9. V	Section 9. Vehicles Attach Additional sheets if necessary. Include FULL VALUE even if jointly owned and only a portion is listed on page 1.						
Year	Make	Model	Titled in the Name(s) Of	Mileage	Condition	Value	Loan Balance (if any)
TOTAL							

I authorize the City of Cincinnati and the Department of Economic Inclusion to make inquiries, as necessary, to verify the accuracy of the statements made and to determine my creditworthiness. I certify that the information contained on each of the 3 pages of this Personal Financial Statement and the statements contained in any attachments submitted herewith are true and accurate as of the noted following "Values as of" on the first page. These statements are made for the purpose of obtaining Small Business Enterprise Certification under the Cincinnati Municipal Code. I understand that, pursuant to Cincinnati Municipal Code 323-7, FALSE statements will result in the revocation of the certification that was granted on the basis of those fraudulent statements. I further understand that FALSE statements may result in possible prosecution.

Applicant's			
Signature		Date Signed	
THIS IS A 3 P	AGE FORM, AND YOU MUST COMPLETE EACH SECTION ON ALL 3 PAGES OR T	HE APPLICATIO	N WILL BE RETURNED.