City of Austin
Founded by Congress, Republic of Texas, 1839
Small & Minority Business Resources Department- Certification Office, 4201 Ed Bluestein Boulevard, Austin, TX 78721
Mailing Address: PO Box 1088, Austin, Texas 78767, Telephone (512) 974-7645 Fax (512) 974-7609

SMALL & MINORITY BUSINESS RESOURCES DEPARTMENT
PERSONAL NET WORTH (PNW) STATEMENT

Complete a PNW form for: (1) Each socially disadvantaged proprietor, or (2) Each socially disadvantaged limited and general partner whose combined interest totals 51% or more, or (3) Each socially disadvantaged stockholder owning 51% or more of voting stock. An individual's personal net worth includes only his or her share of assets held jointly or as community property with the individual's spouse. Personal Net Worth for the Austin Metro Area for 2010 may not exceed $1,341,000.00 to qualify for the City of Austin's Minority and Women-Owned Business Enterprise (MBE/WBE) Procurement Program.

Name:	**Business Phone:**	**Residence Phone:**
Residence Address:		
City, State & Zip Code:		
Business Name:		

PERSONAL FINANCIAL STATEMENT as of _____/_____/_____ (Date)

In determining net worth, exclude individual ownership interest in the applicant's business and equity in the primary personal residence. If married, use only ½ of all marital assets. Round all numbers to the nearest dollar.

ASSETS		**LIABILITIES**	
Cash on Hand or in Banks	$	Accounts Payable	$
Savings Accounts	$	Notes Payable to Banks and Others **(Describe in Section 1)**	$
IRAs or Other Retirement Accounts	$	Installment Accounts (Auto)	$
Accounts and Notes Receivable	$	Installment Accounts (Other)	$
Life Insurance – Cash Surrender Value Only **(Complete Section 7)**	$	Loans on Life Insurance	$
Stocks and Bonds **(Describe in Section 2)**	$	Mortgages on Real Estate (Except for the Personal Residence) **(Describe in Section 3)**	$
Other Real Estate (Except for the Primary Personal Residence) **(Describe in Section 3)**	$	Unpaid Taxes **(Describe in Section 5)**	$
Automobile(s) – Present Value	$	Other Liabilities **(Describe in Section 6)**	$
Other Personal Property and Other Assets **(Describe in Section 4)**	$		
Total Assets (sum of this column)	**$**	**Total Liabilities** (sum of this column)	**$**
		NET WORTH (Total Assets minus Total Liabilities)	**$**
Other Sources of Income	$	Other Contingent Liabilities	
Salary/Commissions	$	As Endorser or Co-Endorser	$
Net Investment Income	$	Legal Claims and/or Judgments	$

Section 1. 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 Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured Or Endorsed; Type of Collateral

Section 2. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.) NOTE: Quote must be within five (5) business days of this statement date.

Number of Shares	Name of Securities	Cost	Market Value Quotation or Exchange	Date of Quotation Or Exchange	Total Value

Section 3. Real Estate Owned. (Do not include the personal residence. 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 and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 4. Other Personal Property and Other Assets. (Describe, and if any asset is pledged as security, state the name and address of the lien holder, amount of the lien, terms of payment, and if delinquent, describe delinquency.)

_____

_____

_____

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 is attached.)

_____

_____

Section 6. Other Liabilities. (Describe in detail.)

Section 7. Life Insurance Held. (Give face value and cash surrender value of policies, name of insurance company and beneficiaries.)

Section 8. Transfer of Assets.
Have you, the individual claiming disadvantaged status, transferred assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? ☐YES ☐NO
If yes, provide the following information as an attachment: the date of the transfer, to whom the assets were transferred, amount paid for the assets, and market value of the assets at the time of the transfer.

NOTE: *Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions and may also exclude any transfers to an immediate family member for educational, medical or essential support purposes.*

I certify as evidence of my signature below, I have read and understand all statements contained here within and that all information I have provided is true and correct.

Applicant Signature Date

Notary Certificate

State of Texas
County of _____

Sworn to and subscribed before me on the _____ day of _____, year _____.

Notary Public (Notary Seal)