

Personal Net Worth Statement

EDGE Application

Date of statement: _____

Please Note: Each individual claiming economic disadvantage must submit a Personal Financial Statement.

If married, an individual claiming economic disadvantage must submit two separate Personal Financial Statements, one for themselves and one for their spouse, unless the individual and the spouse are legally separated.

Note: Please complete this form with *personal* information only **NOT** business information.

Business Name		FTID#
Biographical Data		
Business Owner	Name	Marital status (Single or Married)
	Date of Birth	Percentage of ownership
	Home Address (as reported to the IRS)	
	City, State, ZIP	
Phone Numbers	Home Phone	Business Phone
Spouse's Full Name (if applicable)		

ASSETS (Omit Cents)		LIABILITIES (Omit Cents)	
Cash and cash equivalents	\$	Loans on life insurance <i>(Describe in Section 5)</i>	\$
Retirement accounts (IRAs, 401Ks, 403Bs, Roth IRAs, Pensions, etc.) <i>(Describe in Section 3)</i>	\$	Mortgages on real estate excluding primary residence debt <i>(Complete Section 4)</i>	\$
Brokerage, investment accounts	\$	Notes, obligations on personal property <i>(Complete Section 6)</i>	\$
Assets held in trust	\$	Notes and accounts payable to banks and others <i>(Complete Section 2)</i>	\$
Loans to shareholders and other receivables <i>(Describe in Section 6)</i>	\$	Other liabilities <i>(Describe in Section 8)</i>	\$
Real estate excluding primary residence <i>(Describe in Section 4)</i>	\$	Unpaid taxes <i>(Describe in Section 8)</i>	\$
Life insurance (cash surrender value only) <i>(Describe in Section 8)</i>	\$		
Other personal property and assets <i>(Describe in Section 5)</i>	\$		
Automobiles <i>(Describe in Section 6)</i>	\$		
Business interest other than the applicant business <i>(Describe in Section 7)</i>	\$		
Other assets <i>(Describe in Section 6)</i>	\$		
Mutual funds <i>(Describe in Section 3)</i>	\$		
Total assets	\$		Total liabilities
		Net worth	\$

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Section 2. Notes payable to banks and others				
Name of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

Section 3. Brokerage and custodial accounts, stocks, bonds, mutual funds, retirement accounts (full value)				
Name of Security/Brokerage Account/Retirement Account	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
	\$			\$
	\$			\$
	\$			\$
	\$			\$
	\$			\$

Section 4. Real estate owned <i>(including primary residence, investment properties, personal property leased or rented for business purposes, farm properties or any other income producing property) (List each parcel separately as needed.)</i>			
	Primary Residence	Property B	Property C
Type of property (e.g., primary residence, other residence, rental property, land, etc.)			
Address			
Date acquired			
Names on deed			
Purchase price	\$	\$	\$
Present market value	\$	\$	\$
Source of market valuation			
Mortgage balance	\$	\$	\$

Section 5. Life insurance held <i>(give face value and cash surrender value of policies)</i>				
Insurance Company Name	Face value	Cash Surrender Amount	Beneficiaries	Loans on Policy
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

Section 6. Other personal property and assets		
Type of Property or Asset	Total Present Value	Loan Balance Outstanding
Automobiles and vehicles (including recreation vehicles, motorcycles, boats, etc. Also include personally owned vehicles that are leased or rented to businesses or other individuals)	\$	\$
	\$	\$
	\$	\$

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Household goods/jewelry	\$	\$
	\$	\$
	\$	\$
Other (list)	\$	\$
	\$	\$
	\$	\$
Account and notes receivables	\$	\$
	\$	\$
	\$	\$
Section 7. Value of other business investments, other businesses owned <i>(excluding applicant business)</i>		
Section 8. Other liabilities and unpaid taxes <i>(describe)</i>		
Section 9. Transfer of assets: Have you within two years of this personal net worth statement transferred assets to a spouse, domestic partner, relative or entity in which you have an ownership or beneficial interest including a trust? <i>Answer Yes or No. If yes, please detail below.</i>		

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I authorize the Ohio Department of Administrative Services, Equal Opportunity Division to make inquiries as necessary to verify the accuracy of the statements made and to determine my personal net worth, average personal income and fair market value of assets as required by the Encouraging Diversity, Growth and Equity (EDGE) program.

By clicking this box , I certify under penalty of criminal prosecution that all information on this form and any additional supporting information submitted with this form is true and complete to the best of my knowledge.

Business owner's name (print): _____

Business owner's signature: _____