

# Kansas City Area Transportation Authority

## Statement of Individual Personal Net Worth

Complete This 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 Making Up 51% Or More Of Voting Stock.

Business Name Of Applicant	Owner's Full Name (Maiden Name, If Applicable)
Business Address	Residential Address
City, State & Zip Code	City, State & Zip Code
Business Phone ( )	Residence Phone ( )
Spouse's Full Name	Date Of Marriage

### Personal Financial Statement

#### Section 1 Assets

#### Bank Accounts

Name(S) On Account	Type Of Account <i>(See Codes *)</i>	Bank Name And Address	Account Number	Account Status <i>(Joint, Single, Trust)</i>	Date Opened	Current Balance

\* PC-Personal Checking, PS- Personal Savings, RC-Revolving Credit, O-Other (Explain)

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**Bonds**

Required Documentation May Include Bonds Certificates, Invoices, Bills Of Sale, Quotations, Estimate Of Value.

Name(S) On Certificates	Name Of Securities	Date Acquired	Number Of Shares	Cost Per Share	Market Value Quotation/Exchange	Date Of Quotation/Exchange	Total Value

**Assets Held In Trust**

Required Documentation May Include Trust Agreements, Valuation Of Assets.

Name Of Settlor	Type Of Trust (Revocable Etc.)	Date Trust Established	Specific Assets Held	Value Of Assets	Method Of Valuation	Date Of Valuation	Trustee	Names Of Beneficiaries

**Life Insurance Held**

Required Documentation May Include Policies.

Face Value Amount	Cash Surrender Amount	Insurance Company	Beneficiaries

**Other Personal Property & Assets**

Required Documentation May Include Invoices Or Bills Of Sale, Valuation, Note.

*(Include Total Value Of Household Good And Any Assets With A Current Value Over \$500.00)*

Type Of Property Or Asset	Value	Pledged Security (Y Or N)	Name & Address Of Lien Holder	Amount Of Lien	Terms Of Payment (Monthly, Etc.)
<i>Total Value Of Household Goods</i>					
<i>Total Value Of Jewelry, Art, etc</i>					

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**Real Estate**

**Required Documentation May Include A Copy Of Deed For Each Parcel, Mortgage Note, Copy Of Instrument Of Conveyance.  
(I.E. Property Settlement, Will, Etc.),**

	Property A	Property B	Property C
Type Of Property			
Address			
Method Of Acquisition <i>(Purchase, Inherit, Divorce, Gift, Etc.)</i>			
Date Acquired			
Name(S) On Deed			
Purchase Price			
Present Market Value			
Name Of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			

**Section 2 - Liabilities**

**Unpaid Taxes**

**Required Documentation May Include Notice Of Tax Due.**

Type Of Unpaid Tax	Payable To Whom	Date Due	Amount	Property Attached With Tax Lien

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**Notes Payable To Banks And Others**

Required Documentation May Include Copy Of Note, Copy Of Security Agreement, Copy Of Most Recent Payment, Last Statement Of Account.

Name(S) Of Borrower(S)	Name Of Note Holder(S)	Date Of Note	Original Balance	Current Balance	Payment Amount	Payment Terms (Monthly, Etc.)	Collateral

**Other Liabilities**

Required Documentation May Include Copy Of Most Recent Statement, Note Or Any Other Debt Instrument.

Description	Name Of Individual(S) Obligated (Designate If Co-Signer)	Name And Address Of Entity Owed	Date Of Obligation	Amount
<i>Total Credit Card Debt</i>				

**Section 3 – Transfers**

**Transfer Of Assets**

Detail All Transfers Of Assets Within 180 Days Of The Date Of Signature

Required Documentation May Include Bill Of Sale Or Invoice, Transfer Document (Lease, Title, Deed, Etc.), Estimate, Or Valuation.

Description Of Asset	Names On Deed, Title, Note Or Any Other Instrument Indicating Ownership Rights	Names Of Individual(S) Receiving Assets	Date Of Transfer	Value Or Consideration Received

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**Section 4 – Business Ventures**

**Sole Proprietorships**

**Required Documentation Must Include Business Financial Statement, Including Net Worth.**

Name Of Sole Proprietorship	Address	Business Value	Date Established	Primary Scope Of Operations

**General Partnerships, Joint Ventures**

**Required Documentation Must Include Business Financial Statement, Including Net Worth.**

Name Of Partnership	Address	Partners	Business Value	% Of Ownership	Date Established	Primary Scope Of Operations

**Limited Liability Corporations, Limited Partnerships, & Closely Held Corporations**

**Required Documentation Must Include Business Financial Statement, Including Net Worth.**

Name Of Business	Name(s) Of Stockholders On Certificates	Date Acquired	Number Of Shares (or Units)	Total Outstanding Shares Of Stock (Or Units)	Cost Per Share	Market Value Quotation/ Exchange	Date Of Quotation/ Exchange	Total Value

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**Publicly Traded Corporations**

**Required Documentation Must Include Business Financial Statement, Including Net Worth.**

Name Of Business	Name(s) Of Stockholders On Certificate	Date Acquired	Number Of Shares	Total Outstanding Shares Of Stock	Cost Per Share	Market Value Quotation/ Exchange	Date Of Quotation/ Exchange	Total Value

**Affidavit**

I Authorize The Kansas City Area Transportation Authority To Verify The Accuracy Of The Statements Made In Order To Determine Whether I Meet The Standards Of Economic Disadvantage For Participation In The DBE Program With The Kansas City Area Transportation Authority. These Statements Are True And Correct To The Best Of My Knowledge And Belief.

Any Material Omission Or Misrepresentation Will Be Grounds For Terminating The Eligibility Of This Firm As A Certified Or Qualified DBE, As Well As Any Contract Which May Have Been Awarded Under Those Programs, And For Initiating Action Under Federal And/OR Missouri Civil And/OR Criminal Laws Concerning False Affidavits, False Statements Or Declarations, Perjury, Fraud, Stealing By Deceit, Or Other Applicable Offenses. (Making A False Affidavit Is A Misdemeanor. See Section 575.050, RSMo 1986.)

<b>Signature:</b>	<b>Title:</b>	<b>SSN:</b>	<b>Date:</b>
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Subscribed And Sworn To Before Me, The Undersigned, A Notary Public In And For Said County And State, This \_\_\_\_ Day Of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: