

City of Phoenix
SBE and DBE Annual Update Application
Arizona Unified Certification Program (AZUCP)

SECTION I. GENERAL INFORMATION

1. Name of Firm: _____
2. Address: _____
City: _____ State: _____ Zip: _____
3. Telephone: () _____ Fax: () _____
E-mail: _____
4. Principal Contact Person and Title: _____

SECTION II. OWNERSHIP AND CONTROL INFORMATION

5. Have there been any changes in the ownership, management, control or structure of your company since your initial certification or previous annual update (e.g., new partner, incorporation, by-laws, redistribution or new distribution of stock, etc.)?
() NO () YES
6. If YES, please describe changes and attach relevant supporting documentation, i.e., stock certificate copies (both sides), corporate resolutions, purchase agreements, copies of canceled checks, etc.:

SECTION III. BUSINESS OPERATIONAL INFORMATION

7. Gross Sales (a copy of last fiscal year tax return is required; please attach to this document)
\$ _____ Tax Year 20____

SECTION IV. PERSONAL NET WORTH

8. Have there been any material/significant changes in the personal net worth of the SBE/DBE owner(s) that would affect certification status since initial certification or previous annual update? (a copy of last year's personal tax return is required; please attach to this document)
() NO () YES
9. If YES, please describe: _____

Return your completed package to:

City of Phoenix
Equal Opportunity Department
251 W. Washington, 7th Floor
Phoenix, Arizona 85003

Instructions on how to complete the Personal Financial Statement (SBA Form 413) for the Unified Certification Program

Fill out all the line items to the best of your ability. Be sure to include the DATE in the upper right corner of the first page. Include all of your and, if applicable, your combined assets and liabilities including those of your spouse; unless subject to pre or post nuptial agreement.

1. ASSETS

- a. **Cash-on-Hand & Banks:** Enter the total amount of cash-on-hand in your checking accounts.
- b. **Savings Accounts:** Enter the total cash in all savings accounts.
- c. **IRA or Other Retirement Accounts:** Enter the total value of all IRAs and other retirement accounts, including any Deferred Compensation and Pension Plans. You may be requested to provide copies of the most recent statements to substantiate the amount listed.
- d. **Accounts & Notes Receivable:** Enter the total value of all monies owed to you personally, if any. This should include shareholder loans owed to you by the applicant firm.
- e. **Life Insurance:** Enter the total cash surrender value of any life insurance policies. (Description is required in Section 8.)
- f. **Stocks and Bonds:** Enter the total current market value of your stocks/bonds. (A listing and description is required in Section 3.)
- g. **Real Estate:** Enter the total current fair market value total of all real estate owned. Be sure to include and identify which is your primary residence. (A listing and description is required in Section 4.)
- h. **Automobile:** Enter the total current fair market value of all automobiles owned.
- i. **Other Personal Property:** Enter the total current fair market value of all other personal property owned but not included in the previous sections. (i.e., household goods, collectibles, clothing and jewelry, etc.; or you may use 50% of insured contents from homeowner's insurance policy)
- j. **Other Assets:** Enter the total current fair market value of other assets owned. Other assets include: vehicles, boats, trailers, etc., and other property not included in the previous sections. Exclude business seeking certification; however, include value of all other businesses owned in whole or in part. Also, include value/description of all real property, stocks, bonds, etc., held by trusts. (Itemize Other Assets in Section 5.)

2. LIABILITIES

- a. **Accounts Payable:** Enter the total value of all unpaid accounts payable that are your responsibility (i.e. gas, electric, telephone bills, etc.).
- b. **Notes Payable to Banks and Others:** Enter the total amount due on all notes payable to banks and others, paid on an installment basis. Please be sure to indicate the total monthly payment in the space provided. This should include the amount of any loans from the applicant firm. This should not, however, include any mortgage balances. (Description is required in Section 2.)
- c. **Loans on Life Insurance:** Enter the total value of all loans due on life insurance policies. (Description is required in Section 8.)
- d. **Mortgages on Real Estate:** Enter the total value due on all mortgage(s) payable on real estate. (Listing is required in Section 4.)
- e. **Unpaid Taxes:** Enter the total amount of all taxes that are currently due, but are unpaid. Contingent tax liabilities or anticipated taxes for current year should not be included. (Description is required in Section 6.)
- f. **Other Liabilities:** Enter the total value on all other liabilities not classified in the previous sections. (Description is required in Section 7.)

3. SECTION 1.

a. SOURCE OF INCOME

- i. **Salary:** Enter the amount of your total annual salary. This includes any salary from the applicant firm and, if applicable, any salary from outside employment.
- ii. **Net Investment Income:** Enter the total amount of all investment income. (i.e., dividends, interest, etc.)
- iii. **Real Estate Income:** Enter the total amount of all real estate income received from the sale, rental, lease, etc. of real estate held.
- iv. **Other Income:** Enter the total amount of all other income received. (i.e., alimony, Social Security, pension, etc.) Please be sure to describe the source of the other income in the space provided below Section 1.

b. CONTINGENT LIABILITIES

- i. **As Endorser or Co-Maker:** Enter the total potential liabilities due as a result of being co-signer for a loan or other commitments.
- ii. **Legal Claims and Judgments:** Enter the potential liabilities due as a result of legal claims from judgments, lawsuits, etc.
- iii. **Provisions for Federal Income Tax:** Enter the total amount of all federal taxes for which you are potentially liable due to an anticipated gain on the pending sale of an asset or other circumstances, such as pending disputes or litigation which could possibly result in a personal tax liability.
- iv. **Other Special Debt:** Enter the total amount due on all remaining potential debts not accounted for.

MAKE SURE YOU AND YOUR SPOUSE, (if applicable), SIGN AND DATE THE PERSONAL FINANCIAL STATEMENT.



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (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
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		(Omit Cents)	LIABILITIES		(Omit Cents)
Cash on hand & in Banks	\$	_____	Accounts Payable	\$	_____
Savings Accounts	\$	_____	Notes Payable to Banks and Others	\$	_____
IRA or Other Retirement Account	\$	_____	(Describe in Section 2)		
Accounts & Notes Receivable	\$	_____	Installment Account (Auto)	\$	_____
Life Insurance-Cash Surrender Value Only	\$	_____	Mo. Payments \$ _____		
(Complete Section 8)			Installment Account (Other)	\$	_____
Stocks and Bonds	\$	_____	Mo. Payments \$ _____		
(Describe in Section 3)			Loan on Life Insurance	\$	_____
Real Estate	\$	_____	Mortgages on Real Estate	\$	_____
(Describe in Section 4)			(Describe in Section 4)		
Automobile-Present Value	\$	_____	Unpaid Taxes	\$	_____
Other Personal Property	\$	_____	(Describe in Section 6)		
(Describe in Section 5)			Other Liabilities	\$	_____
Other Assets	\$	_____	(Describe in Section 7)		
(Describe in Section 5)			Total Liabilities	\$	_____
Total	\$	_____	Net Worth	\$	_____
			Total	\$	_____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. 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 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

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

Section 4. Real Estate Owned. (List each parcel separately. Use attachment 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 & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/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). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

