



New Hanover County, North Carolina-M/DBE Program
Declaration of Social and Economic Disadvantage

COMPLETE THIS FORM FOR EACH PRESUMPTIVELY DISADVANTAGED APPLICANT/OWNER

Name: _____ Business Phone () _____

Residence Address: _____ Residence Phone () _____

City, State, & Zip Code: _____

Business Name of Applicant: _____

Any individual in the following groups are presumed to be socially disadvantaged; Black American, Hispanic American, Native American, Asian - Pacific American, Subcontinent - Asian American, and Women.

I certify that I am in fact, socially and economically disadvantaged.

Black American

Hispanic American

Native American

Asian - Pacific American

Subcontinent - Asian American

Women

Other _____

Print Name: _____ Signature: _____

State of: _____ County of: _____

On this _____ day of _____, 20 _____

Before me appeared (Name) _____, who being sworn, did execute the foregoing certification and did so as his or her free act and deed.

(SEAL)

Notary Public: _____

My Commission Expires: _____



New Hanover County, North Carolina-M/DBE Program *Personal Net Worth Statement*

COMPLETE THIS FORM FOR EACH PRESUMPTIVELY DISADVANTAGED APPLICANT/OWNER

Name: _____ Business Phone () _____

Residence Address: _____ Residence Phone () _____

City, State, & Zip Code: _____

Business Name of Applicant: _____

ASSETS	Amount	Check if Joint Assets	LIABILITIES	Amount
1. Cash on Hand and in Banks	\$		1. Accounts Payable	\$
2. Savings Accounts	\$		2. Notes Payable to Banks and Others	\$
3. IRA or Other Retirement Account	\$		3. Installment Account (Auto)	\$
4. Personal and Notes Receivable	\$		4. Installment Account & Credit Cards	\$
5. Life Insurance (<i>Cash Surrender Value Only</i>)	\$		5. Loan on Life Insurance	\$
6. Stocks and Bonds (Current Market Value)	\$		6. Mortgage on Primary Residence	\$
7. Real Estate- <i>Exclude Primary Residence</i>	\$		7. Mortgage on Other Properties	\$
8. Automobiles (Present Value)	\$		8. Other Liabilities (Describe on Separate Sheet)	\$
9. Personal Property	\$			
10. Other Assets (Describe on Separate Sheet)	\$		Total Liabilities (Add Lines 1 - 8)	\$
11. Ownership in <i>Other</i> Businesses- <i>Exclude</i> ownership in Applicant Business	\$			
Total Assets (Add Lines 1 - 11)	\$		Personal Net Worth (Total Assets Minus Total Liabilities)	\$

I certify that this personal net worth statement is complete and accurate to the best of my knowledge.

New Hanover County is authorized to verify the accuracy of this statement in order to determine whether I meet the standards of economic disadvantage for participation in the M/W/DBE Program for New Hanover County, North Carolina.

Print Name: _____ Signature: _____

State of: _____ County of: _____

On this _____ day of _____, 20 _____

Before me appeared (Name) _____, who being sworn, did execute the foregoing certification and did so as his or her free act and deed.

(SEAL)

Notary Public: _____

My Commission Expires: _____