

# Nebraska Department of Roads

## Statement of Individual Personal Net Worth CPA Addendum

This Addendum Must Be Completed By The Certified Public Accountant (CPA) Preparing Each Statement Of Personal Net Worth And Must Be Attached To That Statement Of Personal Net Worth. In Addition, The CPA Must View The Documentation Necessary To Attest To The Completeness And Accuracy Of The Addendum.

All Documents Used In The Preparation Of The Statement Of Personal Net Worth And Addendum Are Subject To Review By NDOR Personnel Upon Request. Failure To Comply Or Falsification Of Information May Be Grounds For Removal From The DBE Program And Any Other Legal Remedies Available Under State Or Federal Law.

**Note:** All Interests, Assets, And Liabilities Individually And Jointly Held **Must** Be Included.

Business Name Of Applicant Firm	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

### Section 1 Assets

#### Bank Accounts

**PC**-Personal Checking, **PS**- Personal Savings, **RC**-Revolving Credit, **MM** – Money Market, **O**-Other (Explain)

Name(S) On Account	Type Of Account (See Codes *)	Current Balance

#### Bonds

Name(S) On Certificates	Name Of Securities	Number Of Shares	Market Value Quotation/Exchange	Total Value

#### Assets Held In Trust

Name Of Settlor(s)	Value Of Assets	Trustee	Name(s) Of Beneficiaries

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**Life Insurance Held**

<b>Insurance Company</b>	<b>Face Value</b>	<b>Surrender Value</b>	<b>Name(s) Of Beneficiaries</b>

**Other Personal Property & Assets**

<b>Type Of Property Or Asset</b>	<b>Value</b>	<b>Amount Of Lien</b>	<b>Name Of Lien Holder</b>
<i>Total Value Of Household Goods</i>			
<i>Total Value Of Jewelry, Art, etc</i>			

**Real Estate**

	<b>Property A</b>	<b>Property B</b>	<b>Property C</b>	<b>Property D</b>
<b>Type Of Property</b>				
<b>Address</b>				
<b>Name(S) On Deed</b>				
<b>Present Market Value</b>				
<b>Name Of Mortgage Holder</b>				
<b>Mortgage Balance</b>				

**Section 2 - Liabilities**

**Unpaid Taxes**

<b>Type Of Unpaid Tax</b>	<b>Payable To Whom</b>	<b>Amount</b>

**Notes Payable To Banks And Others**

<b>Name(S) Of Borrower(S)</b>	<b>Name Of Note Holder(S)</b>	<b>Current Balance</b>	<b>Collateral</b>

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**Other Liabilities**

Description	Name Of Individual(S) Obligated	Name Of Entity Owed	Amount
<i>Total Credit Card Debt</i>		<i>N/A</i>	

**Section 3 – Transfers**

**Transfer Of Assets**

**Detail All Transfers Of Assets Within 180 Days Of The Date Of DBE Application .**

Description Of Asset	Name(s) On Owner Transferring Property	Names Of Individual(S) Acquiring Assets	Date Of Transfer	Value Or Consideration Received

**Section 4 – Business Ventures**

**Sole Proprietorships**

Name Of Sole Proprietorship	Address	Business Net Worth

**General Partnerships, Joint Ventures**

Name Of Partnership	Address	Partners	% Of Ownership	Business Net Worth

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

Name Of Business	Name(s) Of Stockholders On Certificates	Number Of Shares Owned (or Units)	Total Outstanding Shares (Or Units)	Market Value (Quotation/ Exchange)	Total Value

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**Publicly Traded Corporations**

Name Of Business	Name(s) Of Stockholders On Certificate (s)	Number Of Shares Owned	Total Outstanding Shares Of Stock	Market Value (Quotation/Exchange)	Total Value

**Affidavit**

I Authorize The Nebraska Department of Roads 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 Nebraska Department Roads. 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 Nebraska Civil And/Or Criminal Laws Concerning False Affidavits, False Statements Or Declarations, Perjury, Fraud, Stealing By Deceit, Or Other Applicable Offenses.

<b>Prepared By:</b>		<b>Signature:</b>	<b>Date:</b>
<b>Applicant's Signature:</b>	<b>Title:</b>	<b>SSN:</b>	<b>Date:</b>

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: