



# CHARLOTTE BUSINESS INCLUSION

Connecting MWSEBs  
with opportunities.

## CITY OF CHARLOTTE

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### SMALL BUSINESS ENTERPRISE CERTIFICATION APPLICATION

City of Charlotte  
Management & Financial Services  
Charlotte Business INclusion  
C/o Certification Services  
600 East 4th Street, 10th Floor  
Charlotte, NC 28202

Phone: 704-336-4137  
[www.CharlotteBusinessInclusion.com](http://www.CharlotteBusinessInclusion.com)



**CHARLOTTE**<sup>SM</sup>



**CHARLOTTE**

**MANAGEMENT & FINANCIAL SERVICES**

Dear Applicant:

Thank you for your interest in the Charlotte Business INclusion program, which seeks to enhance competition in City contracting and procurement opportunities for Minority, Women, and Small Business Enterprises (MWSBEs) in the Charlotte region.

This application provides detailed information about becoming a City of Charlotte certified Small Business Enterprise (SBE). Completing this application is the first step to getting your business greater exposure to business opportunities in City procurement and contracting. As a City certified SBE your firm will be listed in the City's vendor database, which is widely used by City buyers throughout all City Departments. Prime contractors and consultants will also use the City's vendor database to identify SBE certified subcontractors for City projects. Only those businesses that are certified by the City as SBEs will be counted towards fulfilling the City's SBE goals.

Please note that this application is for City of Charlotte SBE certification only. To learn how to register your business as a Minority Women Business Enterprise or for general information on the program and certification benefits please visit us at [www.CharlotteBusinessInclusion.com](http://www.CharlotteBusinessInclusion.com). You may also contact a City of Charlotte Certification Specialist at (704) 336-4137.

The City of Charlotte looks forward to working with you!

Sincerely,

A handwritten signature in cursive script that reads 'Nancy Rosado'.

Nancy Rosado

Charlotte Business INclusion Manager



**Benefits of becoming SBE certified include:**

- **Greater exposure to City of Charlotte business opportunities.**
- **SBE orientation session on How to do Business with the City.**
- **Advance Your Business Development series to grow and develop your business.**
- **Company Information added to Citywide vendor database.**
- **Discounted courses at the Small Business Center of the Central Piedmont Community College.**
- **Networking opportunities.**

**PLEASE READ THIS APPLICATION AND CERTIFICATION CRITERIA COMPLETELY BEFORE SUBMITTING**

- **You must submit all applicable required documents as identified on the certification checklist.**
- **No faxed applications will be accepted.**
- **Please allow 45 business days for processing.**

The City of Charlotte is required by law to obtain the following from all individuals and businesses that receive payment from the City: (a) a federal employer identification number for all corporations; (b) a partnership identification number for all partnerships. Failure to provide this information may result in federal tax backup withholding or withholding of payment by the City. If you are a subcontractor on a City contract and will not receive any payment directly from the City, then you must still provide the information above where applicable. Failure to provide this information may disqualify you from participating in City contracts.

For individuals and businesses that receive payment from the City, the information requested above will be reported to the Internal Revenue Service for federal tax withholding purposes. For all individuals and businesses completing this form, the information requested herein will be used for internal data tracking purposes, such as accounts payable and procurement analyses and determining whether there is disparity in City contracting based on race/ethnicity or gender.

## SBE CERTIFICATION ELIGIBILITY CRITERIA

The applicant business shall be eligible for certification as a City of Charlotte SBE only if it meets **EACH** of the following requirements:

1. **Geographic Restriction:** The applicant business must be headquartered in the Charlotte Combined Statistical Area (CSA), which includes the following counties:

**NC: Anson, Cabarrus, Cleveland, Gaston, Iredell, Lincoln, Mecklenburg, Rowan, Stanly, and Union**

**SC: Chester, Lancaster, and York**

During a review of an applicant business' significant business presence, the City will consider, as a totality of circumstance, the following factors including, but not limited to:

- Business Enterprise is headquartered in the Charlotte CSA;
- Number of full-time employees;
- Location of managerial or decision-making personnel;
- Lease agreement;
- Post office box, mail drop, or message center;
- Previous work or contracts performed in the Charlotte CSA; and,
- Percentage of income or revenue derived from Charlotte CSA.

2. **Ownership: At least 51% of the applicant business must be owned by one or more "Eligible Owners," each of whom must meet the following requirements:**

- a) Owns a legal and equitable interest in the applicant business in his or her own name (with the ownership of all Eligible Owners being 51% or more);
- b) Acquired the interest in a real and substantial arms-length transaction utilizing real and substantial consideration;
- c) Acquired the interest with his or her own financial or equivalent resources or has put his or her own financial resources at risk in the operation of the applicant business;
- d) Has a personal net worth under \$750,000, excluding: (i) \$500,000 of the equity in his or her primary residence\*; (ii) his or her ownership interest in the applicant business; and (iii) the value of his or her retirement savings account as defined by the United States Tax Code and the Internal Revenue Service, **AND**
- e) Is not currently an official, officer or employee of the City;
- f) Is either a U.S. citizen or permanent resident, or has a valid work visa from the U.S. government appropriate for the type of work the Business Enterprise performs.

\*For a married couple, \$500,000 limit applies to the total equity in the residence.

3. **Licensed and For Profit:** Non-profit organizations cannot become certified as SBEs. To obtain SBE certification, the applicant business must:

- a) Be authorized to do business in the State of North Carolina;
- b) Have a valid Mecklenburg County privilege license (unless exempt due to having a state issued professional or industry license); **AND**
- c) Demonstrate that the applicant business, its employees or Eligible Owners holds each business or professional license required for the operation of each scope of business for which the Applicant Business seeks SBE certification.

4. **Management and Control:** The daily business operations of the applicant business shall be managed and controlled by one or more Eligible Owners. The Eligible Owner(s) shall be deemed to manage and control the daily business operations only if:

- a) Their management and control is specifically demonstrated to be real, substantial and continuing and goes beyond the pro-forma ownership of the applicant business as reflected in its ownership documents;
- b) They possess the power to and actually direct the management and policies of the applicant business;
- c) They make both routine and major decisions on matters of management, policy and operations; **AND**
- d) They are not subject to formal or informal restrictions that are inconsistent with the customary discretion of majority owners.

5. **Experience and Involvement of Eligible Owners.** One or more Eligible Owners must:

- a) Have substantial experience in the trade or industry or other experience, which would be necessary to make routine and major decisions for the applicant business; **AND**
- b) Regularly hold themselves out to the public and sign important documents and financial instruments in a manner that is indicative of primary management and control of daily business operations and responsibility for routine and major decisions.

6. **The applicant business may not be certified until after all of the following:**

- a) Formation of the applicant business;
- b) Commencement of sustained business activity in each trade or profession described on the Certification application; **AND**
- c) Commencement of ownership, management and control of daily business operations by the identified Eligible Owner(s).

7. **Perform a commercially useful function:** The applicant business must perform a Commercially Useful Function. A Business Enterprise does not perform a Commercially Useful Function if it merely acts as a Conduit by passing the scope of work for which it is scheduled to perform or supply on a contract to an SBE or non-SBE firm.

8. **Threshold size:** The annual sales receipts and the number of employees of the applicant business, combined with all affiliates (as defined by the City), cannot exceed one fourth the applicable size standards established by the Small Business Administration for the SBEs primary business. You can access the SBA's Table of Small Business Size Standards at <http://www.sba.gov/content/small-business-size-standards>

9. **Affiliates:** In determining whether the applicant business is within the size thresholds, you must include the combined sales volume and employees of all "Affiliates" of the Applicant. Two entities are Affiliates of one another when one controls or has the power to control the other, a third party or parties controls or has the power to control both; or other significant relationships exist between the two entities. Examples of the power to control include:

- Ownership of majority equity interest;
- Voting control of the board of directors;
- Officer with decision making authority;
- Approval rights over key decisions (through charter, by-laws, shareholder's agreement or otherwise);
- Power to prevent a quorum, or to otherwise block action by the board of directors or shareholders.

Significant relationships exist between two entities when one is significantly dependent on the other, when one (through shared officers, employees, etc.) has the ability to play a key role in the management or direction of the other, or when the two entities have shared facilities, assets or employees or an identity of interest (through family relationships or otherwise). A significant relationship can take many forms, but the factors the City will consider, as a totality of circumstance, include:

- Common ownership, common management or common employees;
- Shared equipment, assets or facilities or close physical proximity;
- Family relationships;
- Loans, leases and contributions;
- Percentage of revenue derived from the other entity;
- Contractual or other significant relationships.

For instance, if two businesses operate from the same property, are in the same general industry, share employees and equipment and have key management officials in common, the City will find an Affiliate relationship even if one Business Enterprise derives only a small percentage of its income from another.

Without limiting the City's ability to find an Affiliate relationship under the totality of circumstances test (per Part E: Section 2.11 of the CBI Policy), the City will presume that two or more entities are Affiliates when both of the following conditions are met:

- 50% or more of annual gross revenue over prior 3 years derived from contracts with the other entity, and
- The entities have common ownership, common management, shared facilities, shared assets, family relationships or other significant connection.

This presumption is rebuttable at the City's discretion if the applicant business shows that the connection between the two businesses is minimal, and that applicant business is no longer at any risk of being financially dependent on the other entity.



**Small Business Enterprise (SBE) Certification Application**

Please complete this application in its entirety. **Do not leave any items blank.** Write "None" or "Not Applicable" as necessary. Please note that all supporting documentation identified on the checklist **MUST** be provided to process your application. **The City of Charlotte reserves the right to request additional information, if warranted, to verify eligibility.** Make a copy of this signed application and keep for your records.

Application Date: \_\_\_\_\_

**SECTION I: GENERAL INFORMATION**

Vendor #: \_\_\_\_\_ (If known) Federal Employer ID # OR TIN (Tax ID#): \_\_\_\_\_

Legal Name of applicant business: \_\_\_\_\_

"Doing Business As" name (if any): \_\_\_\_\_

Street Address (**No P.O. Box**): \_\_\_\_\_

City, State, Zip + 4: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address, if different: (P.O. Box allowed) \_\_\_\_\_

City, State, Zip + 4: \_\_\_\_\_ County: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Name of Owner/President/CEO: \_\_\_\_\_ Email: \_\_\_\_\_

Name of Primary Contact\*, if different: \_\_\_\_\_ Email: \_\_\_\_\_

\*Primary contact is the person best identified to receive solicitations.

**SECTION II: BUSINESS PROFILE**

Legal form of the business:  Sole Proprietorship  Partnership  Corporation  Limited Liability Company  
 Limited Liability Partnership  Limited Partnership  Partnership Corporation

Date Established: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

N.C. Business License #

OR

Trade / Professional License(s) #: \_\_\_\_\_

List any business or trade name(s) previously used by this applicant business:	1. _____
	2. _____

Check appropriate Race/Ethnicity of Eligible Owner  
(Use these codes throughout application)

Check appropriate gender

M – Male  F – Female

- A – Asian  H – Hispanic  
 B – African  N – Native  
 C –Caucasian

**SECTION III: BUSINESS OWNERSHIP**

List all individuals and entities with any ownership interest and provide the following information for each:

Name & Address	% Of Ownership	*Ethnicity Codes (A, B, C, H, N)	Gender	Stock Information (Corp. & LLC only)		Current Employer Name (& Address, if different from applicant)
				# of Shares	Class	
1.						
2.						
3.						
4.						
5.						
6.						

*\*(Use Race/Ethnicity Codes: A- Asian American B- African American, C- Caucasian American, H- Hispanic American, N- Native American )*

Have the ownership interests changed in the last year? If YES, please explain.  Yes  No

Initial investment of acquired ownership – List all contributions/investments of cash, equipment, real estate, expertise, or other consideration provided by each owner to acquire ownership.

Owner Name _____	Owner Name _____	Owner Name _____
Cash \$ _____	Cash \$ _____	Cash \$ _____
Real Estate \$ _____	Real Estate \$ _____	Real Estate \$ _____
Equipment \$ _____	Equipment \$ _____	Equipment \$ _____
Other \$ _____	Other \$ _____	Other \$ _____
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____

Owner Name _____	Owner Name _____	Owner Name _____
Cash \$ _____	Cash \$ _____	Cash \$ _____
Real Estate \$ _____	Real Estate \$ _____	Real Estate \$ _____
Equipment \$ _____	Equipment \$ _____	Equipment \$ _____
Other \$ _____	Other \$ _____	Other \$ _____
TOTAL \$ _____	TOTAL \$ _____	TOTAL \$ _____

**Identify all Company Officers and Board of Directors**

	<i>Name</i>	<i>Title</i>	<i>Race/Ethnicity</i>	<i>Gender</i>
Company Officers				
Board of Directors				

**SECTION IV: WORK SPECIALTY**

Check the main area in which the applicant business provides materials or service(s):

Construction
  AES (Architecture, Engineering, Surveying)
  Commodities (Goods and Supplies)
  Professional Services (Legal, Acct. etc.)
  Other Services (Marketing, Staffing, Catering, etc.)

<b>List Goods and/or Services the Applicant Business Can Provide Indicate Primary Code in the Checkbox</b>	<b>NIGP Code*</b>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

\*The City's list of NIGP Codes is available at <http://www.CharlotteBusinessInclusion.com>.



**SECTION V: PERSONNEL AND MANAGEMENT**

Combined number of employees of the applicant business and all Affiliates:

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

List management personnel who are primarily responsible for the following activities

	<b>Name</b>	<b>Title</b>	<b>Address (if not already listed in application)</b>
Financial Decisions			
Estimating and bidding			
Hiring and firing of management personnel			
Hiring and firing of personnel			
Marketing and Sales			
Supervision of Operations			
Signing of Payroll			
Negotiating Bonds/Loans			
Office Management			
Negotiating Contracts			
Signing Contracts			

**SECTION VI: BUSINESS FINANCIAL INFORMATION**

Please list the combined gross receipts of the applicant business and all Affiliates for each of the last three (3) years. If the firm has not been in business for three years, provide gross receipts for each year in business:

_____ Year	\$ _____ Receipts	_____ Year	\$ _____ Receipts	_____ Year	\$ _____ Receipts
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Does the applicant normally provide a payment or performance bond for its contracts?  Yes  No

**SECTION VII: REFERENCES**

Please provide the following information for three professional references:

A. Firm/Agency Name	Telephone Number
_____	_____
Address	Date of Contract
_____	_____
B. Firm/Agency Name	Telephone Number
_____	_____
Address	Date of Contract
_____	_____
C. Firm/Agency Name	Telephone Number
_____	_____
Address	Date of Contract
_____	_____

How did your business learn about the City of Charlotte’s SBE Certification?

- City of Charlotte Website  From another business entity  Advertising, Marketing or Publication  City of Charlotte Staff
- State of NC HUB Website  From a prime contractor  From an MWSBE  Trade/Professional Organization
- Word of Mouth

**SECTION VIII: AFFILIATE INFORMATION**

**DEFINITIONS**

“Significant Connection” means any of the following: a) 5% or greater ownership interest (as shareholder, partner, etc); b) membership on the board of directors; c) employment relationship; or d) ability to control decisions.

“Key Personnel” means any owner, shareholder, partner, director, officer, or person in a management role of the applicant business. Key Personnel includes but is not limited to all persons who are counted as Eligible Owners for purposes of applying for SBE certification.

“Owner” means any person or entity having a greater than five percent (5%) ownership interest, whether as a shareholder, partner, limited partner, sole proprietor, etc.

“Related Industry” means the same general industry or field as the applicant business, or a business that contracts with other businesses in the applicant business’ industry or field. For instance, plumbing would be a Related Industry to general construction.

## QUESTIONS

1. Do any of the Key Personnel of the applicant have a Significant Connection with another business?

Yes  No  If yes, please describe:

2. Do any family members of the Key Personnel have a Significant Connection with another business in a Related Industry?

Yes  No  If so, please identify the Key Personnel and describe the Significant Connection:

3. Has more than twenty-five percent (25%) of the applicant business' annual revenue in any of the past three (3) years derived from either: (a) a single business entity, or (b) a group of business entities which share the same parent company?

Yes  No  If so, please identify each such business, and the amount of revenue it has provided per year:

4. Does the applicant business share any of the following with another person or business entity: a) office space, warehouse space, or other facilities, b) assets or equipment; or c) employees?

Yes  No  If yes, please identify what is shared and the person or entity it is shared with:

5. Has the applicant business leased or borrowed any of the following from a person or another business entity in a Related Industry within the past 3 years: a) office space, warehouse space, or other facilities; or b) assets or equipment?

Yes  No  If yes, please identify what was leased or borrowed and the person or entity it was leased or borrowed from:

6. Has the applicant business within the past 5 years received any loans or other financing from any individual or other business that is not a bank or lending institution?

Yes  No  If so, please identify the individual or business, the year and amount of each loan and the current balance:

**AFFIDAVIT OF CERTIFICATION**

A material or false statement or omission made in connection with this application is sufficient cause for denial of certification, revocation of a prior approval, initiation of suspension or debarment proceedings, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal and state law.

I \_\_\_\_\_ (full name), swear or affirm under penalty of law that I am \_\_\_\_\_ (title) of applicant firm \_\_\_\_\_ (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities, and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in the application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books records, documents and files, in whatever form they exist, of the names firm and is affiliates, inspection of its place(s) of business and equipment, and to permit interviews of principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the City of Charlotte on an ongoing basis, current, complete, and accurate information regarding (1) work performed on the project; (2) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the City of Charlotte of any material change in the information contained in the original application within 30 days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the information provided in this application and supporting documents relating to my certification status and me is true and correct.

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## CHECKLIST

### Complete This Checklist to Ensure All Required Documents Are Included

Thank you for your interest in becoming a certified SBE with the City of Charlotte. Please review the checklist below and use it as a guide to complete your application and organize the appropriate submission documents. Please make sure to include all supplemental documentation (as applicable) with your application. **Failure to submit a complete and accurate application could result in your application being returned to you with no action taken.** Please mail or deliver a complete application with required documents to the address on the front of this packet. **Faxed applications will not be accepted.** If you need assistance with this list please give us a call at 704-336-4137.

#### **SBE APPLICANTS MUST SUBMIT:**

- Copies of Professional or Trade License
- Work experience resume(s) that include places of ownership/employment and corresponding dates.
- Personal Net Worth (PNW) Statement: the eligible owner(s) must provide a personal net worth statement (see PNW template attached) to verify that the owner does not exceed the \$750,000 personal net worth limitation.
- Proof of citizenship or permanent residence, (Birth Certificate, passport, voter registration card, work visa, green-card or Military ID)
- Signed lease for office/storage space. **If you operate from home please submit a statement indicating that you operate your business from your home residence. Example; Name of business operates from home address, sign and date.**
- List of Equipment (lease or owned) or titles/proof of ownership of equipment needed to operate your business. **In a separate sheet of paper please indicate all equipment you use to operate your business. Example; Phones, fax machine, computers, etc.**
- Tax returns for the past 3 years (or life of firm if less than 3 years old). **If no tax returns have been filed, a current Balance Sheet is acceptable**
- List of all projects, currently in process or performed in the past three (3) years, including any contracts with the City of Charlotte denoting participation by key staff members in each project.
- Submit copies of all licenses and/or professional designations/certifications where applicable. (For a full list of professions, visit <http://www.nccommerce.com/en/BusinessServices/StartYourBusiness/BusinessLicensesPermits/>)

#### **SUBMIT ADDITIONAL INFORMATION ACCORDING TO YOUR BUSINESS STRUCTURE**

##### **SOLE PROPRIETORSHIP:**

- Professional or Trade License

##### **PARTNERSHIP OR JOINT VENTURE (INCLUDING LP AND LLP):**

- Copy of Partnership or Joint Venture Agreement
- Professional or Trade License

##### **CORPORATION OR LLC (INCLUDING PC AND PLLC):**

- Official Articles of Incorporation (signed by state official)
- Both sides of all Corporate Stock Certificates and Stock
- Transfer Ledger
- Shareholders Agreement
- Minutes of all stockholder and Board of Directors meetings
- Corporate by-laws and any amendments

## PERSONAL NET WORTH STATEMENT

The Charlotte Business INclusion (CBI) Office is required to verify a statement of personal net worth, with supporting documentation, for each "Eligible Owner" of the business enterprise applying for Small Business Enterprise (SBE) certification (as defined in the CBI Policy). To qualify for SBE certification, each Eligible Owner must have a personal net worth less than **\$750,000**, *excluding*: (a) up to **\$500,000** of equity in applicant's primary residence, (b) value ownership in the applicant's business and (c) the value of the applicant's retirement account as defined by the US Tax Code and Internal Revenue Service. Spouse ownership is excluded, except with respect to equity in your home.

Eligible Owner:

Residential Address:	Residential Phone: (     )
City, State, Zip Code:	
Email:	
Business Name:	Business Phone: (     )

ASSETS		LIABILITIES	
<b>Real Estate</b>		<b>Mortgages</b>	
1. Residential Home <i>(Estimated Market Value)</i>	\$	1. Residential Home <i>(Principal Balance)</i>	\$
2. Other Real Estate <i>(Estimated Market Value)</i>	\$	2. Other Real Estate <i>(Principal Balances)</i>	\$
<b>Personal Property</b>		<b>Loans and Other Debt</b>	
3. Automobiles <i>(Blue Book Value Of All Cars)</i>	\$	3. Automobile Loans	\$
4. Other Vehicles <i>(Motor Homes, Boats, Motorcycles, etc.)</i>	\$	4. Accounts Payable	\$
5. Jewelry <i>(Estimated Value)</i>	\$	5. Installment Accounts <i>(Accounts with a set regular payment)</i>	\$
6. Household Items <i>(Furniture, Computers, Electronics, etc.)</i>	\$	6. Unpaid Taxes	\$
7. Other Assets	\$	7. Other Liabilities	\$
		8. Loans and Notes Payable to Banks and Other Lenders (other than mortgages on real property)	\$
<b>Investments</b>		<b>PROGRAM EXCLUSIONS</b>	
8. Retirement Accounts <i>(401K, IRAs, Keogh, etc.)</i>	\$	8. Retirement Accounts <i>(Same amount as assets #8)</i>	\$
9. Stocks, Bonds & Mutual Funds <i>(Estimated Current Value)</i>	\$	9. Ownership in Applicant Business <i>(Same amount as assets #10)</i>	\$
10. Ownership in Applicant Business <i>(Estimated Current Value)</i>	\$	10. Eligible Equity in Residential Home (estimated value) - total, including ownership of spouse <i>(Residential home market value minus residential home principal balance)</i>	\$
11. Ownership in Other Businesses <i>(Estimated Current Value)</i>	\$		
<b>Cash</b>			
12. Cash on Hand <i>(Checking and Saving Accounts)</i>	\$		
13. Other	\$		
<b>TOTAL ASSETS (Add lines 1-13)</b>		<b>TOTAL LIABILITIES (Add lines 1-10)</b>	
	\$		\$
<b>TOTAL NET WORTH (total assets minus total liabilities) \$</b>			

**Schedule A: Real Estate Owned** *(List each property separately and use attachments if necessary)*

	PROPERTY A	PROPERTY B	PROPERTY C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Mortgage Holder Name			
Mortgage Balance			
Monthly / Yearly Payment			
Status of Mortgage			

**Schedule B: Other Personal Property & Other Assets**

*(Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment.)*


By signing this statement, I certify under penalty of perjury that (1) the information provided is true and complete and gives an accurate description of my financial condition; (2) title to all listed assets is solely in my name, unless otherwise listed in this statement. In the event of any change in my financial condition that would make me exceed the \$750,000 net worth calculation as contained herein, I agree to send written notice to the Charlotte Business INClusion office within 30 business days of the occurrence of such change.

I agree to promptly provide any additional supporting documentation the City may request.

I certify under penalty of perjury that my business headquarters resides in \_\_\_\_\_ County.

I understand that the City of Charlotte is authorized to verify the accuracy of this statement to determine whether I meet the financial threshold requirement of its Charlotte Business INClusion program.

Print Name	Signature	Date
Print Name	Signature	Date