

DISADVANTAGED BUSINESS ENTERPRISE FORM

At least 51% of the owners applying for Disadvantaged Business Enterprise status must complete the sections below and the Personal Financial Statement on page 2 and Notary Public signature.

| | | | |
|---|-------------------------|-------|------------------|
| Complete this form for: (1) each socially disadvantaged owner(s) whose combined interest totals at least 51%. | | | |
| Name | Business Phone () | | |
| Residence Address | Residence Phone () | | |
| City, State & Zip Code | | | |
| Company Name | | | |
| Address | City | State | Zip Code |
| DECLARATION OF SOCIALLY DISADVANTAGED AND ECONOMICALLY DISADVANTAGED | | | |
| <p>In considering whether an owner/owners is/are socially disadvantaged due to chronic prejudice or bias without regard to their qualities as individuals over which they have no control due to their identity as members of a group as evidenced by the following:</p> <ol style="list-style-type: none"> 1. Documentation proving that the individuals seeking social disadvantaged status as members of a group hold themselves out as members of the group; 2. Documentation proving that the individuals seeking socially disadvantaged status have been isolated from the mainstream of American society not common to business persons not socially disadvantaged; 3. Documentation proving that the individuals seeking socially disadvantaged status have personally suffered social disadvantage through treatment they have experienced; and <p>Economically disadvantaged because of diminished opportunities that have precluded these individuals from successfully competing in the open marketplace as evidenced by the following documentation on:</p> <ol style="list-style-type: none"> 1. The personal financial condition of the individuals seeking economically disadvantaged status; 2. The financial condition of the business enterprise; and 3. The applicant's lack of access to credit, capital and the open market which is not common to business persons in general. <p style="text-align: center;">(attach letter documenting the above)</p> | | | |
| Individual Eligibility Certification | | | |
| <p>Each individual claiming disadvantaged status (requires at least 51% individuals who own, operate and control the business enterprise) must sign the certification below:</p> <p>I certify that I am socially and economically disadvantaged in accordance with the requirements found under Title 27 DCMR Section 814. If claiming individual disadvantage, I certify that the information provided in my letter describing my personal experience is true, accurate and complete to the best of my knowledge and belief.</p> | | | |
| Name | Home Address | City | State / Zip Code |
| | | | |
| | | | |

27 DCMR Section 814.2 (b) requires information regarding the personal financial condition of the individual(s) seeking economically disadvantaged status. Please provide the following information regarding your personal net worth. Personal net worth means the value of the assets remaining after total liabilities are deducted. **Do not include the individual's ownership in an applicant or participating DBE company.**

| Assets* | | Liabilities | |
|--|----------|--|----------|
| Cash on hand and in Banks | \$ _____ | Accounts Payable | \$ _____ |
| Savings Accounts | \$ _____ | Notes Payable to Banks and Others | \$ _____ |
| IRA or other retirement account | \$ _____ | Installment Accounts (auto) | \$ _____ |
| Accounts & Notes Receivable | \$ _____ | Installment Accounts (other) | \$ _____ |
| Life insurance-Cash surrender Value only | \$ _____ | Loan on Life Insurance | \$ _____ |
| Value of Stocks & Bonds | \$ _____ | Mortgage on Real Estate | \$ _____ |
| Value of Real Estate | \$ _____ | Unpaid Taxes | \$ _____ |
| Automobile(s) Present value | \$ _____ | Other Liabilities | \$ _____ |
| Other Personal Property | \$ _____ | Total Liabilities | \$ _____ |
| Other Assets – Value | \$ _____ | minus mortgage on primary residence | \$ _____ |
| Total | \$ _____ | Total Adjusted Liabilities | \$ _____ |
| Minus primary residence | \$ _____ | | |
| Total Adjusted Assets | \$ _____ | | |
| Personal Net Worth = | | | |
| Total Adjusted Assets minus Total Adjusted Liabilities = \$ | | | |

I certify that I have read and understand the answers and questions herein. I further certify that I am in fact a socially and economically disadvantaged individual.

Signature and Title _____
Date

State of _____ SUBSCRIBED AND SWORN TO BEFORE ME

City of _____ This _____ Day of _____, _____

Signature of Notary Public _____

Address _____

City _____ State _____ My Commission Expires _____