

**Maine Department of Transportation  
Disadvantage Business Enterprise Program**

**AFFIDAVIT**

All applicants for DBE status, and all those wishing to continue eligibility for DBE status must submit a completed **Personal Financial Statement**, the **Determination of Social Disadvantage**, and the **Certification Under Oath**.

In considering whether an owner has experienced social disadvantage based upon the effects of discrimination, the applicant for DBE status shall take into account whether the owner has held himself or herself out to be a member of a disadvantaged group, has acted as member of a community of disadvantaged persons, and would be identified by persons in the population at large as belonging to the disadvantaged group.

Generally persons who are members of the following groups are reputedly presumed to be socially and economically disadvantaged: **Black Americans**, which includes persons having origins in any of the Black racial groups of Africa; **Hispanic Americans**, includes persons of Mexico, Puerto Rico, Cuban, Dominican, Central or South American, or other Spanish or Portuguese culture or origin, regardless of race; **Native Americans**, which includes persons who are American Indians, Eskimos, Aleuts, or Native Hawaiians; **Asian-Pacific Americans**, includes persons whose origins are from Japan, China, Taiwan, Korea, Burma (Myanmar) Vietnam, Laos, Cambodia (Kampuchea), Thailand, Malaysia, Indonesia, the Philippines, Brunei, Samoa, Guam, the US Trust Territories of the Pacific Islands (Republic of Palau), the Commonwealth of Northern Marianas Islands, Macao, Fiji, Tonga, Kiribati, Juvalu, Naura, Federated States of Micronesia, or Hong Kong; **Subcontinent Asian Americans**, which includes person who origins are from India, Pakistan, Bangladesh, Bhutan, the Maldives Islands, Nepal, or Sri Lanka; **Women**, and **Any groups whose members are designated socially and economically disadvantaged by SBA designation**.

*Complete the following form: (1) for each socially disadvantage proprietor; (2) each socially disadvantaged limited and general partner, (3) each socially disadvantaged stockholder holding any voting stock. If the firm's business manager, general manager or operating officer is a socially disadvantaged individual separate and apart from the owner, this individual must complete a copy of this form as well. Duplicate this form as necessary but each completed form must be accompanied a completed and duly notarized Affidavit.*

<b>Name:</b> _____	<b>Residence Phone:</b> _____
<b>Social Security #:</b> _____	<b>E-mail Address:</b> _____
<b>Website:</b> _____	
<b>Residence Address:</b> _____	<b>City, State:</b> _____ <b>Zip:</b> _____
<b>Business Address:</b> _____	<b>City, State:</b> _____ <b>Zip:</b> _____
<b>Business Phone/Fax:</b> _____	
<i>Check all that apply:</i> _____ <b>Race</b> _____ <b>Ethnicity</b> _____ <b>Gender</b> _____ <b>other</b> , explain on separate sheet	
<b>Completed by:</b> _____	<b>Date:</b> _____

**PERSONAL FINANCIAL STATEMENT**

**This form is required of Majority Owner Applicant and each individual whose ownership and control are relied upon for DBE Certification. The majority owner must complete this 2 part Statement citing his/her personal net worth excluding ownership interest in the business for which this Application is being prepared. Duplicate this form as necessary. Each Statement must be individually signed, notarized and dated. An individual whose Personal Net Worth exceeds \$1.32 million is ineligible for certification. No Exceptions. Proof Required.**

I authorize and acknowledge that the State Department of Transportation to whom this application is filed will verify the accuracy of statements made in order to determine whether I meet the standards of economic disadvantage for participation in the DBE Program.

<b>ASSETS</b> (omit cents)	<b>LIABILITIES</b> (omit cents)
Cash on hand and in Banks ..... \$_____	Accounts Payable ..... \$_____
Savings Accounts ..... \$_____	Notes Payable to Banks and Others ..... \$_____
IRA or Other Retirement Account ..... \$_____	(Describe in Section 1)
Accounts and notes Receivable ..... \$_____	Installment Account (Auto) ..... \$_____
Life Insurance – Cash Surrender	Installment Account (Other) ..... \$_____
Value Only \$_____	Loan on Life Insurance ..... \$_____
(Complete Section 7)	Mortgages on Real Estate ..... \$_____
Stocks and Bonds ..... \$_____	(Describe in Section 3)
(Complete Section 2)	Unpaid Taxes ..... \$_____
Real Estate ..... \$_____	(Describe in Section 5)
(Describe in Section 3)	Other Liabilities ..... \$_____
Automobile(s) – Present Value..... \$_____	(Describe in Section 6)
Other Personal Property ..... \$_____	<b>Total Liabilities</b> ..... <b>\$_____</b>
(Describe in Section 4)	<b>Net Worth</b>
Other Assets ..... \$_____	<b>(Total Assets minus Total Liabilities)</b> \$_____
(Describe in Section 4)	
Total Assets ..... \$_____	

<b>Source of Income</b>	<b>Contingent Liabilities</b>
Salary .....\$_____	As Endorser of Co-Maker ..... \$_____
Net Investment Income .....\$_____	Legal Claims & Judgements..... \$_____
Real Estate Income ..... \$_____	Provision for Federal Income Tax ..... \$_____
Other Income ..... \$_____	Other Special Debt ..... \$_____

**Section 1. 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 Endorsed Type of Collateral

**Section 2. 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 3. Real Estate Owned (List each parcel separately. Use attachments 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 and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment Per Month			
Status of Mortgage			

**Section 4. 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 5. 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 6. Other Liabilities (Describe in detail.)**

**Section 7. Life Insurance Held (Give face amount and case surrender value of policies – name of Insurance company and beneficiaries.)**

I certify the above information is true and accurately reflects my personal financial statement.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Certifications Under Oath**

By signing below, the person signing below hereby certifies and swears, **UNDER OATH**, as follows.

1. I have personal knowledge of all the information contained in this application.
2. I have read, understand, and agree to all terms contained herein.
3. The information contained in this application is true and complete.
4. I hereby authorize the Maine Department of Transportation to contact any person or entity necessary to verify or supplement any of the information requested by or provided in this application without liability, and I hereby further authorize any person or entity contacted to provide any and all information requested without liability.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
[Signature]

By: \_\_\_\_\_  
[Name and Title Printed]

Acknowledgment under oath

State of \_\_\_\_\_

County of \_\_\_\_\_

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

Then personally appeared the person who signed this page above and acknowledged this instrument to be his or her free act and deed, and further said person swore, UNDER OATH, that the statements made this page above entitled "Certifications under oath" are true and complete.

\_\_\_\_\_  
[Signature of Notary Public]

Name Printed: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_