# SMALL CONTRACTOR AND SUPPLIER Owner Personal Net Worth Statement VERIFICATION CPA must fill in the information in this document and the Business Size Verification form electronically.  Print, sign, notarize and submit both forms with the SCS application.

# Note: King County does not require a formal review of the applicant’s financial documents to document owner(s) personal net worth.

# CERTIFIED PUBLIC ACCOUNTANT AFFIDAVIT

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| CPA Firm: |  | | | Firm License#: | | | | |  | |
| Address: |  | | | | | | | | | |
| City: |  | | | | State: | |  | Zip: | |  |
| Certifying CPA Name: |  | | | Phone Number: | | | | |  | |
| CPA License Number: |  | Licensing State: |  | | | Expiration Date: | | | |  |
| Contact Email: |  | | | | | | | | | |

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| --- | --- |
| **Applicant Business Name:** |  |
| CPA CertificationsOwner Personal Net Worth Statement (Submit a signed affidavit for each owner) | |

I have inspected the personal financial statements (not older than 90 days) for the following owners of the applicant business listed above:

|  |  |  |  |
| --- | --- | --- | --- |
| Owner Name: |  | Ownership Percentage: | % |
|  |  |  |  |
| Spouse Name: |  | \*Ownership Percentage: | % |
| *\*All married owners must list the spouse’s name and the percentage of company ownership even if it is zero “0%”* | | | |

List of industry standard documentation of personal assets and liabilities used to make this personal net worth determination.

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| Document Type | Date Reviewed | Document Type | Date Reviewed |
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(If needed list additional documents on a separate page and attach to this affidavit)

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| **Owner’s Name:** |  |

Based on these financial statements, I verify that the owner(s) listed above do not have an individual net worth that exceeds $1.32M excluding their personal residence and ownership interest in the company.

Upon Request by King County, I agree to be available during any audit initiated by King County or the WA State Auditor’s Office to review or verify the certification of Annual Gross Receipts, Primary Business Activity Code, or ownership of this Company.

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| --- | --- | --- |
|  |  |  |
| CPA Name Print | CPA Signature | Date Verified |
|  |  |  |

#### NOTARY CERTIFICATE

Subscribed and sworn to before me this \_\_\_day of \_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

in and for the State of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residing at: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Seal

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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