



Emerging Business Enterprise (EBE)

There are two parts in this section of the application: (1) the Individual Documentation for Social Disadvantage and (2) the Individual Documentation for Economic Disadvantage. Each individual owner, director or officer who claims to be socially and economically disadvantaged must complete **both** parts.

Individual Documentation – Social Disadvantage

Part One: Social Disadvantage

Please complete this form for: (1) each socially and economically disadvantaged proprietor, or (2) each socially and economically disadvantaged limited and general partner whose combined ownership interest totals 51% or more, or (3) each socially and economically disadvantaged stockholder making up 51% or more of voting stock.

1. Objective Distinguishing Feature (Check all that apply, but at least one must be selected.)

- a. Long term residence in an environment isolated from mainstream American society
Location of Residence
 - b. Disability
 - c. Race/Ethnicity
 - d. Gender
 - e. LGBTQ Sexual Orientation
 - f. Transgender Identity/Non-binary Gender Expression
 - g. Other (please specify)
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2. Negative impact on entry into or advancement in the business world, within the United States (Check all that apply, but at least one must be selected.)

Education

- a. Denial of access to institution
- b. Exclusion from social and professional association with students or teachers residence
- c. Denial of educational honors rightfully deserved
- d. Social patterns or pressures which discourage the individual from pursuing a professional or business education

e. Other (please specify)

Employment

- a. Unequal treatment in hiring, promotions and other aspects of professional advancement unequal treatment
 - b. Unequal receipt of pay and fringe benefits, and other terms and conditions of employment
 - c. Retaliatory or discriminatory behavior by an employer
 - d. Social patterns or pressures which have channeled the individual into nonprofessional or non-business fields
 - e. Other (please specify)
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Business History

- a. Unequal access to credit or capital
 - b. Acquisition of credit or capital under commercially unfavorable circumstances
 - c. Unequal treatment by potential customers or business associates
 - d. Exclusion from business or professional organizations
 - e. Other (Please specify)
-



careers
businesses
neighborhoods

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Individual Documentation – Economic Disadvantage

Part Two: Economic Disadvantage

Please complete this form for each socially and economically disadvantaged owner, director, and/or stockholder whose combined interest totals 51% or more ownership of the firm. When married, an individual claiming economic disadvantage also must submit separate financial information for his or her spouse, unless the individual and the spouse are legally separated.

Business Name:	
Name of Applicant:	Business Phone:
Residence Address:	Residence Phone:
City, State & Zip Code:	
PERSONAL FINANCIAL STATEMENT as of _____(mm/dd/yy) In determining net worth, the <u>individual's</u> ownership interest in the applicant business enterprise and his or her equity in the primary residence should not be included.	
ASSETS (Omit Cents)	LIABILITIES (Omit Cents)
Cash on hand and in Banks \$ _____	Accounts Payable \$ _____
Savings Accounts \$ _____	Notes Payable to Bank and Others \$ _____ <i>(Describe in Section 1)</i>
IRA or Other Retirement Accounts \$ _____	Installment Account (Auto) \$ _____
Accounts and Notes Receivable \$ _____ <i>(Complete Section 7)</i>	Installment Account (Other) \$ _____
Life Insurance – Cash Surrender Value Only \$ _____	Loan on Life Insurance \$ _____
Stocks and Bonds \$ _____ <i>(Describe in Section 2)</i>	Mortgages on Real Estate \$ _____ <i>[Except for personal residence] (Describe in Section 3)</i>
Real Estate \$ _____ <i>[Except for personal residence] (Describe in Section 3)</i>	Unpaid Taxes \$ _____ <i>(Describe in Section 5)</i>
Automobile(s)- Present Value \$ _____	Other Liabilities \$ _____
Other Personal Property \$ _____ <i>(Describe in Section 4)</i>	Total Liabilities \$ _____
Other Assets \$ _____ <i>(Describe in Section 4)</i>	Net Worth \$ _____ <i>(Total Assets minus Liabilities)</i>
Total Assets \$ _____	

Section 1. Source of Income	Contingent Liabilities
Salary/Commissions \$ _____	As Endorser or Co-Maker \$ _____
Net Investment Income \$ _____	Legal Claims & Judgments \$ _____
Real Estate Income \$ _____	Provisions of Federal Income Tax \$ _____
Other Income (Describe Below)* \$ _____	Other Special Debt \$ _____
Description of Other Income in Section 1.	
*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments	

Section 2. Notes Payable to Bank 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 or Endorsed (i.e. type of collateral)

Section 3. Stocks and Bonds. *(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed. Note that information given must be within five (5) days of statement date.)*

Number of Shares	Name of Security	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. 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			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe. If any are pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe any delinquency.)

Section 6. 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 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries.)

Section 9. Transfer of Assets.

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? _____YES _____NO

If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred, amount paid for the assets, the market value of the assets at the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions such as birthdays, graduations, anniversaries, and retirements; and may also exclude any transfers to an immediate family member for educational, medical or essential support purposes.

I affirm that my net worth does not exceed \$1,000,000 and that I am socially and economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business that are not socially and economically disadvantaged. I authorize the Department of Small Business Services (SBS) of the City of New York to verify the accuracy of the statements made, in order to determine whether I meet the standards of economic disadvantage for participation in the EBE Program. I recognize that the City of New York reserves the option to require either a Full Audited Financial Statement, a Reviewed Financial Statement, or a Compiled Financial Statement. **Reminder: Copies of complete, signed, personal income tax returns, including all schedules for all individuals claiming social and economic disadvantage for this business enterprise must be attached.**

Signature:	Title:	SSN:	Date:

NOTARY PUBLIC

State of _____, County of _____ On this _____ day of _____ 20_____,
before me appeared (Name) _____ to
me personally known, who being duly sworn, properly did execute the foregoing affidavit and did state
that s/he was properly authorized by (Name of Firm) _____
_____ to execute the affidavit and did
so as his or her free act and deed.

Notary Public _____

Commission Expires _____

This affidavit declares said firm to be an Emerging Business Enterprise (EBE) and said affidavit shall
become a matter of public record, unless withdrawn by the applicant or rejected by SBS prior to any other
decision being made as to eligibility for certification under the Program.