CITY OF GRAND JUNCTION CONTRACTOR LICENSE APPLICATION INDIVIDUAL/PARTNERSHIP FINANCIAL STATEMENT

NAME		
The following statement of conditions as of	, 20	_ is submitted for the purpose
of procuring, establishing and maintaining a City OF Grand Jur	nction Contractor	license. The undersigned
warrants that this financial statement is true and correct and that	t you may consid	er this statement as continuing
to be true and correct until a written notice of a change is submi	itted.	

PERSONAL FINANCIAL STATEMENT

Assets	Ar	Amount in Dollars		
Cash - checking accounts	\$	-		
Cash - savings accounts		-		
Certificates of deposit		-		
Securities - stocks / bonds / mutual funds		-		
Notes & contracts receivable		-		
Life insurance (cash surrender value) Schedule B		-		
Personal property (autos, jewelry, etc.)		-		
Retirement Funds (eg. IRAs, 401k)		-		
Real estate (market value) Schedule A		-		
Other assets (specify)		-		
Other assets (specify)		-		
Total Assets	\$	-		

Liabilities	An	nount in Dollars
Current Debt (Credit cards, Accounts)	\$	-
Notes payable (describe below)		-
Taxes payable		-
Real estate mortgages (describe)		-
Other liabilities (specify)		-
Other liabilities (specify)		-
Total Liabilities	\$	-
Net Worth	\$	-

PERSONAL INFO	RMATION	:						
Married Sin	ngle	Number of	Depen	ndents				
Housing - Monthly N	Mortgage Pa	yment(s) \$		OR	Mon	thly Rent	Payment\$	
Are you a Partner or	Officer in a	ny other ve	enture?					
SOURCES OF INC	COME:							
Salary \$	Dividends	ends \$ Interest \$ Commissions \$						
Real Estate Income S	\$	Other \$	6					
CONTINGENT LI	ABILITIES	S:						
As Endorser, Co-Ma	ker or Guar	antor \$		_ on Lesso	or or	Contracts	\$	
Legal Claims \$	Oth	er \$						
GENERAL INFOR	RMATION:							
Defendant in Suits o	r Legal Acti	ons?	Ex _]	plain:				
Assets pledged or res	stricted? Ho	w?						
Income taxes settled	through wh	at date?		Additio	nal A	Assessmen	ts \$	
C.L.I.L. DEAT								
Schedule A REAL		TD: 1 :		3.6.1.		3.6	37 6	
Description & Location	Date Acquired	Title in Name of		Market Value		Mortgage Amount		Amount of Insurance
Schedule B LIFI	E INSURAN	<i>ICE</i>						
Name of Company	Am			1 Value	Lo	oans	Beneficiary	
J								
Do you have a will?	Арр	oroximate I	Date	1	Exec	utor?		
Signature Rev 03022020					– _I	Date		