

**EXHIBIT A
PERSONAL FINANCIAL STATEMENT**

As of (Date): _____

As part of the determination certification as a Local Developing Business, the Greater Orlando Aviation Authority (Authority) is required to determine the personal net worth of each individual owner of a business applying to participate as a LDB whose ownership and control are relied upon for LDB certification. Each such individual must submit the personal financial statement below for purposes of determining net worth. The owner's individual's personal net worth does not include the ownership interest in the business applying for LDB certification or up to \$500,000 equity in his or her primary place of residence. Each individual must include the value of any ownership interest in all other businesses and property.

Name	Business Phone:
Residence Address	Residence Phone:
City, State & Zip Code	Email:

Business Name of Applicant/Borrower (Omit cents)	LIABILITIES (Omit Cents)
ASSETS	LIABILITIES
\$	\$
Cash on Hand & in Bank..... _____	Accounts Payable..... _____
Savings Accounts..... _____	Notes Payable to Banks and Others.... _____ (Describe in Section 2)
IRA or Other Retirement Account... _____	Installment Account (Auto)..... _____ Mo. Payments\$ _____
Accounts & Notes Receivable..... _____	Installment Account (Other)..... _____ Mo. Payments\$ _____
Life Insurance-Cash Surrender Value Only..... _____ (Complete Section 8)	Loan on Life Insurance..... _____
Stocks and Bonds..... _____ (Describe in Section 3)	Mortgages on Real Estate..... _____ (Describe in Section 4)
Real Estate..... _____ (Describe in Section 4)	Unpaid Taxes..... _____ (Describe in Section 6)
Automobile-Present Value..... _____	Other Liabilities..... _____ (Describe in Section 7)
Other Personal Property..... _____ (Describe in Section 5)	Total Liabilities..... _____
Other Assets..... _____ (Describe in Section 5)	Net Worth..... _____
Total	Total

Section 1. Source of Income	Contingent Liabilities
Salary..... _____	As Endorser or Co-Maker..... _____
Net Investment Income..... _____	Legal Claims & Judgements..... _____
Real Estate Income..... _____	Provision for 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 counted towards total income.

Section 2. Notes Payable to banks and others. (Use attachment 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	How Secured or Endorsed; Type of Collateral

Section 3. Stocks and Bonds

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

Section 4. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. (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 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.)

AFFIDAVIT

I, _____ being duly sworn, depose and state that the foregoing Personal Financial Statement, together with the attached tax returns, is a true and correct statement of my financial condition as of the date indicated and that no pertinent information has been withheld. I agree to provide releases for financial information that may be requested, I understand this statement is given for the express purpose of determining LDB certification status by the Authority.

Signature of Individual owner/stockholder: _____ Date: _____	Subscribed and sworn to before me this ____ day of _____ 20__. My commission expires _____ Notary Public _____ (SEAL)
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