## Attachment B

## AFFIDAVIT OF CERTIFICATION OF DISADVANTAGED EQUITY APPLICANT STATUS

This form must be signed and notarized for <u>each</u> owner and investor for whom status as a Disadvantaged Equity Applicant is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OR DISQUALIFICATION OF AN APPLICATION OR A PRE-APPROVAL AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE UNDER APPLICABLE FEDERAL AND STATE LAW.

I
I certify that I am a socially and economically disadvantaged individual who is an owner/investor of the above-referenced Applicant firm who is a member of one or more of the following groups, and that I have held myself out as a member of the group(s) as defined in COMAR 10.62.01.01B(28). (Check all that apply):
☐ African American
☐ American Indian/Native American
☐ Asian
☐ Hispanic
☐ <b>Female</b> , regardless of race or ethnicity.
I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.
I further certify that I am 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 who are not socially and economically disadvantaged and that:
☐ I completed Attachment C – Personal Net Worth Statement demonstrating my personal net worth does not exceed \$1,713,333 as defined in COMAR 10.62.01.01B(28)(b)(i);
OR  My personal net worth does not exceed \$1,713,333 and I am a disadvantaged owner of a certified Minority Business Enterprise (MBE) as defined in State Finance and Procurement Article, \$14-301(d), Annotated Code of Maryland as follows:
Firm Name of the MBE Business MBE Certification Number

Signature	Date
	NOTARY
appeared	, in and for the County of, personally, personally, name of person(s) who make acknowledgement) and made this with the matters and facts set forth in the
-	n(s) is or are swearing) are true. rial seal.
(document to which the person  As witness, my hand and notar  Notary Seal	
As witness, my hand and notar	rial seal.