



APPLICANT INFORMATION										
FULL NAME			SSN		HOME PHONE		BIRTH DATE		NO. OF DEPENDENTS	
PRESENT STREET ADDRESS				CITY		COUNTY		STATE	ZIP	HOW LONG?
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	RENT/MORTGAGE PAYMENT \$			US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL:			
FORMER STREET ADDRESS				CITY		STATE		ZIP	YEARS THERE	
EMPLOYER				ADDRESS				BUSINESS PHONE		
POSITION/TITLE		DATE HIRED	ANNUAL INCOME		FORMER EMPLOYER & ADDRESS (IF LESS THAN 3 YEARS AT CURRENT PLACE OF EMPLOYMENT)					
ARE YOU A PILOT? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL HOURS		TOTAL HOURS TYPE		FAA CERTIFICATE HELD: <input type="checkbox"/> STUDENT <input type="checkbox"/> PRIVATE <input type="checkbox"/> COMM. <input type="checkbox"/> ATP		
								RATINGS: <input type="checkbox"/> AMEL <input type="checkbox"/> INSTRUMENT <input type="checkbox"/> OTHER		
Co-APPLICANT/SPOUSE: APPLICANT'S SPOUSE MUST COMPLETE THE SECTION BELOW IF THE APPLICANT IS RELYING ON THE SPOUSE'S INCOME AS A BASIS FOR REPAYMENT OF THE CREDIT, OR IF THE APPLICANT RESIDES IN ARIZONA, CALIFORNIA, HAWAII, IDAHO, LOUISIANA, MICHIGAN, NEBRASKA, NEVADA, NEW MEXICO, OKLAHOMA, OREGON, TEXAS OR WASHINGTON.										
FULL NAME			SSN		HOME PHONE		BIRTH DATE		NO. OF DEPENDENTS	
PRESENT STREET ADDRESS				CITY		COUNTY		STATE	ZIP	HOW LONG?
<input type="checkbox"/> OWN	<input type="checkbox"/> RENT	RENT/MORTGAGE PAYMENT \$			US CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO		E-MAIL:			
FORMER STREET ADDRESS				CITY		STATE		ZIP	YEARS THERE	
EMPLOYER				ADDRESS				BUSINESS PHONE		
POSITION/TITLE		DATE HIRED	ANNUAL INCOME		FORMER EMPLOYER & ADDRESS (IF LESS THAN 3 YEARS AT CURRENT PLACE OF EMPLOYMENT)					
ARE YOU A PILOT? <input type="checkbox"/> YES <input type="checkbox"/> NO				TOTAL HOURS		TOTAL HOURS TYPE		FAA CERTIFICATE HELD: <input type="checkbox"/> STUDENT <input type="checkbox"/> PRIVATE <input type="checkbox"/> COMM. <input type="checkbox"/> ATP		
								RATINGS: <input type="checkbox"/> AMEL <input type="checkbox"/> INSTRUMENT <input type="checkbox"/> OTHER		
AIRCRAFT INFORMATION (NOTE: PLEASE ATTACH AIRCRAFT SPECIFICATION SHEET TO THIS APPLICATION)										
AIRCRAFT WILL BE REGISTERED TO: <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> Co-OWNERSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC										
YEAR	MAKE	MODEL		REGISTRATION NAME		FAA #	SERIAL #	WHERE WILL THIS AIRCRAFT BE BASED?		
						N _____				
HANGARED <input type="checkbox"/> YES <input type="checkbox"/> NO		WILL THE AIRCRAFT BE USED FOR TRAINING OR PART 135 <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES GIVE ESTIMATE OF ANNUAL HOURS _____					
TOTAL AIRFRAME TIME: _____			TIME SINCE MAJOR OVERHAUL: _____			LE _____	RE _____	LAST ANNUAL DATE: _____		
MAJOR MODIFICATIONS:				AVIONICS:						
LOGS COMPLETE <input type="checkbox"/> YES <input type="checkbox"/> NO		DAMAGE HISTORY <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE:								
LOGS ORIGINAL <input type="checkbox"/> YES <input type="checkbox"/> NO										
SELLER'S NAME:					SELLER'S PHONE NUMBER:					
1. SELLING PRICE	2. CASH DOWN PMT.	3. TRADE-IN (NET)		4. TOTAL DOWN PMT	5. UNPAID BALANCE OF CASH PRICE (1 MINUS 2)		6. LOAN AMOUNT REQUESTED			
\$	\$	\$		\$	\$		\$			
DESCRIPTION OF TRADE-IN: MAKE: _____ MODEL: _____ YEAR: _____										
BUSINESS INFORMATION (IF SELF-EMPLOYED)										
NAME OF PARTNERSHIP, CORPORATION, OR LLC:										
TYPE OF BUSINESS:			FED I.D./TAX No. (E.I.N.)		STATE & DATE OF INCORPORATION		PRODUCT OR SERVICE PERFORMED:			
ADDRESS:				CITY:			STATE:	ZIP:		
PHONE:		FAX:		E-MAIL:						
FISCAL YEAR-END:		NO. OF EMPLOYEES		WEB PAGE:						
PRINCIPLES NAME				% OWNERSHIP		TITLE				
BUSINESS FINANCIAL OBLIGATIONS AND/OR CREDIT REFERENCES (USE ADDITIONAL SHEET IF NECESSARY)										
NAME, CITY, STATE					AMOUNT OF LOAN		BALANCE			
					\$		\$			
					\$		\$			

PERSONAL FINANCIAL STATEMENT

NOTE: IF YOU REQUIRE MORE ROOM TO SUBMIT YOUR FINANCIAL INFORMATION, PLEASE SIGN, DATE AND ATTACH TO THIS FORM A SEPARATE PAGE.

NOTE: FOR CO-APPLICANT: PLEASE DUPLICATE THIS PAGE, FILL IN COMPLETELY, APPLICANT AND CO-APPLICANT MUST SIGN BOTH PAGES.

Applicant Name		SPOUSE NAME	
STATEMENT OF FINANCIAL CONDITIONS AS OF DATE: _____, 20_____			
ASSETS <small>(DO NOT INCLUDE ASSETS OF DOUBTFUL VALUE)</small>	IN DOLLARS	LIABILITIES	IN DOLLARS
CASH ON HAND AND IN BANKS	\$	NOTES PAYABLE TO BANKS – SECURED	\$
U.S. Gov't & MARKETABLE SECURITIES (SCHED. A)	\$	NOTES PAYABLE TO BANKS – UNSECURED	\$
NON-MARKETABLE SECURITIES	\$	DUE TO BROKERS	\$
SECURITIES HELD BY BROKER IN MARGIN ACCOUNTS	\$	AMOUNTS PAYABLE TO OTHERS – SECURED	\$
RESTRICTED OR CONTROL STOCKS	\$	AMOUNTS PAYABLE TO OTHERS – UNSECURED	\$
PARTIAL INTEREST IN REAL ESTATE EQUITIES	\$	ACCOUNTS AND BILLS DUE	\$
REAL ESTATE OWNED (SCHED. B)	\$	UNPAID INCOME TAX	\$
LOANS RECEIVABLE	\$	OTHER UNPAID TAXES AND INTEREST	\$
AUTOMOBILES AND OTHER PERSONAL PROPERTY	\$	REAL ESTATE MORTGAGES PAYABLE (SCHED. B)	\$
CASH VALUE – LIFE INSURANCE	\$	OTHER DEBTS – ITEMIZE:	\$
OTHER ASSETS – ITEMIZE:	\$		\$
	\$	TOTAL LIABILITIES	\$
	\$	NET WORTH	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$
SCHEDULE A – U.S GOVERNMENT & MARKETABLE SECURITIES			
<small>NUMBER OF SHARES OR FACE VALUE (BONDS)</small>	<small>DESCRIPTION</small>	<small>IN NAME OF</small>	<small>ARE THESE PLEDGED?</small>
			\$
			\$
			\$
			\$
SCHEDULE B – REAL ESTATE OWNED			
<small>ADDRESS & TYPE OF PROPERTY</small>	<small>TITLE IN NAME OF</small>	<small>DATE ACQUIRED</small>	<small>Market Value</small>
			\$
			\$
			\$
			\$
			\$
SCHEDULE C – BANKS OR FINANCE COMPANIES WHERE CRDIT HAS BEEN OBTAINED			
<small>NAME & ADDRESS OF LENDER</small>	<small>CREDIT IN THE NAME OF</small>	<small>SECURED OR UNSECURED?</small>	<small>ORIGINAL DATE</small>
			\$
			\$
			\$
			\$
			\$
SCHEDULE D – SOURCES OF INCOME FOR YEAR ENDED: _____, 20_____			
<small>Real Estate Income</small>	<small>DIVIDENDS</small>	<small>SALARY, BONUS, COMMISS.</small>	<small>OTHER INCOME (ALIMONY, CHILD SUPPORT OR SEPARATE MAINT.) \$</small>
\$	\$	\$	\$
PLEASE ANSWER THE FOLLOWING QUESTIONS:			
Do you have any contingent financial liabilities? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe:			
As ENDORSER, CO-MAKER OR GUARANTOR? <input type="checkbox"/> Yes <input type="checkbox"/> No AMOUNT: \$ _____			
If yes, to whom owed? _____ To Whom?			
ON LEASES OR CONTRACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No AMOUNT: \$ _____			
LEGAL CLAIMS? <input type="checkbox"/> Yes <input type="checkbox"/> No AMOUNT: \$ _____			
OTHER SPECIAL DEBT? <input type="checkbox"/> Yes <input type="checkbox"/> No AMOUNT: \$ _____			
CONTESTED INCOME TAX LIENS? <input type="checkbox"/> Yes <input type="checkbox"/> No AMOUNT \$ _____			
INCOME TAX RETURNS FILED THROUGH WHAT DATE? _____			
ARE ANY RETURNS CURRENTLY BEING AUDITED OR CONTESTED? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, FOR WHAT YEAR(S)? _____			
ARE AY OF YOUR TAX OBLIGATIONS PAST DUE? <input type="checkbox"/> Yes <input type="checkbox"/> No AMOUNT \$ _____			
HAVE (EITHER OF) YOU OR ANY FIRM IN WHICH YOU WERE A MAJOR OWNER EVER DECLARED BANKRUPTCY? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If YES, PLEASE PROVIDE DETAILS ON A SEPARATE SHEET.			
ALSO REQUIRED: <input type="checkbox"/> PRIOR 2 YRS. 1040 TAX RETURNS (ALL SCHEDULES)		IF SELF EMPLOYED: <input type="checkbox"/> PRIOR 2 YRS. BUSINESS TAX RETURNS <input type="checkbox"/> CURRENT YEAR FINANCIALS	

SIGNATURE/DATE

APPLICANT _____

CO-APPLICANT _____

(I) (WE) CERTIFY THAT THE INFORMATION INSERTED HEREIN IS TRUE, CORRECT AND COMPLETE.

