



65 Millet Street, Suite 103  
 Richmond, VT 05477  
 Telephone: (802) 434 - 4100

# Aircraft Loan Application

Spouse: Applicant's spouse must complete the CO-APPLICANT section if applicant is relying on 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

## PERSONAL INFORMATION

### APPLICANT/GUARANTOR

FIRST NAME	MIDDLE	LAST NAME	SUFFIX
DATE OF BIRTH:		ARE YOU A CITIZEN?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER*:		CELL/HOME PHONE NUMBER:	
EMAIL:			
HOME PHYSICAL ADDRESS (NO PO BOXES):			
HOME CITY, STATE, ZIP CODE:			
CHECK ONE: <input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY RENT OR INCOME AMOUNT:	
NUMBER OF YEARS AT THIS ADDRESS:			

### CO-APPLICANT/GUARNTOR

FIRST NAME	MIDDLE	LAST NAME	SUFFIX
DATE OF BIRTH:		ARE YOU A CITIZEN?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
SOCIAL SECURITY NUMBER*:		CELL/HOME PHONE NUMBER:	
EMAIL:			
HOME PHYSICAL ADDRESS (NO PO BOXES):			
HOME CITY, STATE, ZIP CODE:			
CHECK ONE: <input type="checkbox"/> RENT <input type="checkbox"/> OWN		MONTHLY RENT OR INCOME AMOUNT:	
NUMBER OF YEARS AT THIS ADDRESS:			

**\*DISCLOSURE A: FEDERAL LAW REQUIRES US TO COLLECT AND VERIFY THIS INFORMATION. A POST OFFICE BOX WILL NOT SUFFICE. WE ARE REQUIRED TO OBTAIN A STREET ADDRESS.**

## EMPLOYMENT INFORMATION

DO YOU OWN YOUR OWN BUSINESS?:	YEARS AT CURRENT POSITION (IF RETIRED, DATE OF RETIREMENT)?
EMPLOYER'S NAME:	
EMPLOYER'S PHONE NUMBER:	
EMPLOYER'S ADDRESS:	
EMPLOYER'S CITY, STATE, AND ZIP CODE	
JOB TITLE:	OCCUPATION:
GROSS INCOME (MONTHLY):	
OTHER INCOME SOURCE(S):	
\$ PER MONTH	\$ PER YEAR

DO YOU OWN YOUR OWN BUSINESS?:	YEARS AT CURRENT POSITION (IF RETIRED, DATE OF RETIREMENT)?
EMPLOYER'S NAME:	
EMPLOYER'S PHONE NUMBER:	
EMPLOYER'S ADDRESS:	
EMPLOYER'S CITY, STATE, AND ZIP CODE	
JOB TITLE:	OCCUPATION:
GROSS INCOME (MONTHLY):	
OTHER INCOME SOURCE(S):	
\$ PER MONTH	\$ PER YEAR

**\*\* DISCLOSURE B: ALIMONY, CHILD SUPPORT OR SEPARATE MAINTENANCE INCOME NEED NOT BE REVEALED IF YOU DO NOT WISH IT CONSIDERED AS A BASIS FOR REPAYMENT.**

## BUSINESS INFORMATION

TYPE OF BUSINESS:  CORPORATION  LLC  TRUST  OTHER: \_\_\_\_\_

NAME OF BUSINESS:	COMPLETE ADDRESS:	PHONE/FAX:
FISCAL YEAR END:	PRODUCT/SERVICES SOLD:	WEB SITE:
NUMBER OF EMPLOYEES:	FEDERAL TAX ID NUMBER (EIN):	STATE / DATE OF INCORPORATION:

PRINCIPAL'S NAME:

% OWNERSHIP:

TITLE:




APPLICANT/CO-APPLICANT

ARE EITHER OF YOU OBLIGATED TO MAKE ALIMONY, CHILD SUPPORT OR SEPARATION MAINTENANCE PAYMENTS?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AMOUNT PER MONTH?
ARE THERE ANY UNSATISFIED JUDGMENTS AGAINST EITHER OF YOU?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, TO WHOM OWED?
DO EITHER OF YOU HAVE ANY CONTINGENT LIABILITIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE DESCRIBE:
HAVE EITHER OF YOU EVER DECLARED BANKRUPTCY?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE GIVE DATE:

DETAILS

AIRCRAFT WILL BE:	<input type="checkbox"/> PRE-APPROVAL	<input type="checkbox"/> REFINANCE	<input type="checkbox"/> NEW PURCHASE	<input type="checkbox"/> USED PURCHASE
YEAR:	MAKE:	MODEL:	FAA N#:	S/N:
LAST ANNUAL DATE:	TTAF:	RE SMOH:	LE SMOH:	
SELLING PRICE: S	CASH DOWN: S	TRADE AMOUNT: S	LOAN AMOUNT: S	TERMS DESIRED
ESTIMATED CLOSING DATE:		SELLER NAME/PHONE NUMBER:		
PREVIOUS AIRCRAFT / CURRENT AIRCRAFT FINANCED BY:				
TYPE OF PILOT CERTIFICATE:	<input type="checkbox"/> STUDENT	<input type="checkbox"/> SPORT	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> ATP <input type="checkbox"/> NONE
CURRENT HRS / RATINGS / ENDORSEMENTS:				
DO YOU HAVE PREVIOUS AIRCRAFT OWNERSHIP EXPERIENCE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS:		
YEAR 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 <input type="checkbox"/> OTHER
NAME OF REGISTRATION ENTITY:			TAX ID NUMBER:	
AIRCRAFT WILL BE BASED AT:	HOW DID YOU HEAR ABOUT US?:			
HOW WILL AIRCRAFT BE UTILIZED?:	<input type="checkbox"/> PART 91 <small>(PERSONAL AND/OR USE WITHIN YOUR OWN BUSINESS)</small>	<input type="checkbox"/> PART 135 <small>(CHARTER / LEASEBACK / FLYING CLUB / FLIGHT TRAINING)</small>		

DISCLOSURES:

The undersigned individual(s) recognize that personal credit history may be a factor in the evaluation of the credit history or credit worthiness of the applicant or in the evaluation of his or her personal guarantee of the obligations of the credit applicant (if applicable). Further, a condition of credit approval may include their guarantee, and the undersigned hereby instruct and authorize US Aircraft Finance, LLC, including all subsidiaries, affiliates, and assigns thereof (collectively "USAF") to obtain and use consumer credit reports pertaining to each individual's credit history and/or credit worthiness from any credit reporting agency from which USAF receives such reports, in connection with the application for the extension of credit by USAF.

In connection with any such application for credit, the undersigned further agrees that USAF's permission to obtain a consumer credit report on the undersigned and any guarantor shall be ongoing and shall relate not only to the evaluation and/or extension of the credit requested, but also for purposes of reviewing the account increasing the credit line on the account (if applicable), taking collection action on the account, and for any legitimate business purpose associated with the account as may be needed from time to time. I/We further authorize USAF to give data contained in this application and credit information about any guarantor to its subsidiaries, affiliates and agents.

Release of Credit Information

Authorization is hereby granted to all credit reporting agencies, banks, and all other companies to release credit and financial information to USAF from time to time, which USAF deems necessary to establish and maintain credit. I/We further authorize any company or individual from whom I/We may have obtained or requested credit to furnish USAF with the details of that transaction. I/We agree to provide current financial information upon request, in a form acceptable to USAF.

Equal Credit Opportunity Act Notice

Notice: USAF is an Equal Opportunity Lender. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, handicap, marital status, age (provided that applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protecting Act. The Federal agency that administers compliance with this law concerning this creditor is Federal Trade Commission, Equal Credit Opportunity, Washington DC 20580.

Request for Credit - Please read below, check the appropriate box(s), sign and date.

I/We certify that the information herein and any other information submitted at any other time to USAF has been carefully read and is true, correct and complete. I/We authorize USAF: (i) to review my/our credit and employment histories and any other information in order to process this application, service my/our account, and manage its relationship with me/(us), and (ii) to communicate with others, to the extent permitted by law, such information and its experience with me. I/We are submitting all such information with the intent to secure financing and understand that lenders rely on this information in evaluating and granting the credit requested.

<input type="checkbox"/> I AM REQUESTING CREDIT AS AN INDIVIDUAL IN MY OWN NAME AND AM RELYING ON MY OWN INCOME AND ASSETS AND NOT THE INCOME AND ASSETS OF ANOTHER PERSON.			
<input type="checkbox"/> I AM REQUESTING CREDIT JOINTLY OR AN ACCOUNT THAT I WILL USE WITH ANOTHER PERSON. WE INTEND TO APPLY FOR JOINT CREDIT.			
SIGNATURE OF APPLICANT:	DATE:	SIGNATURE OF CO-APPLICANT:	DATE:



IF ADDITIONAL INFORMATION OR FINANCIAL STATEMENTS ARE USED, PLEASE SIGN, DATE, AND ATTACH THEM TO THIS FORM.

ASSETS	IN WHOLE DOLLARS	LIABILITIES	IN WHOLE DOLLARS
Cash, Checking, Savings, Money Market, etc (Sched 1)		Real Estate Mortgages -- Primary Residence (Sched 4)	
Stocks, Bonds, CDs, etc ( Marketable Securities) (Sched 2)		Real Estate Mortgages -- All Other (Sched 4)	
Retirement/Educational--401k, 403b, IRA, 529 etc (Sched 3)		Notes Payable to Banks--Secured (Sched 5)	
Real Estate -- Primary Residence (Sched 4)		Notes Payable to Banks--Unsecured (Sched 5)	
Real Estate -- All Other (Sched 4)		Unpaid Taxes/ Judgments/ Liens	
Life Insurance CASH value		Cash, Checking, Savings, Money Market, etc (Sched 1)	
Non-Marketable Securities/ Business value (Sched 6) -- Entities you own personally, not publicly traded			
Accounts & Notes Receivable (Sched 7)			
Other Assets -- Itemize (i.e. cars, furnishings)			
Other Assets -- Itemize (i.e. boats, cars, furnishings)			
		<b>TOTAL LIABILITIES</b>	
<b>TOTAL ASSETS</b>		<b>NET WORTH</b> <small>(Subtract total Liabilities from Total Assets)</small>	

**SCHEDULE 1 – CASH, CHECKING, SAVINGS, MONEY MARKET – attach recent statements**

Financial Institution	Account Type	In Name Of	Held In Trust?	Current Balance
<b>TOTAL: \$</b>				

**SCHEDULE 2 – STOCKS, BONDS, CDs, etc (MARKETABLE SECURITIES) – attach recent statements**

Account Name	In Name Of	Held In Trust?	Current Market Value
<b>TOTAL: \$</b>			

**SCHEDULE 3 – RETIREMENT/EDUCATIONAL ACCOUNTS (401k, 403b, SEP, IRA, 529, etc) - attach recent statements**

Account Name	In Name Of	Held In Trust?	Current Market Value
<b>TOTAL: \$</b>			

**SCHEDULE 4 – REAL ESTATE OWNED**

Address	Titled To	Held In Trust?	Rental or Commercial Property?	Year Acquired	Original Price	Market Value	Monthly Payment	Balance Due
<b>TOTAL: \$</b>								

**SCHEDULE 5 – SECURED & UNSECURED LOANS**

Name of Creditor	Description	Monthly Payment	Balance Due
<b>TOTAL: \$</b>			

**SCHEDULE 6 – NON-MARKETABLE SECURITIES / CORPORATIONS & PARTNERSHIPS (businesses owned by you)**

Name & Description	In Name Of	% Owned	Held In Trust	Market Value
<b>TOTAL: \$</b>				

**SCHEDULE 7 – ACCOUNTS & NOTES RECEIVABLE (money owed to you by others)**

Description of Asset or Property	Name of Debtor	Maturity Date	Monthly Payment	Balance Due
<b>TOTAL: \$</b>				

**Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Co-Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_