

For information call:  
877-735-9467

**AV FUNDSOURCE**  
LOAN APPLICATION

Email documentation to:  
[applications@avfundsourc.com](mailto:applications@avfundsourc.com)  
Or fax to: 866-466-7024

**Basic Underwriting Requirements Checklist**

**Section 1**

**IN ALL CASES, A LOAN APPLICATION IS REQUIRED WITH A SIGNATURE FROM EACH INDIVIDUAL BORROWER OR GUARANTOR. THESE SIGNATURES AUTHORIZE CREDIT BUREAU AND POSSIBLY OTHER BACKGROUND CHECKS.**

**IN ALL CASES, AN AIRCRAFT SPECIFICATION SHEET IS REQUIRED.**

**Section 2**

In addition to the information in Section 1, the following is required.

**For each Individual that is a Borrower and for each Personal Guarantor if a Company is the Borrower**

	1) Detailed current Personal Financial Statement (PFS), if not included in the application
	2) The 2 most recent personal tax returns, including all forms and schedules
	3) If a material portion of the individual's income is through an owned business entity, the 2 most recent business tax returns, including all forms and schedules
	4) Bank and/or brokerage statement(s) substantiating liquidity shown on PFS

**For each Company that is a Borrower and for each Corporate Guarantor**

	1) The 2 most recent corporate annual financial statements with footnotes
	2) The 2 most recent corporate tax returns <i>if #1 are not Audits or Reviews</i>
	3) The most recent interim financial statements if the annual statement is more than 6 mo. old

**If the Borrower is an individual, provide a photocopy of Borrower's drivers license.**

# Aircraft Loan / Lease Application and Personal Financial Statement

## Applicant / Guarantor Information

Full Name		Social Security Number		Birth Date	
Home Address		City	State	Zip	Years There
Former Address		City	State	Zip	Years There
Driver's License No.	State	U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Home Phone	Office / Cell Phone	E-Mail Address
Employer		Address (street, city, state,zip)			Years There
Name of Nearest Relative Not Living With You		Address:		Phone:	
Primary Bank		Account Numbers		Bank Contact Person / Phone Number	

<u>SOURCES OF INCOME</u>		<u>LIST BELOW AMOUNTS OF ANY CONTINGENT LIABILITIES</u>	
Salary, bonuses, commissions	\$ _____	As co-maker or guarantor	\$ _____
Dividends, interest	\$ _____	Legal claims against you	\$ _____
Real estate income	\$ _____	Amount of contested income tax liens	\$ _____
Other	\$ _____	Other	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>	<b>TOTAL</b>	<b>\$ _____</b>

Income tax settled through:	Are you a party in any suits or legal actions?	If so, attach an explanation.
Have you or any business entity with which you have been associated, ever filed for bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, please explain:		
Are you obligated to pay alimony, child support, or separate maintenance payments?		If so, amount: \$

### Co-Applicant / Guarantor Information

Applicant's spouse must complete this section if applicant is relying on the spouse's income as a basis for repayment of the credit and/or relying on the spouse's assets or share of the assets as a basis for obtaining credit.

Full Name		Social Security Number			Birth Date	
Home Address		City	State	Zip	Home Phone	Years There
Driver's License No.	State	U. S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No		Business Phone		
Employer		Address (street, city, state,zip)				Years There
Position		Monthly Gross Income				
Name of Nearest Relative Not Living With You		Address			Phone	

### Complete This Section If Self Employed or Seeking Credit In A Business Name

Name of Corporation, Partnership, Proprietorship (doing business as), Use Legal Name				Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> LLC			
Address		City		State		Zip	
Phone		Fax		State and Date of Incorporation / Formation			D & B Number
Federal I.D. No. (E.I.N.)		Product Sold / Service Performed					
Principals		% Ownership			Title		
Name of your Accountant		Phone			Fiscal Year End		

### Business Financial Obligations and / Credit / Trade References (use additional sheet if necessary)

Name, City, State	Account No.	Current Balance	Contact Person / Phone No.
1.			
2.			
3.			
4.			
5.			
6.			
7.			
Primary Bank	Depository Account Numbers	Contact Person / Phone No.	

## Aircraft Information

If a specific aircraft has not been selected, leave first 3 lines blank.

Year	Make	Model	FAA reg	Serial Number	Asking Price (used) / List Price (new)
			N		
Airframe Hours	Engine(s) SMOH		Since Hot Section	Engine Work Done By?	Last Annual
		L          R	L          R		
Damage History? Yes <input type="checkbox"/> No <input type="checkbox"/>	Any Modifications? / Conversions? / STCs?, If Yes, Provide Details Below, or attach Separate Sheet				
Are You A Pilot? Yes <input type="checkbox"/> No <input type="checkbox"/>	Ratings / Total Hours		Who Will Fly This Aircraft?		
Base Airport, City, State, County				Hangared? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name and Phone No. of Insurance Agent
Use Of Aircraft					Anticipated Annual Usage
Business <input type="checkbox"/> , Pleasure <input type="checkbox"/> , Commercial <input type="checkbox"/> specify _____					_____ hrs/yr
Have You Owned An Aircraft Before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, When?	Year / Make / Model			Still Owned? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was/Is it Financed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If So, Where?		Under What Name?		
Do You Request Permission for Shared Usage or to Sublease the Aircraft?      Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, Provide a Few Details on a Separate Sheet.					

**THE UNDERSIGNED APPLICANT(S) REPRESENT AND WARRANT THAT THE FOREGOING INFORMATION IS TRUE, COMPLETE AND CORRECT. THE UNDERSIGNED AUTHORIZE ALL BANKING AND TRADE REFERENCES TO RELEASE ACCOUNT BALANCES, PAYMENT RECORDS AND ANY OTHER INFORMATION DEEMED NECESSARY BY AV FUNDSOURCE OR THEIR FINANCING PARTNER(S) TO VERIFY ABOVE INFORMATION.**

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Joint Applicant \_\_\_\_\_

# Personal Financial Statement

Name \_\_\_\_\_ Check Here if Statement is Joint With Spouse  Date \_\_\_\_\_

<b>Assets</b>	In Even Dollars	<b>Liabilities</b>	In Even Dollars
Cash on hand / in banks / other(Sch. A)	\$	Notes payable to banks - Secured	\$
Listed securities / mutual funds (Sch. B)		Notes payable to banks - Unsecured	
Accounts and notes receivable (Sch. C)		Other notes payable	
Equity in closely held corp./partnerships (Sch. D)		Real estate mortgages payable (Sch.E)	
Real estate (Sch. E)		Unpaid taxes/judgments/liens	
Other assets- itemize		Other debts-itemize	
		Total Liabilities	
		Net Worth	
<b>Total Assets</b>		<b>Total Liabilities and Net Worth</b>	

(Complete schedules and sign on back of this form)

Lease / Loan Application page 4

Attach Additional Sheets as Necessary

## Schedule A-Cash In Banks / Savings & Loans / Brokerage Accounts

Name of Financial Institution	Account Type <small>(CD, MMA, IRA, CK, Sav.)</small>	Account Number	Amount

## Schedule B-Listed Securities / Mutual Funds

Description	Number of Shares	In Name Of	If Pledged, To Whom?	Current Market Value

## Schedule C-Accounts and Notes Receivable

Name of Debtor	Amount Owed	Collateral	Payments	Age of Debt

## Schedule D-Equity in Closely held Corporations and Partnerships

Company / Partnership Name	% Owned	Value	Method of Valuation

**Schedule E-Real Estate Owned** (include commercial and residential)

Description of Property	Date Acquired	Title in Name Of	Cost	Market Value	Mortgage Balance

**Life Insurance**

Insurance Company	Type of Policy	Owner of Policy	Beneficiary	Face Amount	If Assigned, To Whom?

**I represent, warrant and affirm that all of the statements made by me in this application are true and correct and have been made by me in order to induce you to grant credit to me and with the knowledge that you will rely thereon, without limiting the foregoing. I represent and warrant that no lawsuits or judgments are pending or entered against me. I authorize any creditor to whom this application is forwarded to obtain any credit and employment history from any source and to answer questions about its credit experience with me. NOTICE: Consumer credit reports may be requested from one or more consumer reporting agencies (credit bureaus) in connection with this application. If I request, I will be informed whether any consumer credit report was requested and, if so, of the name and address of the consumer reporting agency which furnished the report. “**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_