



Worldwide Aviation
Services
843-361-8400

USA Jet and Helicopter
Financing Division

Aviation Financing — Personal Financial Statement

These forms are intended for use in commercial lending transactions. Where any other use is contemplated, it is suggested that a careful review be made to insure compliance with applicable laws and regulations.

Personal Information

Financial Statement as of _____
(Date)

Applicant

Name _____

Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Years on job _____ Title/Position _____

Business Phone _____

If with current employer less than 3 years, provide name of previous employer

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Social Security # _____

Co-Applicant

Name _____

Employer _____

Employer's Address _____

City _____ State _____ Zip _____

Years on job _____ Title/Position _____

Business Phone _____

If with current employer less than 3 years, provide name of previous employer

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Date of Birth _____

Social Security # _____

Cash Income & Expenditures Statement for Year Ended _____

(Omit cents)

Annual Income	Amount (\$)	Annual Expenditures	Amount (\$)
Salary (Applicant)	_____	Federal Income and Other Taxes	_____
Salary (Co-applicant)	_____	State Income and Other Taxes	_____
Bonuses & Commissions (Applicant)	_____	Rental payments, Co-op, Condo Maintenance	_____
Bonuses & Commissions (Co-applicant)	_____	Mortgage Payments (Residential)	_____
Rental Income	_____	Mortgage Payments (Investment)	_____
Interest Income	_____	Property Taxes (Residential)	_____
Dividend Income	_____	Property Taxes (Investment)	_____
Capital Gains	_____	Interest & Principal Payments on Loans	_____
Partnership Income	_____	Insurance	_____
Other Investment Income	_____	Investments (including tax shelters)	_____
Bonuses & Commissions (Co-applicant)	_____	Mortgage Payments (Residential)	_____
Rental Income	_____	Mortgage Payments (Investment)	_____
Interest Income	_____	Property Taxes (Residential)	_____
Dividend Income	_____	Property Taxes (Investment)	_____
Capital Gains	_____	Interest & Principal Payments on Loans	_____
Partnership Income	_____	Insurance	_____
Other Investment Income	_____	Investments (including tax shelters)	_____
Other Income (List)* *	_____	Alimony/Child Support	_____
_____	_____	Tuition	_____
_____	_____	Other Living Expenses	_____
_____	_____	Medical Expenses	_____
_____	_____	Other Expenses (List)	_____
Total Income \$	_____	Total Expenditures \$	_____

Balance Sheet

as of _____
(Date)

Assets	Amount (\$)	Liabilities	Amount (\$)
Cash in this Bank	_____	Notes Payable to this Bank	_____
(including Money Market Accounts, CDs)	_____	Secured	_____
Cash in Other Financial Institutions (List)	_____	Unsecured	_____
(including Money Market Accounts, CDs)	_____	Notes Payable to Others (Schedule E)	_____
_____	_____	Secured	_____
_____	_____	Unsecured	_____
_____	_____	Accounts Payable (including credit cards)	_____
Readily Marketable Securities (Schedule A)	_____	Margin Accounts	_____
Non-Readily Marketable Securities (Schedule A)	_____	Notes Due: Partnership (Schedule D)	_____
Accounts and Notes Receivable	_____	Taxes Payable	_____
Net Cash Surrender Value of Life Insurance	_____	Mortgage Debt (Schedule C)	_____
(Schedule B)	_____	Life Insurance Loans (Schedule B)	_____
Residential Real Estate (Schedule C)	_____	Other Liabilities (List)	_____
Real Estate Investments (Schedule C)	_____	_____	_____
Partnership/PC Interests (Schedule D)	_____	_____	_____
IRA, Keogh, Profit-Sharing & Other Vested	_____	_____	_____
Retirement Accounts	_____	_____	_____
Deferred Income (# of years deferred _____)	_____	_____	_____
Personal Property (including automobiles)	_____	_____	_____
Other Assets (List)	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total Assets	\$ _____	Total Liabilities	\$ _____
		Total Net Worth	\$ _____

Contingent Liabilities

	Yes	No	Amount
Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Do you have any outstanding letters of credit or surety bonds?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are there any suits or legal actions pending against you?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are you contingently liable on any lease or contract?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are any of your tax obligations past due?	<input type="checkbox"/>	<input type="checkbox"/>	_____
What would be your total estimated tax liability if you were to sell your major assets?			_____
If yes for any of the above, give details:			_____

Schedule A: All Securities (including non-money market mutual funds)

Readily Marketable Securities (including U.S. Governments and Municipals)*

No. of Shares (Stock) or Face Value (Bonds)	Description	Owner(s)	Where Held	Cost	Current Market Value	Pledged Yes No
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

Non-Readily Marketable Securities (closely held, thinly traded, or restricted stock)

_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

*If not enough space, attach a separate schedule or brokerage statement and enter totals only.

Schedule B: Insurance

Life Insurance (use additional sheet if necessary)

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Surrender Value	Amount Borrowed	Ownership
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Disability Insurance

	Applicant	Co-Applicant
Monthly Distribution if Disabled	_____	_____
Number of Years Covered	_____	_____

Schedule C: Personal Residence & Real Estate Investments, Mortgage Debt (majority ownership only)

Personal Residence (if additional space required add schedule)

Property Address	Legal Owner	Year Purchased	Purchase Price	Market Value	Present Loan Balance	Interest Rate	Loan Maturity Date	Monthly Payment	Lender
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Investment Residence (if additional space required add schedule)

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Schedule D: Partnerships (less than majority ownership for real estate partnerships)* (if additional space required add schedule)

Business Professional (indicate name)

Type of Investment	Date of Initial Investment	Cost	Percent Owned	Current Market Value	Balance Due on Partnerships Notes, Cash Call	Final Contribution Date
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Investments (including tax shelters)

_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

*NOTE: For investments which represent a material portion of your total assets, please include the relevant financial statements or tax returns, or in the case of partnership investments or S-corporation, schedule K-1s.

Schedule E: Notes Payable

Due to	Type of Facility	Amount of Line	Secured Yes No	Collateral	Interest Rate	Maturity	Unpaid Balance
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	_____

APPLICANT'S INITIALS

CO-APPLICANT'S INITIALS

Please answer the following questions

1. Income tax returns filed through _____ (Date) Are any returns currently being audited or contested? Yes No

If yes, what year(s)? _____ (Date)

2. Have either of you, or any firm in which you were a major owner, ever declared bankruptcy? Yes No

If yes, please provide details:

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3. Have you drawn a will? Yes No
If yes, please furnish the name of the executor(s) and year will was drawn.
Executor(s) name: _____ Year: _____
4. Number of dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for you? Yes No
6. Did you include two years federal and state tax returns? Yes No
7. Do either of you have a line of credit or unused credit facility at any other institution(s)? Yes No
If yes, please indicate where, how much, and the name of the banker:

8. Do you anticipate any substantial inheritance? Yes No
If yes, please explain:

Aircraft Information

Make _____ Model _____ Year _____
FAA registration number _____ Serial number _____
Color _____ Airframe hours _____ Prop SOH: Left _____ Right _____
Will it be hangared? Yes No Airport based at _____
Last annual date _____ TTAF _____ RE SMOH _____ LE SMOH _____
Is there any damage history? Yes No If yes, please explain:

Are all logs original? Yes No
Primary usage: Business/pleasure use (including industrial aid) Only for personal use
Seller is (check one): Dealer Broker Owner
Selling price \$ _____ Cash down \$ _____ Trade \$ _____ Finance amount \$ _____
Terms desired _____ To be titled in what/whose name _____
Prior aircraft financed by _____

Additional Equipment

MKR BCN _____ ADF _____ RMI _____ WX SCOPE _____ HOT PROPS
 NAV COM _____ XPDR _____ A/P _____ RADAR _____ WING BOOT
 GPWS _____ DME _____ HSI _____ PHONE _____ FULL DE-ICE
 TCAS _____ GPS _____ FLT DIR _____ RADAR ALT. _____

Representations and Warranties

The information contained in this statement is provided to induce you to extend or to continue the extension of credit to the undersigned or to others upon the guarantee of the undersigned. The undersigned acknowledge and understand that you are relying on the information provided herein in deciding to grant or continue credit or to accept the guarantee thereof. Each of the undersigned represents, warrants and certifies that the information provided herein is true, correct and complete. Each of the undersigned agrees to notify you immediately and in writing of any change in name, address, or employment and of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of any of the undersigned or (3) in the ability of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice or a new and full written statement, this should be considered as a continuing statement and substantially correct. If the undersigned fail to notify you as required above, or if any of the information herein should prove to be inaccurate or incomplete in any material respect, you may declare the indebtedness of the undersigned or the indebtedness guaranteed by the undersigned, as the case may be, immediately due and payable. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the credit-worthiness of the undersigned. The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. As long as any obligation or guarantee of the undersigned to you is outstanding, the undersigned shall supply annually an updated financial statement. This personal financial statement and any other financial or other information that the undersigned give you shall be your property.

APPLICANT'S SIGNATURE

DATE

CO-APPLICANT'S SIGNATURE (If you are requesting the financial accommodation jointly)

DATE