

A. PERSONAL INFORMATION

Name	Email address
Address (Street, Apt. # - P.O. Box not accepted)	City, State, Zip
Home phone () Cell phone ()	Social Security number/ITIN
How long have you lived at your current residence? Years _____ Months _____	Date of birth (month/day/year)
How many people live in your household?	
Do you own or rent your home?	<input type="checkbox"/> Rent <input type="checkbox"/> Own
If you own, do you have a fixed or variable/adjustable interest rate?	<input type="checkbox"/> Fixed <input type="checkbox"/> Variable/adjustable
Do you have another source of personal income (social security, child support)?	<input type="checkbox"/> Yes (Amount _____) <input type="checkbox"/> No
Do you have a second job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been late on your auto, rent or mortgage payments in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever declared bankruptcy?	<input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No
Have you ever been in foreclosure?	<input type="checkbox"/> Yes Date _____ <input type="checkbox"/> No
Do you have any credit cards currently past due?	<input type="checkbox"/> Yes Amount \$ _____ <input type="checkbox"/> No
Do you have any other accounts, new or old, that are past due?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If requested would you be able to provide a cosigner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answer "Yes" to any of the above, please explain in Section H.</i>	

B. BUSINESS INFORMATION

Business name (exact, legal name)	EIN Number
Address (Street, Apt. # - P.O. Box not accepted)	City/State/Zip
Telephone number	Fax number
When was your business established?	Date ____ / ____ / ____
How many full time and/or part time employees do you have?	Full time _____ Part time _____
Are you the only business owner, or are you a co-owner?	<input type="checkbox"/> Only business owner <input type="checkbox"/> Business Co-owner
What is your annual business revenue?	\$ _____
Do you currently own or rent the business premises? (if applicable)	<input type="checkbox"/> Own: If own, do you have a mortgage? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Rent: If rent, when does the lease expire? ____/____/____
Where is the business located?	<input type="checkbox"/> Office/Storefront <input type="checkbox"/> Home
Is your business a corporation or sole proprietorship?	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole proprietorship <input type="checkbox"/> LLC/Other
Are you or is your business a guarantor for debt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business owe any back taxes (e.g., income, sales, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any business assets pledged or assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If you answer "Yes" to any of the above, please explain in Section H.</i>	

REFERENCES

C. Please Provide two (2) personal references. These references must not live at the same address as the applicant.

Name	Relationship	Address	Telephone
			Primary ()
			Primary ()

D. Landlord Reference (If you rent your home or business)

Landlord Name (Home):	Phone Number
Landlord Name (Business): Landlord Name (Home)	Phone Number

E. Employer/Motor Carrier Reference (If you have a second job or other source of income)

Name:	Address:
Hours Per Week Worked: ____ When did you start? ____ / ____ / ____	Primary Phone: () Secondary Phone ()

F. REQUEST SUMMARY

Total loan amount requested	\$
What is your desired monthly payment?	\$
Number of trucks to be purchased:	

G. MONTHLY BUSINESS AND PERSONAL INCOME AND EXPENSES

A. MONTHLY BUSINESS INCOME

Monthly Business Revenue	\$
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B. MONTHLY BUSINESS EXPENSES

Borrower's take home pay	\$
Monthly licensing/business fees	\$
Equipment purchase & maintenance	\$
Utilities - gas, electric, heat, water	\$
Insurance - life, health, property	\$
Telephone/cell/pager	\$
Auto - gas, repairs, insurance	\$
Rent	\$
Taxes	\$
Total auto/equipment lease payments	\$
Other business credit	\$
Other	\$
Total business expenses	\$

C. NET

Net Monthly Business Income (A-B)	\$
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A. MONTHLY PERSONAL INCOME SOURCES

Borrower's wages - other jobs	\$
Spouse/other household income	\$
Social Security Benefit	\$
Public assistance	\$
Disability	\$
Alimony/child support	\$
Other income	\$
Total monthly personal income	\$

B. MONTHLY PERSONAL EXPENSES

Utilities - gas, electric, heat, water	\$
Medical and health expenses	\$
Insurance - life, health, property	\$
Telephone/cell/pager	\$
Auto - gas, repairs, insurance	\$
Public transportation	\$
Taxes	\$
Other	\$
Food/Clothing	\$
Education/books/supplies	\$
Childcare	\$
Cable TV/entertainment	\$
Alimony/child support	\$
Money sent to relatives	\$
Mortgage/rent	\$
Total auto/equipment lease payments	\$
Total loan payments	\$
Total personal credit card payments	\$
Total monthly personal expenses	\$

C. NET

Net Monthly Personal Income (A-B)	\$
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H. ADDITIONAL EXPLANATIONS, IF NEEDED

SIGNATURE AND AUTHORIZATION FOR VERIFICATION OF INFORMATION

I attest that, to the best of my knowledge, all information on this application is true and correct. I authorize ACCION USA (the lending agent for The Port Authority of New York and New Jersey) to obtain consumer and /or commercial credit reports, now or in the future, and to exchange this information about credit experience internally and/or with other creditors, as authorized by law. I also understand that this Application will serve as the first step of my loan application process with ACCION USA and authorize ACCION USA to investigate and verify all of the above information and any additional information that may be requested. I also understand that any and all information provided to ACCION USA, including any credit reports(s), may be used by ACCION USA to approve or decline my request and that ACCION USA will keep this application whether or not I receive a loan.

Applicant Signature: _____

Date: _____