



AMERASIA BANK
紐約第一銀行

41-06 MAIN STREET, FLUSHING, NEW YORK 11355
Tel: (718)463-3600, FAX: (718)359-8291, www.AmerasiaBankNY.com

Commercial Mortgage Loan Application Package

- a. Mortgage Loan Application Form
- b. Personal Financial Statement
- c. Rent Roll and Operating Statement
- d. Corporate Resume
- e. Occupancy Certification
- f. Notice of New York Fair Credit Reporting Act
- g. Certification of Tax Return
- h. Request for Transcript of Tax Return
- i. Privacy Statement / USA Patriot Act Notice
- j. Notice of Right to Receive Copy of Appraisal Report
- k. Environmental Questionnaire
- l. Certification of Beneficial Owner(s)

Kindly complete and submit your application along with the documents checked below.

請您完成申請表 並附上以下文件

- Personal Income Tax Returns** including all schedules for the past three years
過去三年個人報稅單整份
- Corporate Income Tax Returns** including all schedules for the past three years
過去三年公司報稅單整份
- Personal Financial Statement** (form enclosed)
個人財務報表(內附報表)
- Business Operating Statement** for the past three years
過去三年公司營業報表
- Monthly Income/Expense Statement** pertaining to your business or property (i.e. Rent Roll, form enclosed)
每個月房屋或公司營業收入支出報表 例如租金
- Copy of Personal/Business Bank Statements** for the last three months
過去三個月個人及公司銀行月報表
- Statement of Accounts Receivable, Accounts Payable, and/or Inventory Report**
應收帳款 應付帳款 庫存報表
- Copy of:
 - Deed** 地契
 - Survey** 房屋測量圖
 - Contract of Sale** 買賣合約
 - Corporate Documents (i.e. Certificate of Incorporation, Filing Receipt, SS4, Form Tax ID, Articles of Organization, Operating Agreement, Proof of Publication, By-Laws)**
公司成立文件
 - Monthly or Quarterly Utility Bills (Water & Sewer, Electricity, Gas, etc.)(One Year for Laundromat)**
每月/每季水,電,瓦斯帳單,等 (一年份 for Laundromat)
 - Mortgage** 房屋
 - Title Report** 產權報告
 - Lease Agreement(s)** 租約
 - Personal ID (Passport or Greencard/I-94 Form, SSN Card, Driver's License)**
個人身分證明 護照 駕照 社會安卡
- Application Fee: 申請費**
 - **For Loan Amounts ≤ \$500,000.00 = \$1,000.00**
 - **For Loan Amounts > \$500,000.00 = \$1,500.00**
- Other:

Please submit any information you have available first in order for us to expedite the processing of your application. In the meantime, please do not hesitate to call us if you have any questions regarding your application. Thank you for your cooperation and for considering Amerasia Bank for your financing needs.

請您盡快寄出已有資料讓銀行盡快參考及分析 同時您若有任何問題請隨時與我們聯繫 謝謝您



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MORTGAGE LOAN APPLICATION (Please complete corporate resume if applicant is not individual.)

Applicant:

- Individual
- Corporation, LLC, Partnership, or other entity

Name: _____
 Address: _____
 Phone #: _____ | Cell #: _____
 Occupation/Business: _____
 SS/EIN# _____

Co-Applicant:

- Individual
- Corporation, LLC, Partnership, or other entity

Name: _____
 Address: _____
 Phone #: _____ | Cell #: _____
 Occupation/Business: _____
 SS/EIN# _____

Address of Property to be Mortgaged: _____

Purpose: **Purchase** Sales Price _____ Down Payment Made Yes No Amount _____
 Source of Equity _____

Title to be held by _____ Expected Date of Closing _____

Is the property to be wholly or partially occupied by loan applicant? Yes No

Is the property to be wholly or partially occupied by entity affiliated with loan applicant? Yes No

Refinance Existing Mortgage Loan Balance: _____ Existing Lender _____
 Owner (if different from applicant) _____ Year of Purchase _____ Purchase Price _____

Construction to Permanent **Construction Proposed Improvements** _____
 Proposed Building Area (Sq. Ft.) _____ Hard Cost _____

Land Free & Clear Land Loan Balance _____ Zone _____ Lot Size (Sq. Ft.) _____
 (Please provide budget, plants, & specifications, and construction contract with general contractor)

Other _____ Loans proceeds to be used to _____

Mortgage Desired: Amount _____ No. of Years _____ **Fixed Rate** **Adjustable Rate**

DESCRIPTION OF PROPERTY

Legal Description: Section _____ Block(s) _____ Lot(s) _____

Size of Lot (Sq. Ft.) _____ # of Stories _____ Gross Building Area (Sq. Ft.) _____

Type of Property: 1-4 Family Residential Condo/ Co-Op Multifamily (# of Families) _____

Mixed Use # of Commercial Units _____ Total Commercial Area (Sq. Ft.) _____
 # of Residential Units _____ Total Residential Area (Sq. Ft.) _____

Retail/Office Commercial Condo Industrial/Warehouse _____

Occupancy: *Please complete Rent Roll & Operating Statement on the back of the application and provide copy of leases*

Please provide the account no. for the following utilities, if available:

Water & Sewer: _____ Electricity: _____ Gas/Heat: _____

Are there any judgements, suits or claims pending against you or have you ever gone through bankruptcy? Yes No
 If Yes, please provide details: _____

This application is made by the undersigned who hereby represents that to the best of his/her/their knowledge and belief, the statements, information, and descriptions contained herein are in all respects true, correct and complete. I/We are aware that any willful misrepresentation on this application could result in criminal action.

I/We are aware that submission of this application shall constitute the unconditional agreement of the undersigned to pay all fees, costs, charges, and expenses with respect to this loan application and/or its making, or in any way connected therewith, including without limiting the generality thereof; the fees and expenses of Lender's for the credit information charges; Lender processing fee, fees for any required appraisals, environmental assessment and inspections and property review; and any and all other fees, and expenses payable in connection with this transaction and I/We agree to defend, indemnify, and hold Lender harmless against and from any and all claims for any fees, charges, taxes, and compensation in connection with this loan application and/or its making and reimburse the Lender all the fees and charges paid by the Lender on demand. This provision shall survive the issuance of commitment and the Closing. All the fees and charges paid by the undersigned are not refundable for any reasons whatsoever even if the Lender declines to make the Loan. I/We further authorize Amerasia Bank to debit the undersigned's accounts to pay these fees and charges incurred without notice.

I/We authorize the Lender to make whatever credit inquiries it deems necessary in connection with the credit application or in the course of review or collection of any credit extended in reliance on the application. I/We authorize and instruct any person or consumer reporting agency to compile and furnish to the Lender any information it may have or obtain in response to such credit inquiries and agree that the same shall remain in your property whether or not credit is extended. If the bank obtains credit reports in connection with application, I/We will, upon request, be informed of that fact and of each bureau's name and address.

Applicant: _____

Co-Applicant: _____

Date: _____

CORPORATE RESUME OF

Applicant _____

Please check

Corporation

S-Corp

Limited Liability Company

Partnership

Other _____

(Please provide copy of Certificate of Incorporation or Article of Organization and Filing Receipt.)

Shareholder Managing Member Member General Partner Partner _____

Name: _____ **% of Interest** _____ **Phone** _____

Address: _____ **Cell#** _____

Occupation/Business _____ **SS#** _____

Shareholder Managing Member Member General Partner Partner _____

Name: _____ **% of Interest** _____ **Phone** _____

Address: _____ **Cell#** _____

Occupation/Business _____ **SS#** _____

Shareholder Managing Member Member General Partner Partner _____

Name: _____ **% of Interest** _____ **Phone** _____

Address: _____ **Cell#** _____

Occupation/Business _____ **SS#** _____

Shareholder Managing Member Member General Partner Partner _____

Name: _____ **% of Interest** _____ **Phone** _____

Address: _____ **Cell#** _____

Occupation/Business _____ **SS#** _____

OCCUPANCY CERTIFICATION

Applicant(s): _____

Premises: _____

The undersigned, having applied for a loan to be secured by a first Mortgage or Deed of Trust on the referenced property, certifies as follows (check one):

_____ A. **PRINCIPAL RESIDENCE:** The property will be occupied by me/us as our primary residence.

_____ B. **SECOND HOME:** The property will be a second home used in addition to my/our primary residence. Any rental income from the property may not be used to qualify for the mortgage application.

_____ C. **INVESTMENT PROPERTY:** This property will not be occupied by me/us and will be considered strictly an investor unit.

I/We fully understand that this certification is made for the purpose of determining eligibility, the applicable interest rate, and fees associated with this loan. I/We fully understand that it is a Federal crime, punishable by fine or imprisonment, or both, to consciously make any false statements concerning the above representation as it applies to Federally insured or guaranteed loans under the provisions of Title 18, United States Code Section 1014.

Date: _____ Applicant: _____

Date: _____ Co-applicant: _____

NEW YORK FAIR CREDIT REPORTING ACT DISCLOSURE

Borrower: _____

Loan No.: _____ **Date:** _____

Mortgaged Premises: _____

This Disclosure is provided to you pursuant to the N.Y. Gen. Bus. Law §380-b.

A consumer report (credit report) may be requested and obtained in connection with your application. Upon your request, you will be informed whether or not a consumer report was requested and, if such report was requested, informed of the name and address of the consumer reporting agency that furnished the report.

Subsequent consumer reports, other than investigative consumer reports, may be requested or utilized in connection with an update, renewal, or extension of the credit for which application was made.

By signing below, you hereby acknowledge reading and understanding all of the information disclosed above and receiving a copy of this disclosure on the date indicated below.

Borrower or Principal of Borrower: _____
Name: _____ Date: _____

Borrower or Principal of Borrower: _____
Name: _____ Date: _____

Borrower or Principal of Borrower: _____
Name: _____ Date: _____

Borrower or Principal of Borrower: _____
Name: _____ Date: _____

CERTIFICATION OF FEDERAL AND/OR STATE INCOME TAX RETURN

To: Amerasia Bank
 41-06 Main Street
 Flushing, New York 11355

Tax Return for Tax Year _____
 (Check Appropriate Box Below)
 FEDERAL _____
 STATE OF _____

For the purpose of procuring and establishing credit from time to time with **AMERASIA BANK**, each of the undersigned furnishes the information contained on the attached income Tax Return(s), including all schedules, and other attachments, if any, and represents that it is a true, correct and accurate copy of the return filed with the respective taxing agency. The undersigned have furnished the information in order to become indebted to the BANK on notes, endorsements, guarantees, overdrafts or otherwise.

The undersigned agree to notify the BANK immediately in the event the tax return is audited in the respective taxing agency and the return is determined by the agency to be materially in error. (Materially in error is defined as (1) any adjustment of income in excess of \$5,000.00 or (2) any adjustment of tax liability in excess of \$1,000.00)

The undersigned hereby waive pleading of statute of limitations as a defense of the undersigned as to the validity of the information contained on the tax return as attached hereto.

Have your tax returns ever been audited? Yes No

If yes, state tax year and result of each audit. (Attach an extra sheet if more space is required.)

Result:	Result:
Result:	Result:

_____, 20____
Date Signed

Taxpayer's Signature

Taxpayer's Signature

Taxpayer's Signature

Taxpayer's Signature

THE FEDERAL EQUAL OPPORTUNITY PROHIBITS CREDITORS FROM DISCRIMINATING AGAINST CREDIT APPLICANTS ON THE BASIS OF SEX OR MARITAL STATUS. THE FEDERAL AGENCY WHICH ADMINISTERS COMPLIANCE WITH THIS LAW CONCERNING THIS BANK IS THE COMPTROLLER OF THE CURRENCY.

Request for Transcript of Tax Return
Do not sign this form unless all applicable lines have been completed.
Request may be rejected if the form is incomplete or illegible.
For more information about Form 4506-T, visit www.irs.gov/form4506t.

Tip: Get faster service: Online at www.irs.gov, **Get Your Tax Record** (Get Transcript) or by calling **1-800-908-9946** for specialized assistance. We have teams available to assist. **Note:** Taxpayers may register to use [Get Transcript](#) to view, print, or download the following transcript types: **Tax Return Transcript** (shows most line items including Adjusted Gross Income (AGI) from your original Form 1040-series tax return as filed, along with any forms and schedules), **Tax Account Transcript** (shows basic data such as return type, marital status, AGI, taxable income and all payment types), **Record of Account Transcript** (combines the tax return and tax account transcripts into one complete transcript), **Wage and Income Transcript** (shows data from information returns we receive such as Forms W-2, 1099, 1098 and Form 5498), and **Verification of Non-filing Letter** (provides proof that the IRS has no record of a filed Form 1040-series tax return for the year you request).

1a Name shown on tax return. If a joint return, enter the name shown first.	1b First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions)
2a If a joint return, enter spouse's name shown on tax return.	2b Second social security number or individual taxpayer identification number if joint tax return
3 Current name, address (including apt., room, suite, or inmate no.), city, state, and ZIP code (see instructions)	
4 Previous address shown on the last return filed if different from line 3 (see instructions)	
5 Customer file number (if applicable) (see instructions)	

Note: Effective July 2019, the IRS will mail tax transcript requests only to your address of record. See **What's New** under **Future Developments** on Page 2 for additional information.

6 Transcript requested. Enter the tax form number here (1040, 1065, 1120, etc.) and check the appropriate box below. Enter only one tax form number per request. _____

a Return Transcript, which includes most of the line items of a tax return as filed with the IRS. A tax return transcript does not reflect changes made to the account after the return is processed. Tax return transcripts for individuals are available for the Form 1040 series. A list of the tax return transcripts that are available for a business can be found at www.irs.gov/businesses/get-a-business-tax-transcript. Return transcripts are available for the current year and returns processed during the prior 3 processing years. Most requests will be processed within 10 business days

b Account Transcript, which contains information on the financial status of the account, such as payments made on the account, penalty assessments, and adjustments made by you or the IRS after the return was filed. Return information is limited to items such as tax liability and estimated tax payments. Account transcripts are available for most returns. Most requests will be processed within 10 business days

c Record of Account, which provides the most detailed information as it is a combination of the Return Transcript and the Account Transcript. Available for current year and 3 prior tax years. Most requests will be processed within 10 business days

7 Verification of Nonfiling, which is proof from the IRS that you **did not** file a return for the year. Current year requests are only available after June 15th. There are no availability restrictions on prior year requests. Most requests will be processed within 10 business days

8 Form W-2, Form 1099 series, Form 1098 series, or Form 5498 series transcript. The IRS can provide a transcript that includes data from these information returns. State or local information is not included with the Form W-2 information. The IRS may be able to provide this transcript information for up to 10 years. Information for the current year is generally not available until the year after it is filed with the IRS. For example, W-2 information for 2016, filed in 2017, will likely not be available from the IRS until 2018. If you need W-2 information for retirement purposes, you should contact the Social Security Administration at 1-800-772-1213. Most requests will be processed within 10 business days

Caution: If you need a copy of Form W-2 or Form 1099, you should first contact the payer. To get a copy of the Form W-2 or Form 1099 filed with your return, you must use Form 4506 and request a copy of your return, which includes all attachments.

9 Year or period requested. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

/	/	/	/
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Caution: Do not sign this form unless all applicable lines have been completed.

Signature of taxpayer(s). I declare that I am either the taxpayer whose name is shown on line 1a or 2a, or a person authorized to obtain the tax information requested. If the request applies to a joint return, at least one spouse must sign. If signed by a corporate officer, 1 percent or more shareholder, partner, managing member, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute Form 4506-T on behalf of the taxpayer. **Note:** This form must be received by IRS within 120 days of the signature date.

<input type="checkbox"/> Signatory attests that he/she has read the attestation clause and upon so reading declares that he/she has the authority to sign the Form 4506-T. See instructions.	Phone number of taxpayer on line 1a or 2a
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Signature (see instructions)	Date	
Sign Here Title (if line 1a above is a corporation, partnership, estate, or trust)		
Spouse's signature	Date	

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-T and its instructions, go to www.irs.gov/form4506t. Information about any recent developments affecting Form 4506-T (such as legislation enacted after we released it) will be posted on that page.

The filing location for the Form 4506-T has changed. **Please see Chart for individual transcripts or Chart for all other transcripts** for the correct mailing location.

What's New. As part of its ongoing efforts to protect taxpayer data, the Internal Revenue Service announced that in July 2019, it will stop all third-party mailings of requested transcripts. After this date masked Tax Transcripts will only be mailed to the taxpayer's address of record.

If a third-party is unable to accept a Tax Transcript mailed to the taxpayer, they may either contract with an existing IVES participant or become an IVES participant themselves. For additional information about the IVES program, go to www.irs.gov and search IVES.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Purpose of form. Use Form 4506-T to request tax return information. Taxpayers using a tax year beginning in one calendar year and ending in the following year (fiscal tax year) must file Form 4506-T to request a return transcript.

Note: If you are unsure of which type of transcript you need, request the Record of Account, as it provides the most detailed information.

Customer File Number. The transcripts provided by the IRS have been modified to protect taxpayers' privacy. Transcripts only display partial personal information, such as the last four digits of the taxpayer's Social Security Number. Full financial and tax information, such as wages and taxable income, are shown on the transcript.

An optional Customer File Number field is available to use when requesting a transcript. This number will print on the transcript. See Line 5 instructions for specific requirements. The customer file number is an optional field and not required.

Tip. Use Form 4506, Request for Copy of Tax Return, to request copies of tax returns.

Automated transcript request. You can quickly request transcripts by using our automated self-help service tools. Please visit us at IRS.gov and click on "Get a Tax Transcript..." under "Tools" or call 1-800-908-9946.

Where to file. Mail or fax Form 4506-T to the address below for the state you lived in, or the state your business was in, when that return was filed. There are two address charts: one for individual transcripts (Form 1040 series and Form W-2) and one for all other transcripts.

If you are requesting more than one transcript or other product and the chart shows two different addresses, send your request to the address based on the address of your most recent return.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social security number (SSN) or your individual taxpayer identification number (ITIN) shown on the return. For example, if you are requesting Form 1040 that includes Schedule C (Form 1040), enter your SSN.

Line 3. Enter your current address. If you use a P.O. box, please include it on this line 3. If you are currently incarcerated, include your inmate identification number, name and address on this line 3.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address. For a business address, file Form 8822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number **should not** contain an SSN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "999999999" on the transcript.

Line 6. Enter only one tax form number per request.

Signature and date. Form 4506-T must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed and returned to you if the box is unchecked.

Individuals. Transcripts of jointly filed tax returns may be furnished to either spouse. Only one signature is required. Sign Form 4506-T exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-T can be signed by: (1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-T but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-T can be signed by any person who was a member of the partnership during any part of the tax period requested on line 9.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-T for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to Form 4506-T.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-T will vary depending on individual circumstances. The estimated average time is: **Learning about the law or the form**, 10 min.; **Preparing the form**, 12 min.; and **Copying, assembling, and sending the form to the IRS**, 20 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-T simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service
Tax Forms and Publications Division
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send the form to this address. Instead, see *Where to file* on this page.

Chart for individual transcripts (Form 1040 series and Form W-2 and Form 1099)

If you filed an individual return and lived in:	Mail or fax to:
Alabama, Arizona, Arkansas, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team Stop 6716 AUCS Austin, TX 73301 855-587-9604
Connecticut, Delaware, District of Columbia, Illinois, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, California, Colorado, Hawaii, Idaho, Kansas, Michigan, Montana, Nebraska, Nevada, North Dakota, Ohio, Oregon, South Dakota, Utah, Washington, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

If you lived in or your business was in:	Mail or fax to:
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Florida, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, a foreign country, American Samoa, Puerto Rico, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, A.P.O. or F.P.O. address	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145
Connecticut, Delaware, District of Columbia, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094

PRIVACY STATEMENT

At Amerasia Bank, we know how important personal privacy is to you. We recognize that you expect privacy and security for your personal and financial affairs. We understand the need to safeguard our sensitive information about you that you have entrusted to us within our institution. We maintain standards and procedures designed to prevent misuse of this information.

Information We Collect

We collect nonpublic information about you from some or all the following sources:

- * Information we receive from you on applications or other forms;
- * Information about your transactions with us, our affiliates, or others; and
- * Information we receive from a consumer reporting agency.

Information Disclose

We do not disclose any nonpublic personal information about you to anyone, except as permitted by law.

If you decide to close your account(s) or become an inactive customer, we will adhere to the privacy policies and practices as described in this notice.

Other Security Measures

We restrict access to nonpublic information about you to those employees who need to know that information to provide products or services to you. We maintain physical, electronic and procedural safeguards that comply with federal standards to guard your nonpublic personal information.

USA PATRIOT ACT NOTICE

Important Information about Procedures for Opening a New Account

To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

I/We hereby acknowledge that we have received a copy of this statement and notice

Applicant _____ Co-Applicant _____ Date _____

NOTICE OF RIGHT TO RECEIVE COPY OF APPRAISAL REPORT

The following notice is being provided to you as an applicant for credit secured by first lien on dwelling. This notice states your right under federal law to receive a copy of any appraisal report that may have been obtained on the dwelling offered as collateral.

NOTICE TO APPLICANT

We may order an appraisal to determine the property's value and charge you for this appraisal. We will promptly give you a copy of any appraisal, even if your loan does not close.

You can pay for an additional appraisal for your own use at your own cost.

Address to which an appraisal should be sent:

Applicant's Signature

Date

Co-applicant's Signature

Date



ENVIRONMENTAL QUESTIONNAIRE

APPLICANT INFORMATION

Borrower's Name: _____

Property Address: _____

County: _____ Legal Description: Section _____ Block _____ Lot _____

Occupied by whom? _____

PROPERTY HISTORY

1. To the best of your knowledge, list the prior uses of the property:

Date _____ Use _____

Date _____ Use _____

2. Has any type of chemical use or storage occurred at the property? Yes No Unknown

If YES Explain: _____

3. To the best of your knowledge, are there any known environmental problems at the site or surrounding properties? Yes

No Unknown - If YES Explain: _____

4. Please state age of existing structure: _____

NATURE OF OCCUPYING BUSINESS

1. Please state types of current operations at property: _____

2. To the best of your knowledge, are there any chemicals utilized by these businesses:

Yes No Unknown - If YES Explain: _____

Please state the number of years current occupants or tenants have occupied the building: _____

ENVIRONMENTAL HAZARDS

1. Are there any below-ground or above-ground storage tanks located on the property?

Yes No Unknown - If YES Explain: _____

2. Is there any asbestos located on the property? Yes No Unknown - If YES Explain: _____

3. Is there any evidence of toxic chemicals (either used or stored) on the property?

Yes No Unknown - If YES Explain: _____

4. Are any transfers, electrical devices or hydraulic equipment located on the property and labeled as containing PCB's? Yes No Unknown - If YES Explain: _____
5. Is there any visible evidence of peeling, cracking or flaking paint possibly containing lead observed? Yes No Unknown - If YES Explain: _____
6. Are there currently, or to the best of your knowledge have there been previously, any floor drains, wells or septic systems on the property or in the building? Yes No Unknown
If YES Explain: _____
7. Has fill dirt been brought onto the property that originated from a contaminated site or that is of unknown origin: Yes No Unknown - If YES Explain: _____

MUNICIPAL APPROVALS / PERMITS

1. Are all above and below ground storage tanks properly registered and conforming to all local, state and federal safety requirements? Yes No Unknown - If YES Explain: _____
2. Is there any asbestos located on the property? Yes No Unknown
If YES Explain: _____

ADJOINING PROPERTIES

1. To the best of your knowledge, has any adjoining property currently or in the past been utilized as a possible generator of any hazardous substances? Yes No Unknown
If YES Explain: _____
2. To the best of your knowledge, are any adjoining properties experiencing environmental problems or being monitored for environmental problems? Yes No Unknown
If YES Explain: _____

MISCELLANEOUS

1. To the best of your knowledge, have any Phase I or II Environmental Audits been previously conducted? Yes No Unknown - If YES Explain and provide copy (if available): _____
2. If any chemical usage is evident at the property, please provide any transportation manifest to the Bank for review:
N/A _____ See Attached _____
3. Utilities serving the site include the following: (Please note if Public, Private, or Not Available)
Water _____ Electricity _____ Sanitary Sewer _____
Gas _____ Storm Sewer _____

Statement Certification

To the best of my knowledge, the above responses are true and correct:

X _____
Applicant's Signature

Date

Amerasia Bank

CERTIFICATION OF BENEFICIAL OWNER(S)

Persons opening an account on behalf of a legal entity must provide the following information:

A. Name and Title of Natural Person Opening Account:

Name:	Title:
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B. Name and address of Legal Entity for which the Account is Being Opened

Entity Name:
Address:

C. The following information for each individual, if any, who, directly or indirectly, through any contract, agreement, understanding, relationship or otherwise, owns 25 percent or more of the equity interests of the legal entity listed above:

Name	Date of Birth	Address (Residential or Business)	<i>For U.S. Persons:</i> SSN# <i>For Foreign Persons:</i> Passport No. & Country of Issuance or other similar safeguard.	% Owned

(If no individual meets this definition, please write "Not Applicable.")

D. The following information for one individual with significant responsibility for managing the legal entity listed above, such as:

- An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- Any other individual who regularly performs similar functions.

(If appropriate, an individual listed under section (c) above may also be listed in this section (d).)

Name	Date of Birth	Address (Residential or Business)	<i>For U.S. Persons:</i> SSN# <i>For Foreign Persons:</i> Passport No. & Country of Issuance or other similar safeguard.

I, _____ (name of the person opening account), hereby certify to the best of my Knowledge, that the information provided above is complete and correct. I also agreed to notify the Bank of any changes in such information.

Signature _____

Date: _____

New York law requires that we ask if a business applicant is a minority-owned business or a women-owned business. New York law also requires us to ask business applicants for their principal owners' ethnicity and race.

Applicants are not required to provide this information but are encouraged to do so. We collect this information to help ensure that all applicants are treated fairly and that communities' business credit needs are being fulfilled.

Employees and officers making determinations concerning an application, such as loan officers and underwriters, may have access to the information provided on this form. However, we cannot discriminate on the basis of minority-owned business status, women-owned business status, or a principal owner's ethnicity, race, or sex. Additionally, we cannot discriminate on the basis of whether an applicant provides this information.

Minority-owned business status

For purposes of this form, an applicant is a minority-owned business if more than 50 percent of the ownership or control of the business is held by one or more minority individuals.

A minority individual is a natural person who is American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, or Hispanic or Latino. A multi-racial or multi-ethnic individual is a minority individual for this purpose.

Is the applicant a minority-owned business?

- Yes
- No
- I do not wish to provide this information

Number of principal owners

For purposes of this form, a principal owner is any natural person who owns 25 percent or more of the equity interest of a business. An applicant might not have any principal owners if, for example, it is not directly owned by any natural persons (i.e., if it is owned by another entity or entities) or if no natural person directly owns at least 25 percent of the business.

How many principal owners does the applicant have? _____

Number of non-owners working for the applicant _____

Women-owned business status

For purposes of this form, an applicant is a women-owned business if more than 50 percent of the ownership or control of the business is held by one or more women.

Is the applicant a women-owned business?

- Yes
- No
- I do not wish to provide this information

Demographic information about principal owners

Applicants are not required to provide this information but are encouraged to do so. We cannot discriminate on the basis of a principal owner's ethnicity or race. Additionally, we cannot discriminate on the basis of whether an applicant provides this information.

Please fill out one sheet for each principal owner.

Ethnicity (*Check one or more*)

- Hispanic or Latino
 - Cuban
 - Mexican
 - Puerto Rican
 - Other Hispanic or Latino (*Print origin, for example, Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard*):

- Not Hispanic or Latino
- I do not wish to provide this information

Race (*Check one or more*)

- American Indian or Alaska Native (*Print name of enrolled or principal tribe*):

- Asian
 - Asian Indian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Other Asian (*Print origin, for example, Cambodian, Hmong, Laotian, Pakistani, Thai*):

- Black or African American
 - African American
 - Ethiopian
 - Haitian
 - Jamaican
 - Nigerian
 - Somali
 - Other Black or African American (*Print origin, for example, Barbadian, Ghanaian, South African*):

- Native Hawaiian or Other Pacific Islander
 - Guamanian or Chamorro
 - Native Hawaiian
 - Samoan
 - Other Pacific Islander (*Print origin, for example, Fijian, Tongan*):

- White
- I do not wish to provide this information