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
- 1. 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

- () Mortgage 房屋
- () Title Report 產權報告

- () Lease Agreement(s) 租約

() Corporate Documents (i.e. Certificate of Incorporation, () Personal ID (Passport or Greencard/I-94 Form, Filing Receipt, SS4, Form Tax ID, Articles of Organization, SSN Card, Driver's License) **Operating Agreement, Proof of Publication, By-Laws**) 個人身分證明 護照 駕照 社會安卡 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)

- [] Application Fee: 申請費
 - For Loan Amounts ≤ \$500,000.00 = \$850.00
 - For Loan Amounts > \$500,000.00 = \$1,000.00
- 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



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

	MORTGAGE LOAN A	PPLICATION (Please com	plete corporate resu	me if applicant is not individual.)
Applicant:			Co-Applicant:	
	Corporation, LLC	, Partnership, or other entity		Corporation, LLC, Partnership, or other entity
Name:	Conponation, 220		Name:	
			Address:	
Phone #: Occupation/Busines	Cell #:		Phone #: Occupation/Business:_	Cell #:
	SS/EIN#		Occupation/Business	SS/EIN#
	erty to be Mortgaged:			
	Purchase Sales Price	Down P		Yes No Amount
				Expected Date of Closing
Is	the property to be wholly of	or partially occupied by loan	applicant?	□ Yes □ No
Is	the property to be wholly o	or partially occupied by entity	affiliated with loan a	applicant?
Refinance	Existing Mortgage	Loan Balance:	E	xisting Lender
Owner (if	different from applicant)		Y	ear of Purchase Purchase Price
Construction	on to Permanent	Construction Proposed I	mprovements	
		Proposed Building Area (Sc	ı, Ft.)	Hard Cost
Land D Fi	ree & Clear Land Loa	n Balance		Lot Size (Sq. Ft.)
		dget, plants, & specifications, o		
Other			Loans proceeds to	be used to
Mortgage Desir		No. of Year	-	
				🗌 Fixed Rate 🔲 Adjustable Rate
Legal Descriptio	n: Section	DESCRIPTION Block(s)	OF PROPERTY	ot(s)
Size of Lot (Sq. 1	Ft.)	# of Stories	Gr	oss Building Area (Sq. Ft.)
Type of Property	^{7:} □ 1-4 Family	Residential Condo/ C	Co-Op 🗆 M	Iultifamily (# of Families)
	☐ Mixed Use	# of Commercial Units# of Residential Units		Commercial Area (Sq. Ft.) Residential Area (Sq. Ft.)
	□ Retail/Office	Commercial Condo	Industrial/Wa	arehouse
		<i>Operating Statement on the b</i> lowing utilities, if available:		n and provide copy of leases
Water & Sewer:		Electricity:		Gas/Heat:
Are there any juc If Yes, please pro		ending against you or have yo	ou ever gone through	bankruptcy?
II I Co, piease pi	ovide 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: _____

AMERASIA BANK 纽约茅一報行

Applicants: _____

Date: _____

BALANCE SHEET

Cash Account – Sch. A	\$ All Loans from Amerasia Bank –	\$
(Including Money Market, Checking & Term Deposits)	Sch. B	
U.S Gov't Securities – Sch. C	\$ Loans from other Banks – Sch. B (Excluding Mortgage)	\$
Fully Marketable Security- Sch. C	\$ Credit Card Debt	\$
Non- Readily Marketable Securities (Restricted Stock in public co.) – Sch. D	\$ Margin Debt due to Brokers	\$
Cash Value of Life Insurance – Sch. E	\$ Loans against Life Ins Sch. E	\$
Personal Residence(s) (Estimated Market Value) – Sch. F	\$ Mortgage Debt – Sch. F	\$
Real Estate Investments (Estimated Market Value) – Sch. F	\$ Notes Due to Partnerships	\$
Other Investments Partnerships and Non-Public Companies	\$ Loans from Others	\$
Loans or Other Receivables	\$ Other Liabilities (itemize)	\$
IRA, Keogh & Other Vested Retirement Assets	\$	
Other Assets (itemize)	\$	
	Total Liabilities	\$
	Net Worth	\$
TOTAL ASSETS	\$ TOTAL LIABILITES & NET WORTH	\$

SCHEDULES

Schedule A – Cash Accounts

Name of	Type of Account (Checking, Saving, etc.)	Owner	Current Delense	A securit Number
Deposit Institution	(Checking, Saving, etc.)	(Applicant, Co-applicant, Joint)	Current Balance	Account Number

Schedule B – Loans

Including Amerasia Bank and excluding mortgages)

			Total Avail. Under Line	
(Applicant, Co-applicant, Joint)	Current Unpaid Balance	Due Date	of Credit	Collateral Type
	(Applicant, Co-applicant, Joint)	(Applicant, Co-applicant, Joint) Current Unpaid Balance	(Applicant, Co-applicant, Joint) Current Unpaid Balance Due Date Due Date	

Schedule C – U.S. Government and Other Fully Marketable Securities

No. of Shares or Face Value	Issued By	Borrower (Applicant, Co-applicant, Joint)	Where Held	Current Market Value	Pledged (Yes/No)

Schedule D – Non-Readily Marketable Securities

Number of Shares	Description	Owner	Property	Current Market Value	Balance of Loan/Mortgage	Equity	Pledge (Yes/No)

Schedule E – Life Insurance							
Name of Insurance Company	Owner of Policy	Beneficiary	Face Amount	Policy Loans	Cash Value		
Are you covered by disability insuran	ce? [] No	[] Yes -	Amount: \$				

	S	chedule F – Re	eal Estate and	l Mortgages				
Address & Type of Property	Title in Name of	Percent of Ownership	Gross Annual Income	Cost	Estimated Market Value	Balan Mort		Mortgage Held By
	IN	COME AND I	EXPENSE ST	FATEMENT				
Estimated Current Annual Income			Estimated	Current Annual	Expenses			
Salary			Income Ta					
Bonuses and Commissions			Co-Op/ Co	Co-Op/ Condo Maintenance/Rent				
Dividend Income			Loans:					
Interest Income				Auto				
Rental Income (Please Provide Copy				Personal/Student				
Cash Income from Other Investments			Insurance: Auto					
Realized Capital Gains Maintenance				Medical Property				
Other Income (itemized)				Life				
Other Income (itemized)			Utilities (t	Utilities (telephone, electric, etc.)				
				Real Estate Tax				
			Tteur Estat	e run				
			Other Ex	pense				
Total Income		\$		Total Expense			\$	
		PERSONA	L INFORMA	ATION				
			Applicant		(Co-Appli	cant	
Name								
Home Address (include zip code))							
Home and Cell Phone Number								
No. of Dependents (include names)								
Date of Birth								
Citizenship								
Education								
Employer								
Business Address								
Business Phone Number								
Previous Employer								
(If less than 5 years with present	employer)							

The above financial and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I/We understand that misrepresenting information on this statement is a criminal offense under federal law, punishable by a fine and or imprisonment. Each of the undersigned will notify you in writing of any of the undersigned to perform its (or their) obligations to you. In the absence of such notice, you may consider this a continuing statement and substantially correct. You are authorized to contact any appropriate third party for the purpose of verifying the accuracy of the information contained herein. Each of the undersigned authorizes you to answer questions about your credit experience with the undersigned.

Date:	Date:
Applicant:	Co-Applicant:

PREMISES:	RENT ROLL AN	ND OPERATING STAT	TEMENT			
PREIMISES:	No. of Commercial Units					
	No. of Residential Units					
CURREN	IT OCCUPANCY	Term of Lea	ase	c	Current	
Unit #	Tenant & Usage	From	Thru		thly Rent	Remark
		- <u>-</u> -				
		- <u> </u>				
		<u> </u>				
		- <u> </u>				
		- <u> </u>				
				\$		
Remark to indi	cate vacant unit or			<u>х</u>	12	
occupancy on	month-to-month basis.					-
Annual Operatin	n Expansas	Annual Gross R	lents	\$		
	axes Responsible by Landlord.			()	
	er Responsible by Landlord.			(/)	
	nse Responsible by Landlord			(/	
Management)	
Insurance)	
Repair & Main	tonanco				/	
Common Area					,	
Others	amaintenance)	
Others				()	
				()	_
		Net Operating Inc	ome	\$		_
I HERBY CERTIF	FY THE ABOVE TO BE TRUE AND C	ORRECT.				-
Signature			Date			

CORPORATE RESUME OF	Applicant		
Please check			
Corporation	□ S-Corp	Limited Liability Company	
Partnership	□ Other		
(Please provide copy of Certificate of I	ncorporation or Article o	f Organization and Filing Receipt.)	
Shareholder Managing Member	☐ Member □	General Partner Partner]
Name:	% of Interest	Phone	
Address:		Cell#	
Occupation/Business		SS#	
L			
Shareholder Danaging 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			
Shareholder Managing Member	Member	General Partner Partner]
Name:	% of Interest	Phone	
Address:			
Occupation/Business			

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 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

To: Amerasia Bank Tax Return for Tax Year 41-06 Main Street (Check Appropriate Box Below) Flushing, New York 11355 Г

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 if \$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?

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.

Ves No No

FEDERAL _____

STATE OF



Request for Transcript of Tax Return

Do no	t cian	this f	form unless	all	applicable	linee	howo	been	comple	ator

١. Request may be rejected if the form is incomplete or illegible.

OMB No. 1545-1872

▶ 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, or suite no.), city, state	e, 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.

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

а	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. Transcripts are only available for the following returns: Form 1040 series, Form 1065, Form 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120S. 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	
ь	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	
	on: 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 our return, you must use Form 4506 and request a copy of your return, which includes all attachments.	
9	Year or period requested. Enter the ending date of the year or period, using the mm/dd/yyyy format. If you are requesting more than a years or periods, you must attach another Form 4506-T. For requests relating to quarterly tax returns, such as Form 941, you must each quarter or tax period separately.	
Cautio	on: 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.

		y attests that he/she has read the attestation clause and upon so reading authority to sign the Form 4506-T. See instructions.	declares that he/she	Phone number of taxpayer on line 1a or 2a
	,	Signature (see instructions)	Date	
Sign				
Here	,	Title (If line 1a above is a corporation, partnership, estate, or trust)		
	1	Spouse's signature	Date	
For Driv	acv	Act and Panenwork Reduction Act Notice, see name 2	Cot No. 07667N	Form 4506-T (Bay, 11-2021)

ion Act Notice, see page cy A0

at. No. 37667N

Form 4506-1 (Rev. 11-202

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 attracting 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.fs.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. Taxpayors using a tax year beginning in one calendar year and ending in the following year (filecal 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 IFS.gov and click on 'Gat 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 relum.

Line 1b. Enter your employer identification number (EIN) if your request relates to a business return. Otherwise, enter the first social socurity number (SN) or your individual taxpayer identification number (ITN) 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, include it on this line.

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 B822-Change of Address. For a business address, file Form B822-B, Change of Address or Responsible Party — Business.

Line 5. Enter up to 10 numeric characters to create a unique oustomer file number that will appear on the transcript. The oustomer file number <u>sheulid net</u> 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 "90909000000" 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 taxpayor listed on line 1a or 2a. The IRS must receive Form 4506-T within 120 days of the date signed by the taxpayor 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.

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 taw, Next of kin, or Boneficiary 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 latter from the principal officer authorizing an employee of the corporation or the latters 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 tor the Intornation 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 thraudulant Information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal ittigation, and cities, states, the District of Columbia, and U.S. commonweaths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax theaty, to fedoral and state agencies to enforce toderal nontax orthinal 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 rotatined 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 socion 8103.

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 mix; Preparing the form, 12 mix; 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 sand 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:	Mall or fax to:
Florida, Louisiana, Mississippi, Texas, a foreign country, American Samoa, Puerto Rico, Guarn, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, or	Internal Revenue Service RAIVS Team Stop 6716 AUSC Austin, TX 73301
AP.O. or F.P.O. address	855-587-9604
Alabama, Arkansas, Delawara, Georgia, Illinois, Indiana, Iowa, Kartucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ciklahoma, South Carolina, Tennessee, Vermont, Virginia, Wisconsin	Internal Revenue Service RAIVS Team Stop 6705 S-2 Kansas City, MO 64999 855-821-0094
Alaska, Arizona, California, Colorado, Connectiout, District of Columbia, Hawali, Idaho, Kansas, Maryland, Michigan, Montana, Nebraska, Novada, New Mexico, North Dakota, Ohio, Oregon, Pennsylvania, Fitoda Island, South Dakota, Utah, Washington, Wast Virginia, Wyoming	Internal Revenue Service RAIVS Team P.O. Box 9941 Mail Stop 6734 Ogden, UT 84409 855-298-1145

Chart for all other transcripts

or your business was Mall or fax to: In: Alabama, Alaska, Artzona, Internal Revenue Service Arkansas, California, RAIVS Team P.O. Box 9941 Colorado, Florida, Hawall, Idaho, Iowa, Kansas, Mall Stop 6734 Ogden, UT 84409 Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Maxico, North Dakota, 855-298-1145 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 Connecticut Delevere Internal Revenue Service District of Columbia. RAIVS Team Georgia, Illinois, Indiana, Stop 6705 S-2 Kansas City, MO 64999 Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jarsay, New York, North 855-821-0094 Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennossee Vermont, Virginia, West

Virginia, Wisconsin

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 drive's license or other identifying documents.

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

Applicant	Co-Applicant	Date
	co Applicant	

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

	2)約第一銀行	Tel: (718) 463-3600, Fax: (718) 35	9-8291, www.AmerasiaBa	nkNY.com	
		ENVIRONMENTAL C	UESTIONNAIRE		
PLICANT INFORM	MATION				
Borrower's Na	me.				
	-				-
Property Addre	ess:				-
County:		Legal Description: Section	Block	Lot	
Occupied by w	/hom?				-
		PROPERTY H	ISTORY		
	To the best of yo	ur knowledge, list the prior uses of the Use			
		Use			_
2.		hemical use or storage occurred at the			
If YES E	xplain:				
	llaka sua if V	EC Evalain.	-	e site or surrounding properties?	
□ No □ 4.	Unknown - If Y	ES Explain:			_
	Please state age				_
4.	Please state age				_
4. TURE OF OCCUP 1. 2.	Please state age PYING BUSINESS Please state type To the best of yo	of existing structure:			_
4. TURE OF OCCUP 1. 2.	Please state age PYING BUSINESS Please state type To the best of yo Yes □ No □ U	of existing structure:	utilized by these businesse	S:	
4. TURE OF OCCUP 1. 2.	Please state age PIING BUSINESS Please state type To the best of yo Yes □ No □ Un Please state the p	of existing structure:	utilized by these businesse	S:	
4. TURE OF OCCUP 1. 2. VIRONMENTAL H 1. Are there and	Please state age PIING BUSINESS Please state type To the best of yo Yes	of existing structure:	utilized by these businesse enants have occupied the b	S:	

- 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: ——

Has fill dirt been brought onto the property that originated from a contaminated site or that is of unknown origin:
 Yes INO 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? \Box Yes \Box No \Box 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):

 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:

Χ_

Applicant's Signature

Date

Page 2 of 2

AMERASIA BANK

CETIFICATION OF BENEFICIAL OWNER(S)

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

A.	Name and Title of Natura	l Person Opening Account:
----	--------------------------	---------------------------

	Name:	Title			
D	Name and address of Legal Entity for which the Account is Being Opened				
D.	Account Name:				
	Account 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	Address	U.S. Persons: SSN#	%
	Birth	(Residential or Business)	Foreign Persons: Passport & Country of	Owned
			Issuance or other similar safeguard.	

(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 © above may also be listed in this section (d))

Name	Date of Birth	Address (Residential or Business)	U.S. Persons: SSN# Foreign Persons: Passport & 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.

Date: _____

Signature: _____