



1440 W. NORTH AVE., MELROSE PARK, IL 60160 PH: 708-865-5700 FX: 708-273-8148 WEBSITE: www.panamerbank.com

PERSONAL FINANCIAL STATEMENT AND LOAN APPLICATION AS OF: _____

SUBMITTED TO: PAN AMERICAN BANK & TRUST

IMPORTANT: Read these directions before completing this Statement.

- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis of repayment of the credit requested, complete Sections I and III.
- If you are applying for joint credit with another person, complete all Sections providing information in Section II about the joint applicant.
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or income of another person as a basis for the repayment of the credit requested, complete all Sections, providing information in Section II about the person whose alimony, support or maintenance payments or income or assets you are relying.
- If this statement relates to your guaranty of the indebtedness of other person(s), firm(s), or corporation(s), complete Section I and III.

PURPOSE: _____

SECTION I - INDIVIDUAL INFORMATION (type or print)

NAME	:		
SOCIAL SECURITY NO.	:		
DATE OF BIRTH	:		
PRESENT ADDRESS	:		Own Rent
HOME PHONE NO.	:	MOBILE / PAGER NO:	
EMAIL ADDRESS	:		
MARITAL STATUS	:	Married Separated Unmarried (include single, divorced, widowed)	
EMPLOYER	:	No. of years:	
ADDRESS OF EMPLOYER	:		
TITLE / POSITION	:		
BUSINESS PHONE NO.	:		
PREVIOUS EMPLOYER	:	No. of years:	
<small>(if less than 2 years with current)</small>			
ACCOUNTANT	:		
ATTORNEY	:		
INSURANCE AGENT	:		

SECTION II - OTHER PARTY INFORMATION (type or print)

CO-APPLICANT'S NAME	:		
SOCIAL SECURITY NO.	:		
DATE OF BIRTH	:		
PRESENT ADDRESS	:		Own Rent
HOME PHONE NO.	:	MOBILE / PAGER NO:	
EMAIL ADDRESS	:		
MARITAL STATUS	:	Married Separated Unmarried (include single, divorced, widowed)	
EMPLOYER	:	No. of years: ____ or months: ____	
ADDRESS OF EMPLOYER	:		
TITLE / POSITION	:		
BUSINESS PHONE NO.	:		
PREVIOUS EMPLOYER	:	No. of years: ____ or months: ____	
<small>(if less than 2 years with current)</small>			

SECTION III- CASH INCOME & EXPENDITURES STATEMENT As Of:			(Omit Cents)
ANNUAL INCOME	AMOUNT	ANNUAL EXPENDITURES	AMOUNT
Salary (applicant)		Federal Income & Other Taxes	
Salary (co-applicant)		State Income & Other Taxes	
Bonuses & Commission (applicant)		Rental Payment, Co-op, or	
Bonuses & Commission (co-applicant)		Condo Maintenance	
Rental Income		Mortgage Payment	Residential
Interest Income			Investment
Dividend Income		Property Taxes	Residential
Capital Gains			Investment
Partnership Income		Payments on Loans(Principal & Interest)	
Other Investment Income		Insurance	
Other Income (List): (Alimony, child support, or maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation)		Investments (including tax shelters)	
		Alimony/Child Support	
		Other Expenses (List):	
TOTAL INCOME	\$	TOTAL EXPENDITURES	\$

BALANCE SHEET As Of :			
ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash in Banks:		Notes Payable to Banks (Schedule E):	
		Secured	
		Unsecured	
		Notes Payable to Others (Schedule E):	
Marketable Securities (Schedule A)		Secured	
Non-Marketable Securities (Schedule A)		Unsecured	
Accounts and Notes Receivable		Accounts Payable(including credit cards)	
Cash Value of Life Insurance (Schedule B)		Margin Accounts	
Residential Real Estate (Schedule C)		Notes Due: Partnership (Schedule D)	
Real Estate Investments (Schedule C)		Taxes Payable	
Partnerships/ PC Interests (Schedule D)		Mortgage Debt (Schedule C)	
IRA,Keogh,Profit-Sharing & Other Vested Retirement Accts		Life Insurance Loans (Schedule B)	
Deferred Income (# of years deferred_____)		Other Liabilities (List):	
Personal Property (including automobiles)			
Other Assets (List):			
		TOTAL LIABILITIES	\$
		NET WORTH	\$
TOTAL ASSETS	\$	TOTAL	\$

CONTINGENT LIABILITIES

YES / NO AMOUNT

Are you a guarantor, co-maker, or endorser for any debt of an individual, corporation, or partnership? _____

Do you have any outstanding letters of credit or surety bonds? _____

Are there any suits or legal actions pending against you? _____

Are you contingently liable on any lease or contract? _____

Are any of your tax obligations past due? _____

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)

No. of Shares Stock) or Face Value (Bonds)	Description	Owner(s)	Where Held	Cost	Current Market Value	Pledged	
						Yes	No
MARKETABLE SECURITIES (Including U.S. Governments and Municipals)*							
NON-MARKETABLE SECURITIES (Closely Held, Thinly Traded, or Restricted Stock)							

SCHEDULE B - INSURANCE

LIFE INSURANCE

Insurance Company	Face Amount of Policy	Type of Policy	Beneficiary	Cash Value	Amount Borrowed	Ownership
					\$	

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Income tax returns filed through (date): _____ Are any returns currently being audited or contested? _____
If yes, what years(s)? _____
2. Have (either of) you or any firm in which you were a major owner ever declared bankruptcy? _____
If yes, please provide details: _____
3. Have you drawn a will? _____
If yes, please furnish the name of the executor(s) and year will was drawn. _____
4. Number of dependents (excluding self) and relationship to applicant: _____
5. Have you ever had a financial plan prepared for you? _____
6. Did you include two years federal and state tax returns? _____
7. Do (either of) you have a line of credit or unused credit facility at any other institutions(s)? _____
If so, Please indicate where, how much, and name of banker: _____
8. Do you anticipate any substantial inheritances? _____
If yes, please explain:

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 a 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. I/We authorize Pan American Bank & Trust and its authorized agents to obtain my/our credit reports from any consumer or credit reporting agency.

The undersigned authorize any person or consumer reporting agency to give you any information it may have on the undersigned. Each of the undersigned authorizes you to answer questions about your credit experience with 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.

Section 1014 of Title 18 of the United States Code was amended to make it a federal crime for any person to knowingly make a false statement or report, or willfully overvalue any land, property or security for the purpose of influencing in any way the action of any bank the deposits of which are insured by the Federal Deposit Insurance Corporation.

Date :

Your Signature

Date :

Co-Applicant's Signature
(if you are requesting the financial accommodation jointly)

(WE ARE APPLYING JOINTLY)

Signature

Date

Signature

Date

**LOAN / MORTGAGE
APPLIED FOR:**

VA

FHA

Conventional

FMHA

Other:

AMOUNT:

\$ _____

Interest Rate _____ %

No. of Months _____

Amortization type:

Fixed rate

ARM (type):

Other:

PROPERTY INFORMATION AND PURPOSE OF LOAN

Subject Property Address (Street, City, State & ZIP):

Legal description of subject property (attach description if necessary)

Purpose of Loan:

Purchase

Construction

Home Improvement

Refinance

Construction -Permanent

Other (explain)

Complete this line if this is a refinance loan:

Year Acquired: _____

Original Cost \$ _____

Amount Existing Liens \$ _____

Present Value: \$ _____

Describe Improvements:

Cost \$ _____

made

to be made

Complete this line if construction or construction -permanent loan:

Year lot acquired:

Original Cost \$ _____

Amount Existing Liens \$ _____

(a) Present Value of Lot \$ _____

(b) Cost of Improvements \$ _____

Total (a) + (b) : \$ _____

Property will be :

Primary Residence

Secondary Residence

Investment

Title will be held in what Name(s):

Manner in which Title will be held:

Estate will be held in :

Fee Simple

Leasehold (show expiration date)

Source of down payment , Settlement charges and / or Subordinate financing (explain):

(Original to be retained by client. Copy to be placed in loan file.)

DISCLOSURE OF RIGHT TO RECEIVE A COPY OF APPRAISALS (1 - 4 FAMILY DWELLINGS ONLY)

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.

NOTICE TO APPLICANTS *(Please retain a copy of this notice for your records)*

If your application for business credit is denied, you have the right to a written statement of the specific reason for denial. To obtain a statement, please contact Pan American Bank, Senior Vice President, Loan Department, 1440 W. North Avenue, Melrose Park, IL 60160 within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for the statement. The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with this law concerning the creditor is: FDIC Consumer Response Center, 2345 Grand Boulevard, Suite 100, Kansas City, Missouri 64108.

HMDA | DEMOGRAPHIC DATA FORM

The purpose of collecting this information is to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. For residential mortgage lending, Federal law requires that we ask applicants for their demographic information (e.g. ethnicity, race and sex) in order to monitor our compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to provide this information, but are encouraged to do so. You may select one or more "Hispanic or Latino" origins and one or more designations for "race". The law provides that we may not discriminate on the basis of this information or on whether you choose to provide it. However, if you choose not to provide the information and you have made this application in person, Federal regulations require us to note your ethnicity, race and sex on the basis of visual observation and surname. If you do not wish to provide some or all of this information, please check below. **Check one or more that apply.**

APPLICANT	CO-APPLICANT
ETHNICITY	ETHNICITY
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino Print origin below (e.g. Argentinian, Columbian, Dominican, Nicaraguan, Salvadoran, etc.) <hr/>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Mexican <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other Hispanic or Latino Print origin below (e.g. Argentinian, Columbian, Dominican, Nicaraguan, Salvadoran, etc.) <hr/>
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino

RACE	RACE
<input type="checkbox"/> American Indian or Alaska Native Print name of enrolled or principal tribe. <hr/>	<input type="checkbox"/> American Indian or Alaska Native Print name of enrolled or principal tribe. <hr/>
<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Print Race (e.g. Hmong, Laotian, Thai, Pakistani, Cambodian, etc.) <hr/>	<input type="checkbox"/> Asian <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian Print Race (e.g. Hmong, Laotian, Thai, Pakistani, Cambodian, etc.) <hr/>

<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Print Race (e.g. Fijian, Tongan, etc.) <hr/>	<input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Print Race (e.g. Fijian, Tongan, etc.) <hr/>
<input type="checkbox"/> White	<input type="checkbox"/> White
<input type="checkbox"/> I do not wish to provide this information.	<input type="checkbox"/> I do not wish to provide this information.

SEX	SEX
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information.	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> I do not wish to provide this information.

	YES	NO
Was the ethnicity of the APPLICANT collected on the basis of visual observation or surname?	<input type="checkbox"/>	<input type="checkbox"/>
Was the ethnicity of the CO-APPLICANT collected on the basis of visual observation or surname?	<input type="checkbox"/>	<input type="checkbox"/>
Was the race of the APPLICANT collected on the basis of visual observation or surname?	<input type="checkbox"/>	<input type="checkbox"/>
Was the race of the CO-APPLICANT collected on the basis of visual observation or surname?	<input type="checkbox"/>	<input type="checkbox"/>
Was the sex of the APPLICANT collected on the basis of visual observation or surname?	<input type="checkbox"/>	<input type="checkbox"/>
Was the sex of the CO-APPLICANT collected on the basis of visual observation or surname?	<input type="checkbox"/>	<input type="checkbox"/>

The demographic information was provided through:

Face to Face Interview (includes electronic media with video component)

Telephone Interview

Fax or Mail

Email or Internet