

REQUEST FOR VERIFICATION OF DEPOSIT

Applicant: Please fill out Part One of this form and ask your bank to fill out Part Two and mail the form to us. This form is to verify you have enough money to cover the down payment and to determine credit worthiness.

Your bank (not the applicant) must mail the form to:

Ginny Such & Joe Precopio , Co-Chairs, Membership Committee, Belmont Chambers Cooperative Corp. 43 Symphony Rd. #3A, Boston, MA 02115.

PART ONE (to be filled out by applicant):

Applicant Name: _____

Social Security #: _____

Address: _____

Home phone #: _____ **Work phone #:** _____

Cell phone #: _____ **Email:** _____

Bank name and address:

Name of bank contact person: _____

Phone #: _____

Savings and checking:

Type of account	Name of account holder	Account #	Date opened	Balance
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Loans:

Type of loan	Loan amount	Date of loan	Original balance	Current balance	Installments	# of late payments

Additional information, which may indicate credit worthiness:

Applicant signature: _____ **Date:** _____

PART TWO (to be filled out by bank representative):

I have reviewed all the information above and it is correct. I have noted any changes and initialed those changes.

Additional remarks:

Bank representative signature: _____

Date: _____