

REQUEST FOR VERIFICATION OF DEPOSIT

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

Joe Precopio, Chair, Membership Committee, Belmont Chambers Cooperative, Inc.,
43 Symphony Rd., #3A, Boston, Massachusetts 02115. Telephone: 536-7238.

1. Name: _____ Social Security #: _____

Address: _____

Work phone #: _____ Home phone #: _____

Bank name and address: _____

Contact person (bank) - Name: _____ Phone #: _____

Savings and checking:

Type of account	Name on account	Account #	Date opened	Balance
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1. _____/_____/_____/_____/_____

2. _____/_____/_____/_____/_____

3. _____/_____/_____/_____/_____

Loans:

Type of Loan	Loan Amount	Date of Loan	Original Balance	Current Balance	Installments	# of Late Payments
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1. _____/_____/_____/_____/_____/_____/_____

2. _____/_____/_____/_____/_____/_____/_____

3. _____/_____/_____/_____/_____/_____/_____

Additional information which may determine credit worthiness: _____

Applicant Signature: _____ Date: _____

2. (To be completed by bank.) I have reviewed all information above and it is correct. I have noted any changes and initialed those changes.

Additional remarks: _____

Signature: _____ Date: _____