

# Belmont Chambers Cooperative Deposit Verification

Applicant: Please fill out Part One of this form and ask your financial institution to fill out Part Two and mail the form to us. This form is to verify you have enough money to purchase the unit and to determine credit worthiness. You may also use it to verify additional total household income. It can be used for one or several financial institutions.

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

Joe Precopio, Co-Chair, Membership Committee, Belmont Chambers Cooperative, 43  
Symphony Rd., #3A, Boston, MA 02115.

*In most cases, financial institutions have procedures for this on-line and this form will not be needed. We will accept any documentation that comes to us directly from the institution, as long as it documents all information.*

## PART ONE (to be filled out by applicant):

Applicant Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

Bank name and address: \_\_\_\_\_

Name/title bank contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

Type of account: \_\_\_\_\_ Name of Account Holder/s: \_\_\_\_\_

Date opened: \_\_\_\_\_ Balance: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Additional information, which may indicate credit worthiness:

\_\_\_\_\_  
\_\_\_\_\_

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Additional remarks: \_\_\_\_\_

Bank representative signature: \_\_\_\_\_ Date: \_\_\_\_\_