

Personal Line of Credit with Overdraft Protection Application

Individual Credit Joint Credit

Loan Amount Requested \$500 \$1,000. 2,000. Other

My Pittsfield Cooperative Bank Checking Account Number is: _____
If this is a joint account, both account holders must complete this application. *must be completed*

APPLICANT

X

NAME (FIRST) _____ (MIDDLE INITIAL) _____ (LAST) _____
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HOME PHONE _____
 ADDRESS (STREET, CITY, STATE) _____ (ZIP) _____
 OWN, RENT, OR LIVE WITH PARENTS _____ YEARS & MONTHS THERE _____ NO. OF DEPENDENTS _____
 PREVIOUS ADDRESS _____ YEARS & MONTHS THERE _____
 EMPLOYER & ADDRESS _____ YEARS & MONTHS THERE _____
 BUSINESS PHONE NO. _____ POSITION _____ GROSS MONTHLY SALARY _____
 PREVIOUS EMPLOYER & ADDRESS _____ YEARS & MONTHS THERE _____
 NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____ PHONE _____

CO-APPLICANT

If joint application, please complete this section.

X

NAME (FIRST) _____ (MIDDLE INITIAL) _____ (LAST) _____
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HOME PHONE _____
 ADDRESS (STREET, CITY, STATE) _____ (ZIP) _____
 OWN, RENT, OR LIVE WITH PARENTS _____ YEARS & MONTHS THERE _____ NO. OF DEPENDENTS _____
 PREVIOUS ADDRESS _____ YEARS & MONTHS THERE _____
 EMPLOYER & ADDRESS _____ YEARS & MONTHS THERE _____
 BUSINESS PHONE NO. _____ POSITION _____ GROSS MONTHLY SALARY _____
 PREVIOUS EMPLOYER & ADDRESS _____ YEARS & MONTHS THERE _____
 NAME OF NEAREST RELATIVE NOT LIVING WITH YOU _____ PHONE _____

OTHER INCOME: You need not disclose income from alimony, child support, or separate maintenance unless you wish such income considered in the credit determination.

List sources, monthly amounts, and recipient (applicant or co-applicant) _____

CREDIT REFERENCES: Please indicate if the reference is for the applicant, co-applicant, or both, by checking the appropriate boxes.

Mortgage Bank or Landlord Name _____	Mortgage Balance _____	Monthly Payment or Rent (include principal, interest and taxes) _____	Account in the name of: Applicant <input type="checkbox"/> Co-applicant <input type="checkbox"/>
	\$ _____	\$ _____	

Debts: List all other debts including credit cards, banks, finance companies, mortgage companies, credit unions, furniture and department stores; including account numbers. Also indicate any loan on which you are a co-maker and list the party primarily responsible for said loan.

Creditor	Account Number	Original Amount	Balance	Monthly Payment	Account in the name of:	
					Applicant	Co-Applicant
1. _____					<input type="checkbox"/>	<input type="checkbox"/>
2. _____					<input type="checkbox"/>	<input type="checkbox"/>
3. _____					<input type="checkbox"/>	<input type="checkbox"/>
4. _____					<input type="checkbox"/>	<input type="checkbox"/>
5. _____					<input type="checkbox"/>	<input type="checkbox"/>
6. _____					<input type="checkbox"/>	<input type="checkbox"/>
7. _____					<input type="checkbox"/>	<input type="checkbox"/>
8. _____					<input type="checkbox"/>	<input type="checkbox"/>

APPLICANT SIGNATURE(S): I/we certify that I/we have no other debts except those listed herein, the above statements are true and complete for the purpose of obtaining credit from the Pittsfield Co-operative Bank and agree that the application will remain the property of the Bank whether or not they approve the extension of credit. I/we hereby authorize Pittsfield Co-operative Bank to perform a credit investigation in their usual manner.

SIGNATURE OF APPLICANT _____ DATE _____
 EQUAL CREDIT OPPORTUNITY LENDER

SIGNATURE OF CO-APPLICANT _____ DATE _____