

WINCHESTER CO-OPERATIVE BANK
19 CHURCH STREET, WINCHESTER, MA 01890

Name and Address of Lender

LOAN APPLICATION (PLEASE PRINT AND COMPLETE ALL INFORMATION)

TYPE OF LOAN AUTO Year _____ Make _____ Model _____ Serial No. _____
 PERSONAL _____
 (check one) WE MADE AN APPLICATION FOR CREDIT Individually Joint

Amount Requested \$ _____	No. of monthly payments desired _____	Preferred monthly payment date <input type="checkbox"/> 5th <input type="checkbox"/> 10th <input type="checkbox"/> 15th <input type="checkbox"/> 20th <input type="checkbox"/> 25th <input type="checkbox"/> 30th
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Applicant		Soc. Sec. No. _____
Present Address _____	No. Years _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Street _____		
City/State/Zip _____		
Former address if less than 2 years at present address Street _____		
City/State/Zip _____		
Years at former address _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent
Occupation _____	DEPENDENTS OTHER THAN LISTED BY CO-APPLICANT	
	NO.	AGES
Name and Address of Employer _____		Years employed in this line of work or profession? _____ years Years on this job? _____ <input type="checkbox"/> Self-Employed

Co-Applicant		Soc. Sec. No. _____
Present Address _____	No. Years _____	<input type="checkbox"/> Own <input type="checkbox"/> Rent
Street _____		
City/State/Zip _____		
Former address if less than 2 years at present address Street _____		
City/State/Zip _____		
Years at former address _____		<input type="checkbox"/> Own <input type="checkbox"/> Rent
Occupation _____	DEPENDENTS OTHER THAN LISTED BY CO-APPLICANT	
	NO.	AGES
Name and Address of Employer _____		Years employed in this line of work or profession? _____ years Years on this job? _____ <input type="checkbox"/> Self-Employed

Monthly Employ.	*Alimony, child support, or separate maintenance income need not be revealed if the Applicant or Co-Applicant does not choose to have it considered as a basis for repaying this loan.
Other Income Source & Monthly Amount*	_____

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Other Income Source & Monthly Amount*	_____

Checking Account Bank _____
 Account No. _____ Balance _____
 Savings Account Bank _____
 Account No. _____ Balance _____
 Cash Value Life Insurance _____ Other Assets – Describe: _____

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Auto (Year, Model, Make) _____ Financed by: _____

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Loan Balance _____ Monthly Payments _____
 Mortgagee or Landlord _____
 Address _____
 Monthly Mortgage Payment (including taxes) or Rent _____
 Property Address _____
 Purchase Price _____ Original Loan _____
 Loan Balance _____ Overdue Payments _____
 Account No. _____ Term _____ Term Balance _____
 Second Mortgage Balance _____ Monthly Payments _____

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Name and Address of Nearest Relative not living with you _____

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LIST OTHER MONTHLY OBLIGATIONS AND OPEN ACCOUNTS			
Creditor	Acct. No.	Unpaid Balance	Monthly Payment

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Creditor	Acct. No.	Unpaid Balance	Monthly Payment

COLLATERAL TO BE PLEDGED: _____

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I/We hereby apply for a loan in the amount indicated herein and offer a note signed by me/us and co-makers (if any) whose names and statements appear herewith and I/we authorize you to obtain any information that you require concerning such statements, and agree that this Application shall remain your property whether the loan is granted or not.

I/We hereby certify that I/we neither have nor are liable on or for any other loans, or obligations, except such as are specifically listed above, that I/we have read this statement and the answers to the questions in the Applicant Statement above, which were made by me/us or on my/our dictation before I/we signed this Application, that they are true and complete and are made by me/us for the purpose of obtaining credit and under the penalties of perjury.

TERMS

Amount	\$ _____		Applicant's Signature _____	Date _____	Telephone Number _____
Int. or Disc.	\$ _____				
Borrower Receives	\$ _____		Co-Applicant's Signature _____	Date _____	Telephone Number _____

Account No. _____

Loan Principal _____

Term _____

Rate _____

LOAN APPLICATION
FROM

(NO.) _____ (STREET) _____

(CITY/TOWN) _____ (STATE) _____ (ZIP) _____

Date of Payments _____

Expiration _____

Monthly Payments _____

Officer _____

Officer _____