



APPLICATION FOR HOME EQUITY LINE OF CREDIT

Help is just a phone call away...
978-283-8200

Credit Line Requested \$ _____

Property Street Address		City	County	State	Zip
Legal Description (attach separate sheet if necessary)					
Title Held By: (Name)		Annual Real Estate Tax \$	Annual Insurance Cost \$		
Year Built	Date Purchased	Home Purchased Price \$		Owner's Valuation \$	
Mortgage Held by (Bank)		Account Number	Unpaid Balance \$	Monthly Payment (Including taxes) \$	

* A copy of your latest real estate tax bill must accompany your application.

APPLICANT I			APPLICANT II		
Name			Name		
Address		Years There	Address		Years There
City / State / Zip		Phone	City / State / Zip		Phone
Previous Address		Years There	Previous Address		Years There
Date of Birth	Social Security No.	No. of Dependents	Date of Birth	Social Security No.	No. of Dependents
Personal Reference & Address			Personal Reference & Address		
Current Employer			Current Employer		
Business Address		Phone	Business Address		Phone
Position	Years There	Monthly Pay \$	Position	Years There	Monthly Pay \$
Previous Employer		Years There	Previous Employer		Years There
Other Income Source (Do not reveal income from child support, alimony or separate maintenance payments unless you wish us to consider it.)		Amount \$	Other Income Source (Do not reveal income from child support, alimony or separate maintenance payments unless you wish us to consider it.)		Amount \$
BANK NAME	ACCOUNT #	AMOUNT	BANK NAME	ACCOUNT #	AMOUNT
Checking Account			Checking Account		
Checking Account			Checking Account		
Savings Account			Savings Account		
Savings Account			Savings Account		

CREDIT INFORMATION (APPLICANTS I & II)

Show all auto loans, charge accounts, installment debts, education loans, or any other obligations for which you are singly or jointly liable or which you are authorized to use. Attach separate sheet if necessary.

Indicate name(s) in which debts or accounts appear CREDITOR NAME AND ADDRESS	ACCOUNT NUMBER	ORIGINAL AMT CREDIT LINE	UNPAID BALANCE	MONTHLY PAYMENT	CHECK PAYOFF
1.					
2.					
3.					
4.					
5.					
6.					

OTHER FIXED MONTHLY OBLIGATIONS (including alimony and child support)
DESCRIPTION

*PLEASE CHECK OFF ITEMS THAT WILL BE PAID OFF WITH THE PROCEEDS FROM THE LINE

I / We hereby apply for a home equity line of credit which may be secured by a mortgage on the property described here in. All statements made are true and correct to the best of my knowledge. The Lender is authorized to gather credit information about me. This application remains the property of the Lender.

Applicant I _____ Date _____ Applicant II _____ Date _____

Return this completed form to Bank Gloucester either in-person or via US Mail to : 160 Main Street, Gloucester MA 01930.