

**PRINT, FILL OUT AND FAX THIS FORM TO 410-529-1672  
and someone will contact you soon.**

**CUSTOMER'S DAYTIME CONTACT NUMBER:** \_\_\_\_\_



**Baltimore County Savings Bank**

Administrative Offices

Mailing Address: P.O. Box 397, Perry Hall, MD 21128

Office Location: 4111 E. Joppa Road, Baltimore, MD 21236

p. 410-256-5000 e. info@bcsb.net

www.baltcosavings.com

## HOME IMPROVEMENT CREDIT APPLICATION

- Check Appropriate Box
- If you are applying for individual credit in your own name and are relying on your own income or assets and not the income or assets of another person as the basis for repayment of the credit requested, complete only the Applicant sections that apply.
- If you are applying for joint credit with another person, complete the Applicant and Co-Applicant sections.  
We intend to apply for joint credit. \_\_\_\_\_  
Applicant Co-Applicant
- If you are applying for individual credit, but are relying on income from alimony, child support, or separate maintenance or on the income or assets of another person as the basis for repayment of the credit requested, complete the Applicant and/or Co-Applicant source of other income section for which you are relying.

Amount Requested: \$ _____	Term Requested: _____
Type of Improvement: _____	

### SECTION A - APPLICANT INFORMATION

Full Name (Last, First, Middle): \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Present Street Address: \_\_\_\_\_ Years there: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Marital Status:  Married  Separated  Unmarried Email: \_\_\_\_\_  
(unmarried includes single, divorced and widowed persons)

Present Employer: \_\_\_\_\_ Years there: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Present Gross Salary or Commission: \$ \_\_\_\_\_ per \_\_\_\_\_

Other Monthly Income\*: \_\_\_\_\_ Source: \_\_\_\_\_

\*Alimony, child support or separate maintenance income need not to be revealed if you do not wish to have it considered as a basis for repaying this obligation.

### SECTION B - CO-APPLICANT INFORMATION

Full Name (Last, First, Middle): \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Present Street Address: \_\_\_\_\_ Years there: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Driver's License No.: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Marital Status:  Married  Separated  Unmarried Email: \_\_\_\_\_  
(unmarried includes single, divorced and widowed persons)

Present Employer: \_\_\_\_\_ Years there: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Present Gross Salary or Commission: \$ \_\_\_\_\_ per \_\_\_\_\_

Other Monthly Income\*: \_\_\_\_\_ Source: \_\_\_\_\_

\*Alimony, child support or separate maintenance income need not to be revealed if you do not wish to have it considered as a basis for repaying this obligation.



