

## Personal Loan Application

First Name:	Last Name:	
Submitted on:		
Privacy Policy: Our privacy policy protects th Account Holders must reside	e privacy of your personally-identifying information that you provide us online in <b>New York state.</b>	э.
Identification Procedures Reclaw requires all financial instit What this means for you: Whallow us to identify you. We n Security Notice:	Procedures for Opening a New Account quirements: To help the government fight the funding of terrorism and money tutions to obtain, verify, and record information that identifies each person when you open an account, we will ask for your name, address, date of birth, a may also ask to see your driver's license or other identifying documents.  Application online if you are using a browser with the latest security enhance py now.	no opens an account.  nd other information that will
<ol> <li>To safeguard your privacy, memory when you quit your t</li> <li>We will contact you with th requested to provide photoco</li> </ol>	e location of our closest office and any other documentary requests we may pies of your Driver's License or other identification.	have. You may also be
	ersonal loans only and is NOT intended for commercial use. A valid social se her the information you will need before completing this form. <b>Upon receipt c</b>	
	ount is \$25,000. nium is \$500. Maximum amount of a Line of Credit is \$5,000. n Amount 100% of Internal Seneca Savings Account.	
	Personal Loan Request	
If you are applying for a joint account or an account that you and another person will use, complete all sections, providing information about the Joint Applicant or user. (required) Check Yes for Joint and No for Individual	☐ Yes ☐ No	
Amount Requested: (required)		
Purpose of Loan (required)		
Term Requested (required)		
	Applicant	
First Name	Middle Initial	Last Name

Date of Birth	Soc	cial Security No.	No. of Dependents	
Driver's License N	o. Driver	Driver's License State		Expiration Date
Home Phone		Work Phone	Best T	ime To Call
Are there any unsatisfied judgments against you? (required)	○ Yes ○ No			
Have you been declared bankrupt in the last 7 years? (required)	<ul><li>○ Yes</li><li>○ No</li></ul>			
Email address				
		Residence		
Your Primary Residence:	Own with Mortgage Own Clear Rent Other			
Present Address	Address Line 1  Address Line 2  City	State	ZIP Co	de
Years At Present Address Your Monthly Rent or Mortgage Payment				
Years	s At Previous Address		Your Previous	s Address
		Home Information		
Curre	nt Mortgage Holder	rionis information	Mortgage Holde	er Phone
		Employment		

	○ Employed		
	Self-Employed		
	Unemployed		
	Retired		
	Student		
	Your Present Emp	oloyer	Phone
	Address Line 1		
Address Information	Address Line 2		
	City	State	ZIP Code
Gross Mo	onthly Salary	Your Position	Years There
You do not have to list alimo granting and repayment of the		e maintenance income unless you wa	ant us to consider it for the purposes of
granting and repayment of th			ant us to consider it for the purposes of
granting and repayment of th	nis credit request.		
granting and repayment of th	nis credit request.	Sou	
granting and repayment of th	Monthly Income	Sou	rce of Other Income
granting and repayment of th	Monthly Income  Inployer (if less than 2 years	Sou	rce of Other Income
granting and repayment of the Other Previous En	Monthly Income  Inployer (if less than 2 years  Address Line 1	Sou	rce of Other Income
granting and repayment of th	Monthly Income  Inployer (if less than 2 years	Sou	rce of Other Income
granting and repayment of the Other Previous En	Monthly Income  Inployer (if less than 2 years  Address Line 1	Sou	rce of Other Income
granting and repayment of the Other Previous En	Monthly Income  Inployer (if less than 2 years  Address Line 1  Address Line 2	at current employer)	Years at Previous Employer
Previous En	Monthly Income  Inployer (if less than 2 years  Address Line 1  Address Line 2	at current employer)  State  Additional Information	Years at Previous Employer
granting and repayment of the Other  Previous En	Monthly Income  Inployer (if less than 2 years  Address Line 1  Address Line 2  City	at current employer)  State  Additional Information	Years at Previous Employer  ZIP Code

Assets	Value		Title Held	Name
Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):		Applicant		
	Co	-Applicant		
First Name	Mi	ddle Initial		Last Name
Date of Birth	Social Secur	ity No.	No	o. of Dependents
Driver's License N	o Driver's License	State	Issue Date	Expiration Date
Home Phone	Best	Time To Call		Work Phone
	Co-Appl	icant Residence		
Your Primary Residence:	Own with Mortgage Own Clear Rent Other			
Present Address	Address Line 1  Address Line 2  City	State	ZIP (	Code
Years At Present Address Your Monthly Rent or Mortgage Payment				
Years	s At Previous Address		Your Previo	ous Address
Email address				
	Co-Applicar	t Home Informatio	n	
Curre	nt Mortgage Holder		Mortgage Hol	der Phone

	Co	o-Applicant Employment	
	C Employed		
	Self-Employed		
	O Unemployed		
	Retired		
	Student		
	Your Present Emplo	yer	Phone
	Address Line 1		
Address Information	Address Line 2		
	City	State	ZIP Code
Gross	Monthly Salary	Your Position	Years There
		maintenance income unless you w	ant us to consider it for the purposes of
granting and repayment of			ant us to consider it for the purposes of urce of Other Income
granting and repayment of Oth	this credit request.	Sou	
granting and repayment of Oth	this credit request. er Monthly Income	Sou	urce of Other Income
granting and repayment of Oth	er Monthly Income  Employer (if less than 2 years at	Sou	urce of Other Income
Oth Previous E	Employer (if less than 2 years at	Sou	urce of Other Income
Oth Previous E	Employer (if less than 2 years at Address Line 1 Address Line 2 City	South	Years at Previous Employer
Oth Previous E	Employer (if less than 2 years at Address Line 1 Address Line 2 City	South the current employer)  State  State  Dicant Additional Information	Years at Previous Employer
Oth Previous E	Employer (if less than 2 years at Address Line 1  Address Line 2  City  Co-App	State  State  Dicant Additional Information  Der	Years at Previous Employer  ZIP Code

Assets	Value	Title Held Name	
_			
Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):			
Applicant(s) Statement			_

I/We have completed this request for credit in consideration of **Seneca Savings Bank**, N.A lending to me and/or others upon my quarantee. I/We certify that all information contained herein is accurate and complete to the best of my knowledge.

I/We authorize Seneca Savings to retain property of this application, to rely on the foregoing, to check and verify my credit, employment and salary history, to secure follow up credit reports concerning my credit worthiness and to exchange information about my account with proper persons, creditors and credit bureaus.

I authorize my employer (present and future), bank and other references listed above to release and/or verify information to Seneca Savings Bank, N.A at any time. I acknowledge that this application is subject to approval of credit and acceptance by Seneca Savings Bank, N.A. Should my request for credit and subsequent loan be approved, I agree to give Seneca Savings Bank, N.A written notice immediately upon change of my name, address, employment or any other pertinent information contained herein. Federal law requires that we obtain your consent before providing required disclosures electronically. Your consent will apply only to this transaction. If you prefer to receive paper copies free of charge after consenting to receive electronic disclosures please call (315) 638-0233 and request them. Because we may provide certain disclosures to you as soon as you consent, but prior to submitting your online application, you will not be able to withdraw your consent to receive those disclosures electronically. However, you may withdraw your consent to receive future disclosures electronically at any time. Such withdrawal will not affect the validity of the disclosures already

I/We AGREE with the above statement. By clicking submit below I/WE wish to proceed with the application and acknowledge receipt of the above disclosures electronically. Submit is considered my/our electronic signature.

Signatures		
Electronic Signature		
(required)		
Type First and Last Name		
Joint Applicant Electronic		
Signature		
Type First and Last Name		
Date and Time of		
Application (required)		
Name of Person or Branch		
Helping with Application (if		
applicable)		