



## Personal Loan Application

First Name:

Last Name:

Submitted on:

### Privacy Policy:

Our [privacy policy](#) protects the privacy of your personally-identifying information that you provide us online.

**Account Holders** must reside in **New York state**.

### Important Information about Procedures for Opening a New Account

Identification Procedures Requirements: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

What this means for you: When you open an account, we will ask for your name, address, date of birth, and other information that will allow us to identify you. We may also ask to see your driver's license or other identifying documents.

### Security Notice:

You should **ONLY** fill out this Application online if you are using a browser with the latest security enhancements. If you don't have the latest version, download a copy now.

### Instructions:

1. Complete Application and click "Submit Application" or fax it to 315-638-9871.
2. To safeguard your privacy, QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's memory when you quit your browser.
3. We will contact you with the location of our closest office and any other documentary requests we may have. You may also be requested to provide photocopies of your Driver's License or other identification.

This loan application is for personal loans only and is NOT intended for commercial use. A valid social security number is required to apply. Please review and gather the information you will need before completing this form. **Upon receipt of the application, we will send you the proper disclosures.**

Personal Loan maximum amount is \$10,000.

Checking Line of Credit Minimum is \$500. Maximum amount of a Line of Credit is \$5,000.

Cash Secured Maximum Loan 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	Social Security No.	No. of Dependents
_____	_____	_____

Driver's License No.	Driver's License State	Issue Date	Expiration Date
_____	_____	_____	_____

Home Phone	Work Phone	Best Time To Call
_____	_____	_____

Are there any unsatisfied judgments against you? (required)	<input type="radio"/> Yes <input type="radio"/> No
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Have you been declared bankrupt in the last 7 years? (required)	<input type="radio"/> Yes <input type="radio"/> No
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Email address	_____
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**Residence**

Your Primary Residence:	<input type="radio"/> Own with Mortgage <input type="radio"/> Own Clear <input type="radio"/> Rent <input type="radio"/> Other
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Present Address	Address Line 1 _____
	Address Line 2 _____
	City _____ State _____ ZIP Code _____

Years At Present Address	Your Monthly Rent or Mortgage Payment	Annual Property Taxes
_____	_____	_____

Years At Previous Address	Your Previous Address
_____	_____

**Home Information**

Current Mortgage Holder	Mortgage Holder Phone
_____	_____

**Employment**

- Employed
- Self-Employed
- Unemployed
- Retired
- Student

**Your Present Employer**

**Phone**

\_\_\_\_\_

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

\_\_\_\_\_

**Gross Monthly Salary**

**Your Position**

**Years There**

\_\_\_\_\_

You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

**Other Monthly Income**

**Source of Other Income**

\_\_\_\_\_

**Previous Employer (if less than 2 years at current employer)**

**Years at Previous Employer**

\_\_\_\_\_

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

\_\_\_\_\_

**Additional Information**

**Your Checking Account Number**

**Institution Name**

\_\_\_\_\_

**Your Savings Account Number**

**Institution Name**

\_\_\_\_\_

Assets	Value	Title Held Name
_____	_____	_____

Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):

\_\_\_\_\_

**Co-Applicant**

<b>First Name</b>	<b>Middle Initial</b>	<b>Last Name</b>
_____	_____	_____

<b>Date of Birth</b>	<b>Social Security No.</b>	<b>No. of Dependents</b>
_____	_____	_____

<b>Driver's License No</b>	<b>Driver's License State</b>	<b>Issue Date</b>	<b>Expiration Date</b>
_____	_____	_____	_____

<b>Home Phone</b>	<b>Best Time To Call</b>	<b>Work Phone</b>
_____	_____	_____

**Co-Applicant Residence**

Your Primary Residence:	<input type="radio"/> Own with Mortgage
	<input type="radio"/> Own Clear
	<input type="radio"/> Rent
	<input type="radio"/> Other

Present Address	Address Line 1
	Address Line 2
	City _____ State _____ ZIP Code _____

<b>Years At Present Address</b>	<b>Your Monthly Rent or Mortgage Payment</b>	<b>Annual Property Taxes</b>
_____	_____	_____

<b>Years At Previous Address</b>	<b>Your Previous Address</b>
_____	_____

Email address

\_\_\_\_\_

**Co-Applicant Home Information**

<b>Current Mortgage Holder</b>	<b>Mortgage Holder Phone</b>
_____	_____

**Co-Applicant Employment**

- Employed
- Self-Employed
- Unemployed
- Retired
- Student

**Your Present Employer**

**Phone**

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

**Gross Monthly Salary**

**Your Position**

**Years There**

You do not have to list alimony, child support or separate maintenance income unless you want us to consider it for the purposes of granting and repayment of this credit request.

**Other Monthly Income**

**Source of Other Income**

**Previous Employer (if less than 2 years at current employer)**

**Years at Previous Employer**

Address Information

Address Line 1

Address Line 2

City

State

ZIP Code

**Co-Applicant Additional Information**

**Your Checking Account Number**

**Institution Name**

**Your Savings Account Number.**

**Institution Name**

Assets	Value	Title Held Name
Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):		
<p><b>Applicant(s) Statement</b></p> <p>I/We have completed this request for credit in consideration of <b>Seneca Savings Bank, N.A</b> lending to me and/or others upon my guarantee. I/We certify that all information contained herein is accurate and complete to the best of my knowledge.</p> <p>I/We authorize <b>Seneca Savings</b> 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.</p> <p>I authorize my employer (present and future), bank and other references listed above to release and/or verify information to <b>Seneca Savings Bank, N.A</b> at any time. I acknowledge that this application is subject to approval of credit and acceptance by <b>Seneca Savings Bank, N.A</b>. Should my request for credit and subsequent loan be approved, I agree to give <b>Seneca Savings Bank, N.A</b> written notice immediately upon change of my name, address, employment or any other pertinent information contained herein.</p> <p>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 given.</p> <p><b>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.</b></p>		
Please choose a keyword to be used as a security feature on your account. You will be asked for this keyword when reaching out to Seneca Savings via telephone.		
<b>Signatures</b>		
Electronic Signature (required) <i>Type First and Last Name</i>		
Joint Applicant Electronic Signature <i>Type First and Last Name</i>		
Date and Time of Application (required)		
Name of Person or Branch Helping with Application (if applicable)		