

First Name:

Submitted on:

## Personal Loan Application

Last Name:

Privacy Policy: Our privacy policy protects the privacy of your personal Account Holders must reside in New York state.	sonally-identifying information that you provide us online.			
law requires all financial institutions to obtain, verif What this means for you. When you open an acco allow us to identify you. We may also ask to see y Security Notice:	the government fight the funding of terrorism and money laundering activities, Federal fy, and record information that identifies each person who opens an account.  Fundamental fundamental for the funding of terrorism and money laundering activities, Federal for any activities, Federal for any activities, Federal for any activities, Federal for activities for activit			
memory when you quit your browser.	and restart it again after using this form. This form is NOT saved in your computer's est office and any other documentary requests we may have. You may also be			
	d is NOT intended for commercial use. A valid social security number is required to but will need before completing this form. <b>Upon receipt of the application, we will send</b>			
Personal Loan maximum amount is \$25,000. Checking Line of Credit Minimium 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				
Amount Requested: (required)  Purpose of Loan (required)				
i dipose di Loan (required)				

Date of Birth  Driver's License No  Home Phone	Applicant  Middle Initi  Social Security No.  Driver's License State	al	Last Na	
Driver's License No		leeuo I	No. of Depende	ents
	Driver's License State	leeue I		
Home Phone		issue l	Issue Date Expiration Date	
	Work Phone		Best Time To Call	
are there any unsatisfied udgments against you? required)	Yes No			
lave you been declared ankrupt in the last 7 ears? (required)	Yes No			
mail address				
	Residence	•		
our Primary Residence:	Own with Mortgage Own Clear Rent Other			
resent Address	Address Line 1 Address Line 2			
	City Sta	te	ZIP Code	
Years At Prese	nt Address	Your Monthly Rent	or Mortgage Payment	
Years	At Previous Address	Y	our Previous Address	

Current Mortgage Holder		M	Mortgage Holder Phone	
Employment				
	○ Employed			
	Self-Employed			
	Unemployed			
	Retired			
	Student			
Your Present Employer			Phone	
	Address Line 1			
Address Information	Address Line 2			
	City	State	ZIP Code	
Gross Monthly Salary		Your Position	Years There	
You do not have to list alimogranting and repayment of the		naintenance income unless you w	ant us to consider it for the purposes of	
Other Monthly Income Source of Other Income		urce of Other Income		
Previous Employer (if less than 2 years at current employer)  Years at Previous Employer				
	Address Line 1			
Address Information	Address Line 2			
	City	State	ZIP Code	
	A	dditional Information		
•	Your Checking Account Number	er	Institution Name	

Your Savings Account Number			Institution Name		
Assets Value		ilue	Title Held	Title Held Name	
Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):					
		Co-Applicant			
First Name	t Name Middle Initial			Last Name	
Date of Birth	Social Security No.		No	No. of Dependents	
Driver's License N	se No Driver's License State		Issue Date	Expiration Date	
Home Phone Best Time To		Best Time To Call		Work Phone	
		Co-Applicant Residence			
Your Primary Residence:	Own with Mortgage Own Clear Rent Other				
Present Address	Address Line 1 Address Line 2 City	State	ZIP C	ode	
Years At Present Address		Your N	nonthly Rent or Mortgag	e Payment	
Year	rs At Previous Address		Your Previo	us Address	
Email address		Co-Applicant Home Informat			

Curre	nt Mortgage Holder		Mortgage Holder Phone		
Co-Applicant Employment					
	Employed				
	Self-Employed				
	Unemployed				
	Retired				
	Student				
	Your Present Employ	/ег	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 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			Years at Previous Employer		
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
	Со-Арр	licant Additional Information			
	our Checking Account Numb	er	Institution Name		

Your Savings Account Number.		Institution Name		
Assets	Value	Title Held Name		
Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):				
certify that all information containe  I/We authorize Seneca Savings to	d herein is accurate and complete to the b retain property of this application, to rely of up credit reports concerning my credit wo	ngs lending to me and/or others upon my guarantee. I/We best of my knowledge.  on the foregoing, to check and verify my credit, employment orthiness and to exchange information about my account with		
Savings at any time. I acknowledg request for credit and subsequent name, address, employment or an Federal law requires that we obtain transaction. If you prefer to receiv 638-0233 and request them. Becausine application, you will not be a	e that this application is subject to approva- loan be approved, I agree to give <b>Seneca</b> y other pertinent information contained her n your consent before providing required d e paper copies free of charge after consen- ause we may provide certain disclosures to able to withdraw your consent to receive the	ed above to release and/or verify information to <b>Seneca</b> al of credit and acceptance by <b>Seneca Savings</b> . Should my <b>Savings</b> written notice immediately upon change of my rein.  Iisclosures electronically. Your consent will apply only to this niting to receive electronic disclosures please call (315) by you as soon as you consent, but prior to submitting your nose disclosures electronically. However, you may withdraw 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

Type First and Last Name

Name of Person or Branch Helping with Application (if applicable)

Date and Time of Application (required)

Signature