

## Home Improvement Loan Application

First Name:	rst Name: Last Name:			
Submitted on:				
•	e privacy of your personally-identifying information that you provide us online.			
Account Holders must reside	In New York state.			
Identification Procedures Reclaw requires all financial instit What this means for you: Whallow us to identify you. We necurity Notice: You should ONLY fill out this	Procedures for Opening a New Account quirements: To help the government fight the funding of terrorism and money laundering activities, Federal autions to obtain, verify, and record information that identifies each person who opens an account, en you open an account, we will ask for your name, address, date of birth, and other information that will 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 enhancements. If you don't have the			
iatest version, download a co	py now. Please do not use Firefox or Internet Explorer.			
<ol> <li>To safeguard your privacy, memory when you quit your to 3. We will contact you with the requested to provide photoco</li> </ol>	click "Submit Application" or fax it to 315-638-9871.  QUIT your browser and restart it again after using this form. This form is NOT saved in your computer's prowser.  e location of our closest office and any other documentary requests we may have. You may also be upies of your Driver's License or other identification.  ersonal loans only and is NOT intended for commercial use. A valid social security number is required to			
	her the information you will need before completing this form. <b>Upon receipt of the application, we will send</b>			
	Home Improvement Loan Request			
Amount Requested: (required) Maximum \$15,000.00				
Purpose of Loan: (required)				
Term Requested (required)				
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			
In addition to requiring government identification, in order to authorize a home improvement loans Seneca Savings may require price quotes or receipts for the work that is completed. (required)	Check this box to acknowledge this requirement  Applicant			

First Name		Middle Initial		Last Name	
Date of Birth		Social Security No.	No.	of Dependents	
Driver's License N	er's License No. Driver's License State Issue Date Expirat		Expiration Date		
Home Phone	Home Phone Work Phone Best T		Time To Call		
Are there any unsatisfied judgments against you? (required)	O Yes				
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 M Own Clear Rent Other	Mortgage			
Present Address	Address Line Address Line City		ZIP Co	ode	
Years At Present Address		Your	Monthly Rent or Mortgage	e Payment	
Years	s At Previous Add	dress	Your Previou	s Address	
		Home Information			
Current Mortgage Holder		ler	Mortgage Hold	er Phone	
		Employment			

	○ Employed		
	Self-Employed		
	Unemployed		
	Retired		
	Student		
	Your Present Emplo	pyer	Phone
	Address Line 1		
Address Information	Address Line 2		
	City	State	ZIP Code
Gross M	│ /lonthly Salary	Your Position	Years There
		maintenance income unless you wa	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 Othe	this credit request.	Sou	
granting and repayment of Othe	er Monthly Income	Sou	urce of Other Income
granting and repayment of Othe	this credit request.  Fr Monthly Income  Employer (if less than 2 years a	Sou	urce of Other Income
granting and repayment of Othe	Employer (if less than 2 years a	Sou	urce of Other Income
granting and repayment of Othe	Address Line 1 Address Line 2 City	t current employer)	Years at Previous Employer
granting and repayment of Othe	Address Line 1 Address Line 2 City	t current employer)  State  Additional Information	Years at Previous Employer

Assets	Value		Title Held	Name
Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):	Co	Annlicant		
	Co	-Applicant		
First Name	Mi	ddle Initial		Last Name
Date of Birth	Social Security No.		No	o. of Dependents
Driver's License No	o Driver's License	state	Issue Date	Expiration Date
Home Phone	Besi	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 At Previous Address Your Previous Address		ous Address		
Email address				
	Co-Applicar	t Home Informatio	n	
Curre	nt Mortgage Holder		Mortgage Hol	der Phone

Co-Applicant Employment			
	C Employed		
	Self-Employed		
	Unemployed		
	Retired		
	Student		
	Your Present Employ	yer	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 alin	nony, child support or separate r	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	f this credit request.	Sou	
granting and repayment of Oth	f this credit request.  Her Monthly Income	Sou	urce of Other Income
granting and repayment of Oth	f this credit request.  Per Monthly Income  Employer (if less than 2 years at	Sou	urce of Other Income
Oth Previous E	this credit request.  For Monthly Income  Employer (if less than 2 years at Address Line 1	Sou	urce of Other Income
Oth Previous E	Employer (if less than 2 years at  Address Line 1  Address Line 2  City	current employer)	Years at Previous Employer
Oth Previous E	Employer (if less than 2 years at  Address Line 1  Address Line 2  City	Source State  State  State  State	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  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		
	quest for credit in consideration of <b>Seneca Sa</b> Ill information contained herein is accurate an	avings Bank, N.A lending to me and/or others upon my nd complete to the best of my knowledge.
employment and salary histor		cation, to rely on the foregoing, to check and verify my credit, ing my credit worthiness and to exchange information about my
Savings Bank, N.A at any tim Bank, N.A. Should my request upon change of my name, and Federal law requires that we transaction. If you prefer to re 638-0233 and request them, online application, you will no your consent to receive future given.	ne. I acknowledge that this application is subject for credit and subsequent loan be approve aldress, employment or any other pertinent into obtain your consent before providing require eccive paper copies free of charge after con. Because we may provide certain disclosure to be able to withdraw your consent to receive e disclosures electronically at any time. Such	d disclosures electronically. Your consent will apply only to this senting to receive electronic disclosures please call (315) s to you as soon as you consent, but prior to submitting your e those disclosures electronically. However, you may withdraw h withdrawal will not affect the validity of the disclosures already
I/We AGREE with the above	statement. By clicking submit below I/WE wonically. Submit is considered my/our electrons.	vish to proceed with the application and acknowledge receipt of onic signature.
Electronic Signature (required) Type First and Last Name		
Joint Owner Electronic Signature (if applicable) Type First and Last Name		
Date and Time of Application (required)		
Name of Person or Branch helping with Application (if applicable)		