

First Name:

Home Improvement Loan Application

First Name:	Last Name:			
Submitted on:				
Privacy Policy: Our privacy policy protects th	ne privacy of your personally-identifying information that you provide us online.			
Account Holders must reside	in New York state.			
Identification Procedures Red law requires all financial insti What this means for you: Wh	Procedures for Opening a New Account quirements: To help the government fight the funding of terrorism and money laundering activities, Federal tutions to obtain, verify, and record information that identifies each person who opens an account. Hen 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.			
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 ppy now. Please do not use Firefox or Internet Explorer.			
 To safeguard your privacy memory when you quit your I We will contact you with the requested to provide photoco This loan application is for permanents 	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 browser. ne location of our closest office and any other documentary requests we may have. You may also be opies of your Driver's License or other identification. Personal loans only and is NOT intended for commercial use. A valid social security number is required to ther the information you will need before completing this form. Upon receipt of the application, we will send			
you the proper disclosures.	Home Improvement Loan Request			
Amount Requested: (required) <i>Maximum \$15,000.00</i>				
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 b	oox to acknowledge this requirement			
		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)	O Yes				
Have you been declared bankrupt in the last 7 years? (required)	Yes No				
Email address					
		Residence			
Your Primary Residence:	Own with Mo	ortgage			
Present Address	Address Line 1 Address Line 2 City		ZIP Co	ode	
Years At Pres	ent Address	Your Mon	thly Rent or Mortgag	e Payment	

Years At Previous Address		•	Your Previous Address		
		Home Information			
Current Mortgage Holder			ortgage Holder Phone		
		Employment			
	○ Employed				
	Self-Employed				
	Unemployed				
	Retired				
	Student				
			Diversi		
	Your Present Emp	oloyer	Phone		
	Address Line 1				
Address Information	Address Line 2				
	City	State	ZIP Code		
	- Oity				
Gross Me	onthly Salary	Your Position	Years There		
You do not have to list alimo granting and repayment of th		e maintenance income unless you wa	ant us to consider it for the purposes of		
Other Monthly Income		Soul	rce of Other Income		
Provious En	nployer (if less than 2 years	at autront amplayor)	Years at Previous Employer		
Frevious En	nployer (ii less than 2 years	at current employer)	reals at Frevious Employer		
	Address Line 1				
Address Information	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.):		Oo Analia			
- 1		Co-Applic			
First Name		Middle In	itial	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		Best Time	To Call		Work Phone
		Co-Applicant R	esidence		
	Own with Mo	rtgage			
	Own Clear				
Your Primary Residence:	Rent				
	Other				
Present Address	Address Line 1				
	Address Line 2				
	City	S	tate	ZIP Co	ode
Years At Pre	sent Address		Your Mont	hly Rent or Mortgag	e Payment

Years At Previous Address		`	our Previous Address
Email address			
	Co-A	applicant Home Information	
Current Mortgage Holder		Mo	ortgage Holder Phone
	Co	o-Applicant Employment	
	○ Employed ○ Self-Employed ○ Unemployed		
	Retired Student		
	Your Present Emplo	oyer	Phone
Address Information	Address Line 2 City	State	ZIP Code
Gross M	Ionthly Salary	Your Position	Years There
You do not have to list alime granting and repayment of t		maintenance income unless you wa	nt us to consider it for the purposes of
Other Monthly Income		Sour	ce of Other Income
Previous E	mployer (if less than 2 years a	t current employer)	Years at Previous Employer

	Address Line 1			
Address Information	Address Line 2			
	City	State	ZIP Code	
	Co-A	pplicant Additional Informatio	n	
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.):				
Applicant(s) Statement				
I/We have completed this request for credit in consideration of Seneca Savings 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. 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 at any time. I acknowledge that this application is subject to approval of credit and acceptance by Seneca Savings . Should my request for credit and subsequent loan be approved, I agree to give Seneca Savings 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				
given. 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.				
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)				