



## Auto/RV/ATV/Boat 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. Please do not use Firefox or Internet Explorer.

**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.

### Loan Request

Applicant name (required)	
Co-applicant	
Amount Requested: (required)	
Desired Monthly Payment (required)	
Loan Purpose: (required)	

Term Requested: (required)	<input type="radio"/> 24 mos. <input type="radio"/> 36 mos.  <input type="radio"/> 48 mos. <input type="radio"/> 60 mos.  <input type="radio"/> 72 mos. <input type="radio"/> 84 mos.  <input type="radio"/> Other:					
Description (required)	Year	Make	Model	Purchase Price	Down Payment	Finance Amount
	_____	_____	_____	_____	_____	_____
Purchasing from Dealer (required)	<input type="radio"/> Yes <input type="radio"/> No					
Dealer Name						
Trade-In (required)	<input type="radio"/> Yes <input type="radio"/> No					
Creditor of Trade-In						
Applicant						
First Name		Middle Initial		Last Name		
_____		_____		_____		
Date of Birth		Social Security No.		No. of Dependents		
_____		_____		_____		
Driver's License No.		Driver's License State		Expiration Date		Email Address
_____		_____		_____		_____
Home Phone		Work Phone		Best Time To Call		
_____		_____		_____		
Are there any unsatisfied judgments against you? (required)	<input type="radio"/> Yes <input type="radio"/> No					
Have you been declared bankrupt in the last 7 years? (required)	<input type="radio"/> Yes <input type="radio"/> No					

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) <i>Check Yes for Joint and No for Individual</i>		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Residence			
Your Primary Residence: (required)		<input type="radio"/> Own with Mortgage <input type="radio"/> Own Clear <input type="radio"/> Rent <input type="radio"/> None of the Above	
Address (required)		<div>Address Line 1</div> <div>Address Line 2</div> <div>CityStateZIP Code</div>	
Years At Present Address		Your Monthly rate or Mortgage Payment	
Years At Previous Address		Your Previous Address	
Home Information			
Current Mortgage Holder		Mortgage Holder Phone	
Employment			
(required)		<input type="radio"/> Employed <input type="radio"/> Unemployed <input type="radio"/> Self-Employed <input type="radio"/> Retired <input type="radio"/> Student	
Your Present Employer		Phone	

Address Information (required)	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
<div>Gross Monthly Salary</div> <div>Your Position</div> <div>Years There</div>			
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.			
<div>Other Monthly Income</div> <div>Source of Other Income</div>			
<div>Previous Employer (if less than 2 years at current employer)</div> <div>Years at Previous Employer</div>			
Address Information	Address Line 1		
	Address Line 2		
	City	State	ZIP Code
Additional Information			
<div>Your Checking Account Number</div> <div>Institution Name</div>			
<div>Your Savings Account Number</div> <div>Institution Name</div>			
<div>Assets</div> <div>Value</div> <div>Title Held Name</div>			
Total Amount of Other Liabilities (ex. Child Support, Alimony, etc.):			
Co-Applicant			
<div>First Name</div> <div>Middle Initial</div> <div>Last Name</div>			

Date of Birth		Social Security No.		No. of Dependents	
Driver's License No.		Driver's License State		Expiration Date	
Email Address					
Home Phone		Best Time To Call		Work Phone	
Co-Applicant Residence					
Your Primary Residence:		<div><input type="radio"/> Own with Mortgage</div> <div><input type="radio"/> Own Clear</div> <div><input type="radio"/> Rent</div> <div><input type="radio"/> Other:</div>			
Address Information		<div>Address Line 1</div> <div>Address Line 2</div> <div>CityStateZIP Code</div>			
Years At Present Address		Your Monthly Rent or Mortgage Payment			
Years At Previous Address		Your Previous Address			
Co-Applicant Home Information					
Current Mortgage Holder		Mortgage Holder Phone			
Co-Applicant Employment					
		<div><input type="radio"/> Employed</div> <div><input type="radio"/> Self - Employed</div> <div><input type="radio"/> Retired</div> <div><input type="radio"/> Unemployed</div> <div><input type="radio"/> Student</div>			

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.):			

## Applicant(s) Statement

### 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 and electronically signing below I/WE wish to proceed with the application and acknowledge receipt of the above disclosures electronically.**

Electronic Signature (required) <i>Type First and Last Name</i>	
Joint Owner Electronic Signature if applicable <i>Type First and Last Name</i>	
Date/Time of Application (required)	
Name of representative or branch helping with application if applicable	