

## NOT USED- Seneca Home Equity Line of Credit Application

First Name:	Last Name:		
Submitted on:			
	ne privacy of your personally-identifying information that you provide		
Account Holders must reside Counties. Other address res	in New York state. Seneca Savings lending area is Onondaga, Ostrictions may apply.	swego, Cayuga, Oneida and Madison	
Identification Procedures Reclaw requires all financial institution. What this means for you: Whallow us to identify you. We recurity Notice: You should ONLY fill out this	Procedures for Opening a New Account quirements: To help the government fight the funding of terrorism are tutions to obtain, verify, and record information that identifies each plen you open an account, we will ask for your name, address, date of may also ask to see your driver's license or other identifying docume. Application online if you are using a browser with the latest security play now. Please do not use Firefox or Internet Explorer.	person who opens an account.  of birth, and other information that will ents.	
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. We will call you before preceding with any application.  Account Holder(s)			
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.	Check box for Joint Account		
Applicant Name (required)			
Co-Applicant Name only required if you checked the box for a Joint Account			
Home Equity Loan Request			
	Amount Requested:	Purpose:	
Type of Application:	O Individual Applicant		
(required)	O Joint Applicant		
	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 Monthl  Years At Previous Address		onthly Rent or Mortgage Payment  Your Previous Address		
Home Information  Collateral Property Address (If different from above)  Date Purchased				
Current Mortgage Holder			Mortgage Holder Phone	
Purchase Price		Market Value	Mortgage Balance	
		Applicant		
First Name		Middle Initial	Last Name	
Date of Birth		Social Security No.	No. of Dependents	
Driver's License No.		Driver's License State	Your E-mail Address	
Home Phone		Best Time To Call	Work Phone	

Are there any unsatisfied Judgments against you?	O Yes				
Have you been declared bankrupt in the last 7 years?	Yes No				
		Employment			
	<ul><li>Employed</li><li>Self-Employed</li></ul>				
	<ul><li>Unemployed</li><li>Retired</li></ul>				
	Student				
	Your Present En	nployer	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 alimo granting and repayment of th	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		Soul	Source 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		
		Additional Information			

Your Checking Account Number				Institution Name	
Your Savings Account Number				Institution Name	
Name of Creditor		Approx. Balance	Monthly Payment	Collateral, if any	
Total Amount of Other Monthly Payments not listed					
above: Assets		Value Title		tle Held Name	
		Co-A <sub>l</sub>	oplicant		
First Name		Middle Initial		Last Name	
Date of Birth		Social Security No.		No. of Dependents	
Driver's License No.		Driver's License State		Your E-mail Address	
Home Phone		Best Time To Call		Work Phone	
		Co-Applica	nt Residence		
Your Primary Residence:	Own with Own Clea	Mortgage			

Present Address	Address Line 1		
	Address Line 2  City	State	ZIP Code
	City	State	ZIF Code
Years At Pres	ent Address	Your Monthly F	Rent or Mortgage Payment
Years At Previous Address			Your Previous Address
	C	o-Applicant Home Information	
Coll	ateral Property Address (I	f different from above)	Date Purchased
Current Mortgage Holder			Mortgage Holder Phone
Purchase Price Ma		Market Value	Mortgage Balance
		Co-Applicant Employment	
	Employed		
	Self-Employed		
	Unemployed		
	Retired		
	Student		
Your Present Employer		Phone	
	Address Line 1		
Address Information	Address Line 2		
	City	State	ZIP Code
Gross Mo	onthly Salary	Your Position	Years There

Other Monthly Income			Source of Other Income		
Previous I	Employer (if less than 2 years at c	urrent employer)	Years a	t Previous Employer	
ddress Information	Address Line 1				
	Address Line 2  City	State	ZIP Cod	е	
	Co-Appli	cant Additional Information			
	Your Checking Account Numbe	r	Insti	tution Name	
	Your Savings Account Number.		Insti	tution Name	
Name of Credito	r Approx. Balance	Monthly P	ayment	Collateral, if any	
otal Amount of Other  Nonthly Payments not listed	ed				
Assets Value			Title Held Na		

## Information For Government Monitoring Purposes

AGREEMENT: The undersigned applies for the loan indicated in this application to be secured by a mortgage or deed of trust on the property described herein, and represents that the property will not be used for any illegal or restricted purposes, and that all statements made in this application are true and are made for the purpose of obtaining the loan. Verification may be obtained from any source named in this application. The original or a copy of this application will be retained by the Lender, even if the loan is not granted. A consumer report may be requested in connection with this credit application. Without notice, future reports may be requested to update, renew or extend credit. If reports are requested, the names and addresses of the consumer reporting agencies that furnished them are available from the Lender.

NOTICE TO THE GUARANTOR: If you are providing information to the Lender on this Application for the purpose of acting as a guarantor for one or more primary applicant(s) and the Lender determines that you, as a guarantor, do not meet the credit underwriting standards for this particular loan and/or amount, be advised that the lender is required by law to, and will, provide an adverse action notice detailing the specific reasons for the credit denial directly to the primary applicant(s) and not to you.

As a guarantor, be prepared to share any specific reasons for adverse action based on your credit history with the primary applicant(s). If you are unwilling to share this information, you should not complete this application in the capacity of a guarantor.

By completing and submitting this application as guarantor, you are authorizing the Lender to share specific reasons for adverse action with the primary applicant(s) in the event this application is denied.

## IMPORTANT INFORMATION FOR GOVERNMENT MONITORING PURPOSES

The following information is requested by the Federal government for certain types of loans related to a dwelling, in order to monitor the Lender's compliance with equal credit opportunity, fair housing and home mortgage disclosure laws. You are not required to furnish this information, but are encouraged to do so. The law provides that a Lender may discriminate neither on the basis of this information, nor on whether you choose to furnish it.

If you choose to furnish the information, please provide both ethnicity and race. For race, you may check more than one designation. If you do not furnish ethnicity, race, or sex, under Federal regulations, this Lender is required to note the information on the basis of visual observation or surname.

If you do not wish to furnish the above information, please check the box below. (Lender must review the above material to assure that the disclosures satisfy all requirements to which the Lender is subject under applicable state law for the particular type of loan applied for.)

	I do not wish to furnish this information.	
Ethnicity	Hispanic or Latino     Not Hispanic or Latino	
	American Indian, Alaskan Native Asian	
Race or National Origin	<ul><li>Native Hawaiian or other Pacific Islander</li><li>White</li><li>Black or African American</li></ul>	
Sex	Male Female	
	Co-Applicant	
	I do not wish to furnish this information.	
Ethnicity	Hispanic or Latino     Not Hispanic or Latino	

	American Indian, Alaskan Native Asian				
Race or National Origin	Native Hawaiian or other Pacific Islander  White				
	Black or African American				
Sex	<ul><li>✓ Male</li><li>✓ Female</li></ul>				
Applicant(s) Statement					
certify that all information con I/We authorize Seneca Savin and salary history, to secure proper persons, creditors and authorize my employer (pre Savings at any time. I acknow request for credit and subsequent for more information, see the visit https://www.consumerfile Federal law requires that we transaction. If you prefer to 638-0233 and request them. online application, you will not your consent to recieve futur given.  I/We AGREE with the above and acknowledge receipt of the secure property of the secure of	quest for credit in consideration of <b>Seneca Savings</b> lending to me and/or others upon my guarantee. I/We ntained herein is accurate and complete to the best of my knowledge.  ngs to retain property of this application, to rely on the foregoing, to check and verify my credit, employment follow up credit reports concerning my credit worthiness and to exchange information about my account with d credit bureaus.  seent and future), bank and other references listed above to release and/or verify information to <b>Seneca</b> wledge that this application is subject to approval of credit and acceptance by <b>Seneca Savings</b> . Should my quent loan be approved, I agree to give <b>Seneca Savings</b> written notice immediately upon change of my cor any other pertinent information contained herein. Is booklet from the Consumer Financial Protection Bureau. For the disclosure, see here. Please nance.gov/find-a-housing-counselor and input your zipcode for a listing of housing counselors in your area.  Tobtain your consent before providing required disclosures electronically. Your consent will apply only to this receive paper copies free of charge after consenting to receive electronic disclosures please call (315)  Because we may provide certain disclosures to you as soon as you consent, but prior to submitting your of be able to withdraw your consent to receive those disclosures electronically. However, you may withdraw the disclosures electronically at any time. Such withdrawal will not affect the validity of the disclosures already a statement. By clicking submit and electronically signing below I/WE wish to proceed with the application the above disclosures electronically.				
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)					