



NOT USED- Seneca Home Equity Line of Credit Application

First Name:

Last Name:

Submitted on:

NMLS# 1880442

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**. **Seneca Savings lending area is Onondaga, Oswego, Cayuga, Oneida and Madison Counties**. **Other address restrictions may apply.**

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. We will call you before proceeding 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: (required)	<input type="radio"/> Individual Applicant	
	<input type="radio"/> Joint Applicant	
Residence		
Your Primary Residence:	<input type="radio"/> Own with Mortgage	
	<input type="radio"/> Own Clear	
	<input type="radio"/> Rent	
	<input type="radio"/> Other	
Present Address	Address Line 1	
	Address Line 2	
	City	State
Years At Present Address		Your Monthly Rent or Mortgage Payment
Years At Previous Address		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?		<input type="radio"/> Yes <input type="radio"/> No			
Have you been declared bankrupt in the last 7 years?		<input type="radio"/> Yes <input type="radio"/> No			
Employment					
		<input type="radio"/> Employed <input type="radio"/> Self-Employed <input type="radio"/> Unemployed <input type="radio"/> Retired <input type="radio"/> Student			
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
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 Held Name	
Co-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	
Co-Applicant Residence			

Your Primary Residence:	<input type="radio"/> Own with Mortgage		
	<input type="radio"/> Own Clear		
	<input type="radio"/> Rent		
	<input type="radio"/> 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	
_____		_____	
Co-Applicant Home Information			
Collateral Property Address (If different from above)		Date Purchased	
_____		_____	
Current Mortgage Holder		Mortgage Holder Phone	
_____		_____	
Purchase Price		Market Value	Mortgage Balance
_____		_____	_____
Co-Applicant Employment			
	<input type="radio"/> Employed		
	<input type="radio"/> Self-Employed		
	<input type="radio"/> Unemployed		
	<input type="radio"/> Retired		
	<input type="radio"/> Student		
Your Present Employer		Phone	
_____		_____	

Address Information	Address Line 1																						
	Address Line 2																						
	City	State	ZIP Code																				
<div>Gross Monthly Salary</div> <div>Your Position</div> <div>Years There</div>																							
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	City	State	ZIP Code																				
Co-Applicant Additional Information																							
<div>Your Checking Account Number</div> <div>Institution Name</div>																							
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<table><tr><td>Name of Creditor</td><td>Approx. Balance</td><td>Monthly Payment</td><td>Collateral, if any</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>				Name of Creditor	Approx. Balance	Monthly Payment	Collateral, if any																
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Total Amount of Other Monthly Payments not listed above:																							

Assets	Value	Title Held Name
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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.)

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

Race or National Origin	<input type="radio"/> American Indian, Alaskan Native
	<input type="radio"/> Asian
	<input type="radio"/> Native Hawaiian or other Pacific Islander
	<input type="radio"/> White
	<input type="radio"/> Black or African American
Sex	<input type="radio"/> Male <input type="radio"/> Female

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.

For more information, see this booklet from the [Consumer Financial Protection Bureau](#). For the disclosure, [see here](#). Please visit <https://www.consumerfinance.gov/find-a-housing-counselor> and input your zipcode for a listing of housing counselors in your area.

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