



Dear Borrower:

Thank you for applying to Ascendia Bank for your Automobile Loan and becoming another of our Valued Customers.

Enclosed is your Automobile Loan Application, which must be signed by all applicants. We ask you to complete all sections in detail. This includes the **Loan Amount** and the **Term** you require.

**We require the following items in order to process your loan;**

1. Executed Contract of Sale for the purchase of the new or used vehicle.  
This document must be signed by the Dealership Salesman and the applicant \_\_\_\_\_
2. Two Current Pay Stubs for each applicant along with 2 years of your latest W-2 form \_\_\_\_\_
3. Copies of Driver's Licenses for all borrowers \_\_\_\_\_
4. If employed at present place of employment for **less than two years**, copies of your  
last 2 years of your W-2 forms must be supplied \_\_\_\_\_
5. If **Self-Employed**, we require the last two years of your Income Tax Returns  
(be sure they are signed) \_\_\_\_\_
6. Copy of present Insurance Card \_\_\_\_\_

The application and required forms can be dropped off or mailed to the above location. All the above must accompany the application in order to process your loan. If any of the items are missing, this will delay the processing procedure.

If you require any assistance or an appointment, please contact Dawn T. Dalenberg, Senior Vice President/Lending Manager NMLS#699611, or any of our processors: Janice Ferriola NMLS#699824, Denise Papapietro NML#1798544 or Theresa Sasso NML#2016751





IMPORTANT: READ THESE DIRECTIONS **BEFORE** COMPLETING THIS APPLICATION

( ) If you are applying for an individual account in your own name AND are relying on your own income or assets, NOT the income or assets of another person, as the basis for repayment of the credit requested, complete this application with only information pertaining to you, the borrower.

( ) If you are applying for a joint account OR an account that you and another person will use, complete this application with information pertaining to you as the Borrower and information applying for a joint applicant or user as the Co-borrower. Please acknowledge by signing below:

We intend to apply for joint credit \_\_\_\_\_

*I*



TERM \_\_\_\_\_

AMOUNT REQUESTED \$ . \_\_\_\_\_

■ INFORMATION ABOUT AUTOMOBILE

Total purchase price including sales tax	Make	Model	Engine	Year	Mileage	<input type="checkbox"/> New <input type="checkbox"/> Used
Title will be in name(s) of	Dealer					
	Serial No.			Telephone no.	Salesman	
AUTOMOBILE INSURANCE CARRIED WITH	Name & Address of your agent					
	Name of company <input type="checkbox"/> Collision (Amount Deductible \$, _____ , <input type="checkbox"/> Comprehensive					
<div>IF LOAN IS GRANTED, I/WE AGREE TO:</div> <div>1. Deliver or arrange for delivery of Certificate of Ownership (Title) to the bank to be held as collateral. Title must reflect Glen Rock Savings Bank as lienholder.</div> <div>2. Request insurance company to send Certificate of Insurance to the bank reflecting Glen Rock Savings Bank as Loss Payee.</div> <div>Failure to do either of the above will constitute default and the loan will immediately become due and payable.</div>						

NOTE: Alimony, child support, or separate maintenance income need not be revealed if the applicants do not wish to have it considered as a basis for repaying this obligation.

■ APPLICANT INFORMATION

Name (last) <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. (first) (middle)			Date of birth		Social Security number	
Home address (street)			Marital Status Separated <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/>		# of dependents (including sell)	
City		State	Zip code		Years there	Home telephone no.
Firm name or employer		Business telephone no.		Position		Years there
Business address		Type of business		Salary\$		<input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr
Name and address of previous employer (if above is less than 2 years)						
Other sources of income			Amount of other income			
Checking account bank & branch		Account No.	Savings account bank & branch		Account no.	
Personal references (name & address)						

NOTE: Alimony, child support, or separate maintenance income need not be revealed if the applicants do not wish to have it considered as a basis for repaying this obligation.

■ CO-APPLICANT INFORMATION

Name (last) <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. (First) (Middle)			Date of birth		Social Security number	
Home address (street)			Marital Status Separated <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/>		# of dependents (including sell)	
City		State	Zip code		Years there	Home telephone no.
Firm name or employer		Business telephone no.		Position		Years there
Business address		Type of business		Salary\$		<input type="checkbox"/> Wk <input type="checkbox"/> Mo <input type="checkbox"/> Yr
Name and address of previous employer (if above is less than 2 years)						
Other sources of income			Amount of other income			
Checking account bank & branch		Account No.	Savings account bank & branch		Account no.	
Personal references (name & address)						

■ PLEASE GIVE US THIS CREDIT INFORMATION

First Mortgage held by Name		Address		Account no.		Purchase price	
First Mortgage date	Original amount	Balance	Monthly payments	Taxes included <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance included <input type="checkbox"/> Yes <input type="checkbox"/> No		
Terms	Type (Circle One) FHA - VA - CONV.	Property use <input type="checkbox"/> Residential <input type="checkbox"/> Commercial		Property market value			
Type of house (including# of families)		Yearly taxes		Up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No			
List all debits to banks and finance companies, charge accounts and installment purchases. Include all debts on which either applicant is a co-maker, endorser or guarantor. Use additional sheet if necessary.							
Debt information		Address		Account No.	Original Amount	Unpaid Balance	Monthly Payment
Rent Payment		(Landlord)					

In the following paragraph the words, "I, me and "I" refer to all persons signing below and "You and your" refer to Glen Rock Savings Bank. The information in this application is true and complete. No suits, judgments, bankruptcy proceedings, or legal claims **are now** pending against **me**. You may investigate the information in the application. I authorize "I" individual or consumer reporting agency to give you additional information. This application will remain your property. You may provide information to others whether or not credit is granted.

APPLICANT'S SIGNATURE (Ink Only)

Date

CO-APPLICANT'S SIGNATURE (Ink Only)

Date

IMPORTANT: Please complete this application in detail and mail to Glen Rock Savings Bank, 175 Rock Road, Glen Rock, NJ 07452