



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





# ASCENDIA BANK

Reaching new heights together

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						
<b>IF LOAN IS GRANTED, I/WE AGREE TO:</b>								

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.
2. Request insurance company to send Certificate of Insurance to the bank reflecting Glen Rock Savings Bank as Loss Payee. Failure to do either of the above will constitute default and the loan will immediately become due and payable.

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 debts 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, 10 Rock Road, Glen Rock, NJ 07452