

CHURCH LOAN QUESTIONNAIRE

Name of Church: _____

Church Physical Address: _____

Church Mailing Address: _____

Church Phone Number: _____

Church Fax Number: _____

Federal Tax Identification Number: _____

Church Contact Person: _____

Phone Number: _____ Fax Number: _____

Tell us about your church.

Date formed: _____

Email address: _____

City, State, Zip: _____

Is your church affiliated with other congregations? If so please name.

Name _____

Address _____

Phone Number: _____

1. Tell us about your project/financing needs.

Amount of loan requested \$ _____

A) Is this a Purchase? () or Refinance? (). Please check one.

B) Do you own or rent your facility? Own () Rent ()

C) What is your present rent or mortgage? \$ _____

2. If this is a purchase, please complete the following and attach a copy of the purchase contract.

A) Sales Price \$ _____

B) Down Payment \$ _____

C) Loan Request from Lender \$ _____

D) Seller Carry 2nd Trust Deed? \$ _____

3. If this is a refinance, please complete the following and attach a copy of your escrow closing statement.

A) Date of Purchase: _____

B) Purchase Price \$ _____

C) Balance of Loans \$ _____

First Lien Holder:

Name: _____

Address: _____

City: _____

Loan Balance \$ _____

Second Lien Holder:

Name: _____

Address: _____

City: _____

Loan Balance \$ _____

D) Other Present or Past Credit:

Purchase (Please complete if box checked).

Please give a brief description of the property and the price to be paid.

Have you entered into a sales contract? If "Yes", attach copy and complete:

Purchase Price \$ _____

Down Payment \$ _____

Balance Due \$ _____

Closing Date Projected: _____

4. Tell us about your organization.

A) When was this Church organized? _____

Is this Church Incorporated? _____

If "Yes", date of incorporation: _____

B) Who has Control and management in your organization?

Name _____ Title _____ Duties _____

Name _____ Title _____ Duties _____

Name _____ Title _____ Duties _____

C) If your organization is a California Non-Profit Corporation, please list all of the current corporate officers and their titles.

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Please include copy of Statement of Information filed with the Secretary of State.

D) What is your Federal Tax I.D.#? _____

Please submit a copy of the IRS Non-Profit Status that is issued to you.

5. Tell us about your church members and ministry.

A) How many members do you have? _____

Adults _____ Children _____

B) How many services/meetings do you have at your facility each week?

C) What are the average weekly offerings received? _____

D) As of last month, how much have you received for the current year? \$ _____

What are the offerings for the previous year? \$ _____

E) Do you provide a Daycare program or have a school at this facility? _____

If so, when was the Daycare/School organized? _____

What is the monthly income from the Daycare/School facility? _____

Please give a brief history of this church (Use separate sheet if needed).

6. Do you have an internal bookkeeper or an outside accountant?

Church bookkeeper () Outside accountant ()

Name: _____ Title: _____

Address: _____

Telephone Number: _____

How long has your bookkeeper/accountant had this responsibility with your church?

7. Minister/Pastor/Administrator.

Present Title/Position: _____

Name: _____

Address: _____

City	State	Zip
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Home Phone Number: () _____ Date of Birth: _____

Marital Status: _____ Number of Children: _____

Years in Present Position: _____ Years in Ministry: _____

Are Duties Full Time? Yes () No ()

Previous churches served and capacity (pulpit, education, youth, etc.).

Name of Church	City / State	Years	Title / Capacity

8. Other key Members/Elders and Deacons. Check all applicable boxes for each individual. (If more space is needed, please attach separate sheet).

Name: _____

Home Address: _____
Street
City
State
Zip

Phone Number: Home: _____ Office: _____

Name: _____

Home Address: _____
Street
City
State
Zip

Phone Number: Home: _____ Office: _____

Name: _____

Home Address: _____
Street
City
State
Zip

Phone Number: Home: _____ Office: _____

9. Please provide a history and or statement of faith for your organization.

10. Acknowledgment.

We have prepared this application and we certify that (1) all questions have been completed, reviewed and approved; and (2) all of the statements in this application are true and correct to the best of our knowledge and belief:

Signed _____ Title _____ Date _____

Signed _____ Title _____ Date _____

Signed _____ Title _____ Date _____