



# Texas Methodist Foundation

## LOAN APPLICATION

**Please answer every question and fill in every blank. Also include copies of:**

- |  |   |
|--|---|
| Local Church Annual Report Form                        | Year End Income and Expense Statements (last 2 yrs)     |
| Annual Report of Trustees                              | Annual Budgets  |
| Annual Report of the Committee on Finance (last 2 yrs) | Legal description of church property (if mortgage loan) |

_____	_____
Church Name	Pastor
_____	_____
Address	District Superintendent
_____	_____
Address	District
_____	_____
Phone	Conference
_____	_____
Fax	Email

**Please provide the following names:**

<u>Name</u>	<u>Title</u>
_____	Chairman, Board of Trustees
_____	Secretary, Board of Trustees
_____	Secretary, Charge/Church Conference that approved or will approve this loan
_____	Chairman, Finance Committee
_____	Financial Secretary/Business Administrator

What amount of money are you thinking about borrowing? \$ \_\_\_\_\_

What is the purpose? \_\_\_\_\_

If construction, what is the contract amount? \_\_\_\_\_ Architect Fees? \_\_\_\_\_

Other soft costs? \_\_\_\_\_

Contingency amount? \_\_\_\_\_ Furniture/Fixtures? \_\_\_\_\_

What is the collateral? \_\_\_\_\_

When do you think you will need this money? \_\_\_\_\_

How do you intend to repay the money? \_\_\_\_\_

**Please describe:**

This year's pledge campaign \_\_\_\_\_

Current capital fund campaigns \_\_\_\_\_

Outstanding bond issues or loans \_\_\_\_\_

Annual debt service obligations \$ \_\_\_\_\_

Have you paid your apportionments in full during the last five years? \_\_\_\_\_ If not, please explain:

**Please fill in the following data:**

	YEAR TO DATE ACTUAL	LAST YEAR'S ACTUAL	PRIOR YEAR'S ACTUAL
INCOME (regular)			
INCOME (special)			
EXPENSES (operating)			
ANNUAL DEBT SERVICE			
TOTAL DEBT			
CASH BALANCES (operating)			
CASH BALANCES (other)			
VALUE CHURCH COMPLEX			
VALUE - OTHER ASSETS			
APPORTIONMENTS			
Percent paid			
MEMBERSHIP			
AVG # AT WORSHIP			
AVG # AT SUNDAY SCHOOL			
STAFF (full time equivalent)			

**Signatures required:**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PERSON PREPARING APPLICATION

\_\_\_\_\_  
PASTOR