

# CHURCH/AGENCY LOAN APPLICATION

#### **GENERAL INFORMATION**

Date: GC	EFA Number (if applicable):
Institution corporate name:	
	District:
	City:
	County:
	Phone:
	Phone:
Contact email:	
INSTITUTION INFORMATION	
CHAIRPERSON, BOARD OF TRUSTEES	SECRETARY, BOARD OF TRUSTEES
CHAIRPERSON, FINANCE COMMITTEE	FINANCIAL SECRETARY/BUSINESS ADMINISTRATOR/TREASURER
Is your institution:	
	Are you working with the Florida Conference New Church Development Committee? $\ \Box$ Yes $\ \Box$ No
2. Chartered? □ Yes □ No If yes, year char	rtered: 3. Incorporated? $\square$ Yes $\square$ No
4. Invested in the Florida United Methodist Foundation	on Development Fund?   Yes   No

### **CONNECTION AND COMMITMENT**

1. Please tell us about your connectional commitment by providing us with your institution's apportionment history, if applicable, during the past five years. If less than 100 percent, please submit an explanation on a separate sheet.

	Year	Percentage Paid	Amount Paid
Current Year			
First Previous Year			
Second Previous Year			
Third Previous Year			
Fourth Previous Year			

January 202

	a.	Property insurance p	oremiums'	? □ Yes	□ No If	yes, how much'	? \$			
	b.	Health insurance pre	miums?	□ Yes	□ No If	yes, how much	? \$			
	C.	Clergy pension contr	ibutions?	□ Yes	□ No If	yes, how much'	? \$			
	d.	Unpaid accrued bills?	?	□ Yes	□ No If	yes, how much	? \$			
3.	3. Please tell us about your scheduled services/attendance and financial stewardship:									
			Year	Present Membership	Average Worship Attendance	Church School Enrollment	Church School Attendance	Average Weekly Offering	Average Number of Giving Units	
	Cur	rent Year						\$		
	Firs	st Previous Year						\$		
	Sec	ond Previous Year						\$		
	Thi	rd Previous Year						\$		
	Fou	rth Previous Year						\$		
NOT	Loan amount requested: Amortization period requested:  NOTE: All loan closing costs will be deducted from the loan proceeds unless other arrangements are made prior to loan closing.  COST OF PROJECT (including architectural and associated fees):									
	(Select one)   Actual   Estimated total:   Estimated cost per square foot:   Estimated cost per square foot:									
		CT DETAILS								
Plea		theck the appropriate o			_		_			
		<b>'urchase</b> : C Land	-		l and existing fa	cilities $\bigcirc$				
			ecured loa		gage loan		Other:			
	N	lew construction at pr								
	1.	Estimated constru	ction perio	od:						
	2	. Has construction/r	remodelin	g begun? 🗆 Y	es □ No					
	3	. Has a Notice of Cor	nmencem	ient been record	ded? □ Yes	□ No				
	4	. Is this a "fixed pric	e" contrac	t? □ Yes □	No					
	5	. Is there any affiliat interest in or may					any building c	ontractor or suppli	er who has an	

2. Are there any outstanding:

	6	. Th	e type of construction contract will be (sel	ect one):				
			Stipulated Sum Basis with 100 Percent F (see loan policies for conditions)	erformance Bono	d and 100 Percent	t Labor and Material B	Bond	
			Construction Management Basis withou (see loan policies for conditions of accept		ond and Labor and	d Material Bond on the	e General Contractor	
	0	ther (	please describe):					
	_							
PR	OJE	CT R	ESOURCES					
1.	Wh	at is tl	ne collateral?					
2.	Wh	ien wil	ll you need the funds?					_
3.	Hov	w do y	ou intend to repay the loan?					
4.	Cas	h on h	and/as of (date): \$		/			
5.	Don	nations	anticipated from district or conference:	\$				
6.	Am	ount a	lready paid on project:	\$				
7.	Oth	er (list	on a separate sheet):	\$				
8.	Tota	al capi	tal campaign pledges/receipts:	\$				
TO	TAL	ANTI	CIPATED RESOURCES:	\$				
								_
CA	PIT	AL C	AMPAIGN					
Th	e am	nount (	of pledges should equal the total of at leas	t two years of the	e loan amortizatio	on.		
1.	A ca	apital	campaign: 🗆 Was 🗆 Will be conducted	1:		, 20	·	
2.	Pled	dges:	$\square$ Were $\square$ Will be secured for a total of	\$		·		
3.	Pled	dges a	re payable	, 20	to		, 20	
4.	Aso	of	, 20	, the total a	mount received o	on these pledges was :	\$	
5.	Anc	other c	apital campaign will be held		, 20	, to secure addition	onal pledges for debt	
	reti	remen	t. The campaign will end		, 20	·		

### **CHURCH PROPERTY AND EXISTING MORTGAGE LOAN**

BUILDING/FACILITY	Yes/No	Age	Seating Capacity	Square Footage	Property FMV	Exterior Material
Auditorium/Sanctuary						
Education Building						
Fellowship Hall						
Day Care						
Parsonage(s)						
Other						

### **EXISTING MORTGAGE LOANS**

NAME OF LENDER	LOAN OFFICER	
Address:		
City:	State: Zip:	
Account/loan number:	Loan origination date:	
Original loan amount: \$	Current balance: \$	
Interest rate: % Payment: \$	Amortization period:	
Legal description of property:		
Physical address:		
NAME OF LENDER	LOAN OFFICER	
Address:		
City:	State: Zip:	
Account/loan number:	Loan origination date:	
Original loan amount: \$	Current balance: \$	
Interest rate: % Payment: \$	Amortization period:	
Legal description of property:		
Physical address:		

Does your institution have any additional debt (mortgage loans, credit lines, unsecured notes, etc.)?  $\Box$  Yes  $\Box$  No If yes, please attach on a separate sheet.

## **AUTHORIZING RESOLUTION, RECOMMENDATION AND CONSENT**

United Methodist Church of	ent day of be granted.
United Methodist Church of on the day of, 20 are hereby authorized to borrow money from The Florida United Methodist Foundation Inc. in an amount not to exceed	eed  ent  day of be granted.
United Methodist Church of	eed  ent  day of be granted.
are hereby authorized to borrow money from The Florida United Methodist Foundation Inc. in an amount not to exceed  S and at an amortization period not to exceed	ent day of be granted.
Date:	ent day of be granted.
Print name:  RECOMMENDATION: Recommendation of the district board or, if not applicable, the signature of the district superintendal (select one)  At a meeting of the district board of the	ent day of be granted.
2. RECOMMENDATION: Recommendation of the district board or, if not applicable, the signature of the district superintendo (select one)  At a meeting of the district board of the	ent day of be granted.
(select one)  At a meeting of the district board of the	day of be granted.
	be granted.
Date:	
Date: Signed:	
Date: Signed:	
Print name:  A recommendation of the district board is not applicable.	
☐ A recommendation of the district board is not applicable.	
District superintendent signature/date:	
Zionier dapermieration digitation date	
3. <b>CONSENT:</b> Consent of the district superintendent and pastor	
The undersigned individuals, as district superintendent of the Florida Annual Conference district in which	
United Methodist Church of	is located
and as pastor appointed to said church, certify that we have examined the forgoing application and, pursuant to Paragra and 2541 of the Book of Discipline of The United Methodist Church (2017), consent and recommend that a loan of	phs 2540
\$, with an amortization period of no more than	, be granted.
Date: Signed: DISTRICT SUPERINTENDENT	
Print name:	
Date: Signed:PASTOR	
Print name:	

Name of attorney:			
Address:			
City:	State:	Zip	):
Email:	Phone:	F	'ax:
ADDITIONAL INFORMATION AN	ID ATTACHMENTS		
Please include the following information to you).	as attachments (failure to include the i	ıformation will result in	your application being returned
<ol> <li>Financial statements:</li> <li>a. Income and expense statement (y</li> <li>b. Balance sheet (year to date)</li> </ol>			
<ul> <li>c. Year-end financial statements for</li> <li>2. Detailed description of the project</li> <li>3. Cost breakdown of the project</li> <li>4. Legal description of the property to b</li> <li>5. Physical address of the property to be</li> </ul>	5 5	ing balance sheet and i	income and expense statement)
<ul><li>6. Signed certification, located on the last</li><li>7. Information relative to any additional</li><li>8. If apportionment history is less than</li></ul>	st page of the foundation's loan applica outstanding secured or unsecured de	ot	tion
<ul><li>9. Answer the following questions:</li><li>a. What community ministries does</li><li>b. What community programs are home.</li><li>c. What percentage of church incommunity programs.</li></ul>	oused in the church facility and whom	do they serve?	
CERTIFICATION  We certify that we have read and understo	od the foundation's loan policies. We ag	ee to be governed by th	em in the administration of a loan.
CHAIRPERSON, BOARD OF TRUSTEES	CHAIRPER	SON, FINANCE COMMITTE	EE
TREASURER	CHAIRPER	SON, BUILDING COMMITTE	EE
PASTOR	CHURCH		
Address:			
City:	State:	Zip	):
Phone:	Fax:		
SUBMISSION			
Return your application and accompanying	documents to: Andy Craske Vice President of Loa Florida United Metho 450 Martin L King Jr J	list Foundation	