

Christian Financial Resources *Loan Application*

The loan application will not be processed unless this form and its attachments are completed in full. The financial statements included on the attached forms are part of the CFR Loan Application and must be provided. Please provide a copy of the three previous year financial statements.

1. APPLICANT INFORMATION

LEGAL NAME OF CHURCH: _____

MAILING ADDRESS: _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

CHURCH EMAIL ADDRESS: _____ CHURCH WEB SITE: _____

MEETING ADDRESS (IF DIFFERENT): _____ COUNTY: _____

CITY: _____ STATE: _____ ZIP: _____

CHURCH PHONE () _____ CHURCH FAX: () _____

CONTACT NAME OF PERSON COMPLETING APPLICATION: _____ DATE APPLICATION COMPLETED: _____

CONTACT PHONE NUMBERS OF ABOVE APPLICANT: _____ EMAIL: _____

2. CHURCH VITALS

DATE CHURCH WAS FOUNDED: _____ DATE CHURCH WAS INCORPORATED: _____

NAME OF SENIOR MINISTER: _____ DATE CURRENT MINISTER WAS HIRED: _____

TOTAL NUMBER OF FULL TIME CHURCH STAFF: _____ PART TIME STAFF: _____

CHURCH TAXPAYER ID (NOTE HERE IF NOT INCORPORATED): _____

ATTENDANCE INFORMATION

History	Year	Family Giving Units	Annual Avg. Weekend Attend.
Current YTD			
Last Year			
2 Years Ago			
3 Years Ago			

FINANCIAL INFORMATION

History	Year	Annual General Fund Income	Annual Expenses
Current YTD			
Last Year			
2 Years Ago			
3 Years Ago			

YES NO - IS THERE, OR WILL THERE BE, A FUND RAISING PROGRAM IN PROGRESS? IF YES, PLEASE EXPLAIN. (\$ COMMITTED, GIVEN, ETC.)

YES NO - DOES THE CHURCH HAVE PARA-CHURCH (PRE-SCHOOL, ETC.) INCOME? IF YES, PLEASE EXPLAIN.

YES NO - HAVE THERE BEEN ANY UNUSUAL NON-RECURRING EXPENSES THE PAST TWO YEARS? IF YES, PLEASE EXPLAIN.



773 Stirling Center Place
Lake Mary, FL 32746

Mailing:
PO Box 951719
Lake Mary, FL 32795-1719

Phone:
1-800-881-3863
407-268-5000

Fax:
407-268-5019

www.cfrministry.org

SECTION THREE – CONSTRUCTION LOAN (Building New Construction or Remodeling)

CONTRACTOR: _____

CONTRACTOR ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE () _____ FAX: () _____

ARCHITECT: _____ PHONE NUMBER: () _____

QUICK WORKSHEET

TOTAL COST OF PROJECT: \$ _____

ORIGINAL COST OF PROPERTY: \$ _____

DATE OF PURCHASE: _____

CURRENT VALUE: \$ _____

CURRENT LOAN OUTSTANDING ON PROPERTY: \$ _____

PROJECT TYPE

WORSHIP AUDITORIUM

FELLOWSHIP HALL

MULTI-PURPOSE ROOM

EDUCATIONAL FACILITY

OTHER _____

DESCRIBE METHOD OF PROJECT OVERSIGHT

SECTION FOUR – MINI LOAN (\$100,000 or less)

FOUR LOAN GUARANTORS – SIGNERS

NAME (printed): _____	TITLE: _____
NAME (printed): _____	TITLE: _____
NAME (printed): _____	TITLE: _____
NAME (printed): _____	TITLE: _____

SECTION FIVE – LINE OF CREDIT

PLEASE EXPLAIN THE PURPOSE/ INTENTIONS FOR THIS LOAN BELOW:



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6. INSURANCE

INSURANCE CARRIER: _____ AGENT: _____
 INSURANCE CARRIER ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 PHONE () _____ FAX: () _____

<u>PUBLIC LIABILITY COVERAGE</u>	<u>PROPERTY & CASUALTY COVERAGE</u>	<u>MACHINERY & EQUIPMENT COVERAGE</u>
\$ _____	\$ _____	\$ _____

Prior to funding, CFR must be named as "loss payee" on your church's insurance coverage and CFR must receive a proof of insurance statement from your carrier.

7. SPECIAL CONSIDERATIONS / ADDITIONAL COMMENTS

8. LEGAL DOCUMENT SIGNERS **

NAME (printed): _____ TITLE: _____
 NAME (printed): _____ TITLE: _____
 NAME (printed): _____ TITLE: _____
 NAME (printed): _____ TITLE: _____

**The signers for the loan documents must be the same ones registered with the state of Florida as President, Vice President, Secretary or Treasurer, unless stated otherwise in the church by-laws.

Please visit our website to download other Loan Forms
www.cfministry.org