



Supporting Ministry. Changing Lives.

## United Methodist Church Application/ Questionnaire

Church Name: \_\_\_\_\_

State Incorporated: Pennsylvania When formed: \_\_\_\_\_

Governing Body or Organization: Western PA Conference of the United Methodist Church

Loan Amount Request: \_\_\_\_\_ Term Requested: \_\_\_\_\_ Purpose: \_\_\_\_\_

Average attendance: \_\_\_\_\_ # of days worship services: \_\_\_\_\_

Facility Seating Capacity: \_\_\_\_\_ # of times worship services: \_\_\_\_\_

| <b>Membership</b>                               |              |      |      |      |
|---|--------------|------|------|------|
| List Membership for the Last Three Fiscal Years |              |      |      |      |
|   | Current Year | 2011 | 2012 | 2013 |
| Number of Family units:                         |              |      |      |      |
| Total Number of Members:                        |              |      |      |      |
| Members Under 18:                               |              |      |      |      |
| Members 18-30:                                  |              |      |      |      |
| Members 31-60:                                  |              |      |      |      |
| Members Over 60:                                |              |      |      |      |

| <b>Staff</b>                 |                |                         |                        |
|------------------------------|----------------|-------------------------|------------------------|
| Clergy and Key Leaders/Staff | Position/Title | Years with organization | Years total experience |
|                              |                |                         |                        |
|                              |                |                         |                        |
|                              |                |                         |                        |
|                              |                |                         |                        |
|                              |                |                         |                        |
|                              |                |                         |                        |

| <b>Committees</b>                           |             |                        |                           |
|---|-------------|------------------------|---------------------------|
| Name and responsibilities of key committees | Chairperson | # of committee members | Average length of service |
| Finance:                                    |             |                        |                           |
| Building:                                   |             |                        |                           |
| Trustees:                                   |             |                        |                           |
| Other:                                      |             |                        |                           |

### Financial Highlights

|                 | Annual Budget Year: | Current YTD | 2012: | 2011 | 2010 |
|-----------------|---------------------|-------------|-------|------|------|
| Total Receipts: |                     |             |       |      |      |
| Total Expenses: |                     |             |       |      |      |

### Additional Documentation Required

1. A signed copy of the Charge Conference form and minutes authorizing this credit request. The Charge Conference form must be signed by the District Superintendent.
2. Previous 3 years financial statements (actual and budget).
3. Current year operating budget, with year-to-date receipts and expenses, along with corresponding balance sheet.
4. Copy of certificate showing tax exempt status for both state and federal, if applicable.
5. For new construction, please attach a breakdown of the total project costs.
6. Briefly describe plans for capital expenditures, and additional equipment purchases over the next three years, including estimated costs beyond this project.

### Proposed Project Funding

Cash already contributed to the project: \$ \_\_\_\_\_

Other cash available: \$ \_\_\_\_\_

List Cash to be collected by project completion date:

Sale of Real Estate (describe) \$ \_\_\_\_\_

Bequests, gifts (describe) \$ \_\_\_\_\_

Other (describe) \$ \_\_\_\_\_

**Total equity provided by borrower:** \$ \_\_\_\_\_

Proceeds from proposed loan: \$ \_\_\_\_\_

Total project cost: \$ \_\_\_\_\_

If you intend on paying off this loan before the requested term, how many years do you anticipate it will take to accomplish this? \_\_\_\_\_

### Fund Raising Campaign

Dates of the fund raising campaign: From: \_\_\_\_\_ To: \_\_\_\_\_

Total number of members making pledges: \_\_\_\_\_

Total amount pledged: \$ \_\_\_\_\_

Term over which pledges will be received: \_\_\_\_\_ (Months)

Total pledges received to date: \$ \_\_\_\_\_

### New Construction Only

Will construction be at the present location or new location? \_\_\_\_\_

Describe the project: \_\_\_\_\_

New construction address: \_\_\_\_\_

Name of the architect: \_\_\_\_\_

Name of the general contractor: \_\_\_\_\_

*(Please provide a copy of the proposal/contract)*

## Contact Information

Please provide the following contact information to allow us to better serve you in the event additional information is required for this request.

|                                | Name | Phone Number | Best Time to Contact |
|--------------------------------|------|--------------|----------------------|
| Finance Chairperson            |      |              |                      |
| Trustee Chairperson            |      |              |                      |
| Building Committee Chairperson |      |              |                      |
| Church Secretary               |      |              |                      |
|                                |      |              |                      |
|                                |      |              |                      |

**For the purpose of procuring credit from time to time, I/We furnish the foregoing as a true and accurate statement of our financial condition on the date indicated.**

Name: \_\_\_\_\_  
 By: \_\_\_\_\_ Title: Trustee  
 Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 By: \_\_\_\_\_ Title: Trustee  
 Date: \_\_\_\_\_ Phone: \_\_\_\_\_