

FAITH-BASED ORGANIZATION LOAN APPLICATION CHECKLIST

To provide you with the most efficient service, we ask that you please submit a complete application package. Please mail or deliver your completed application package to the loan officer listed on the business card with this package. This is who will work with you on your application. (If there is not a business card enclosed, then please call a nearby Self-Help branch and ask for the loan officer's name.) If you have questions concerning application forms or materials, feel free to call your loan officer.

Make a check in the appropriate box after you have included the item in your loan package. Please be aware that your loan officer may request additional items after receiving your loan application package.

Include these items with your loan application package

Check off when completed

Include these items with your loan application package	Check off when completed
Signed Faith-Based Organization Loan Application and Questionnaire (enclosed)	<input type="checkbox"/>
Signed Personal Financial Statement (enclosed) * <i>If married, submit a joint statement with your spouse.</i>	<input type="checkbox"/>
Copy of Personal Federal Tax Returns for Most Recent 2 Years*	<input type="checkbox"/>
Copy of Business Federal Tax Returns for Most Recent 3 Years available	<input type="checkbox"/>
Internal or Audited Financial Statements for Most Recent 3 Years (for existing organizations only)	<input type="checkbox"/>
Current Year Internal Financial Statements Within the Last 60 Days (for existing organizations only) inclusive of balance sheet and income statement	<input type="checkbox"/>
Debt and Real Estate Owned Schedule (enclosed)	<input type="checkbox"/>
Signed Disclosure Statement (enclosed)	<input type="checkbox"/>
Copy of Organization Budget (current fiscal year and next fiscal year, if available)	<input type="checkbox"/>
Project Budget, Plans, and Bids/Estimates from contractors for renovation/construction projects <i>(if applicable)</i>	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

*Faith-Based organizations may not need to provide personal guarantees for a loan depending on certain credit underwriting criteria. To determine if this is applicable to your organization, please call 1-800-4-A-FAITH.

PLEASE ANSWER THE FOLLOWING QUESTIONS (IF ANY QUESTION IS ANSWERED "YES" PLEASE ATTACH A SEPARATE PAGE WITH EXPLANATION)

1. Has the organization conducted business under any other name?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the organization involved in any litigation or other legal claims or proceedings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Has the organization ever been through bankruptcy or settled any debts for less than the amount owed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Does the organization owe any past due taxes, including payroll taxes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are any assets shown on the current balance sheet pledged or assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Did the organization have any one-time expenditures during the last three (3) fiscal years, i.e., installed new roof, purchased new heating, ventilation, and air conditioning system? If yes, please indicate purpose, amount and date of expense.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Please provide the number of full-time and part-time employees with the organization.	PT: FT:

ABOUT YOUR ORGANIZATION FUNDRAISERS & SPECIAL SERVICES:

Please tell us about any special services or fundraising events that the organization has held or is currently involved in. Please indicate whether the event is an annual event for the organization or was a one-time event. Attach a separate sheet if more space is needed:

Activity	Date Held(M/DD/YY)	Frequency	Average Receipts
		<input type="checkbox"/> One-Time <input type="checkbox"/> Annual	
		<input type="checkbox"/> One-Time <input type="checkbox"/> Annual	
		<input type="checkbox"/> One-Time <input type="checkbox"/> Annual	
		<input type="checkbox"/> One-Time <input type="checkbox"/> Annual	
		<input type="checkbox"/> One-Time <input type="checkbox"/> Annual	
		<input type="checkbox"/> One-Time <input type="checkbox"/> Annual	

MEMBERSHIP AND CONGREGATIONAL INFORMATION 20__ 20__ 20__

Total membership			
Total Giving Units Giving units are defined as a "family" unit that regularly attends and regularly contributes financially to the religious organization. Inclusive to the "family" giving unit would be a spouse and any child under the age of 18 that signs a separate "pledge" or "giving" agreement to support the annual budget.			

Average weekly attendance?	_____		
Please indicate the specific days and times the organization meets and/or services are held during the week.	Day: _____ Time: _____	Day: _____ Time: _____	Day: _____ Time: _____

Current year organizational membership age breakdown:
 Youth: _____ 18-30 _____ 31-45 _____ 46-65 _____ +65 _____
Note: If your organization has a breakdown in alternate age groupings, please utilize that grouping instead of the one listed above.

Has the organization experienced any substantial gain or loss in membership or attendance during the last three (3) fiscal years?
 Yes No If so, please explain below:

 When were membership rolls last purged? _____ (month) _____ (year)

 Does the organization have a concentration of major contributors (individuals contributing more than 5% of total revenue)? If so, list percent and average contribution level _____ %, \$ _____

REAL ESTATE PROPERTY INFORMATION

1.	Does the organization currently own or lease its property and buildings?	<input type="checkbox"/> Own <input type="checkbox"/> Lease
2.	If the property is leased, please provide a copy of the lease agreement.	
3.	If the property is owned, please indicate whether it is free and clear or has an existing mortgage. If mortgaged, please indicate the name of the lender and current mortgage balance. For multiple properties, see Debt and Real Estate Owned Schedule enclosed.	Lender name: Mtg. bal.: \$
4.	How many acres does the organization own?	
5.	What is the square footage of your facilities?	
6.	How long has the organization occupied your current location?	
7.	Please indicate the seating capacity of your facility.	
8.	Have you explored options for energy and water efficiency in your building(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> We'd like to learn more

Does the organization have a designated successor for the organizational leader? Yes No
(If yes, please provide the succession plan and a resume for this individual(s).)

Name	Title	Years w/ organization
Name	Title	Years w/ organization

LOAN & PROJECT INFORMATION Please tell us about your project and/or start-up budget.

Uses of Funds		Sources of Funds	
Land and/or Building Purchase	\$ _____	Loan Requested	\$ _____
New Building Construction	\$ _____	Owner's Investment	\$ _____
Building Improvements and/or Expansion	\$ _____	Other Funding Sources (specify)	\$ _____
Furniture, Fixtures, and Equipment	\$ _____	Other	\$ _____
Refinance	\$ _____		
Other	\$ _____		
Total Project Uses (totals should equal)	\$ _____	Total Project Sources	\$ _____
1. Which Board and/or Committee of the organization has authority to approve a loan decision? (attach resolution)		Name: _____	
		Name: _____	
2. Is congregational/membership approval for the loan also required?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is any other Higher Authority necessary besides those noted in question #1 above for loan approval?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

SIGNATURES

The undersigned hereby certifies that the information contained in this application and related materials is true and correct. The undersigned hereby further certifies that the proceeds of any loan made as a result of this application will be used for business or organizational purposes only and will not be used for personal or consumer purposes. The undersigned hereby affirms that he or she does not discriminate on the basis of race, color, religion, national origin, gender, marital status, or age. The undersigned hereby acknowledges that (1) no loan officer has authority to commit Self-Help to any loan without prior approval by Self-Help’s credit committee and (2) any loan commitment must be in writing and signed by an authorized representative of Self- Help. Self-Help is authorized to make all inquiries Self-Help deems necessary to verify the accuracy of this statement and to determine the creditworthiness of the business or organization. The undersigned also authorizes Self-Help to answer questions and inquiries from others seeking credit experience information about the business or organization.

1. *Authorized Signer* *Title* *Date*

2. *Authorized Signer* *Title* *Date*

3. *Authorized Signer* *Title* *Date*

DEBT AND REAL ESTATE OWNED (FREE AND CLEAR) SCHEDULE

Organization Name: _____

Date: _____

Please include on this schedule all existing notes and leases of your organization, including mortgages, revolving credit arrangements, factoring agreements, equipment leases and any other type of debt, secured or unsecured.

Debt

Creditor	Original Amount	Original Date	Balance Due	Interest Rate	Maturity Date	Monthly Payment	Collateral

Real Estate Owned (Free and Clear)

Ownership Name	Type of Property	Date Purchased	Address	Present Market Value

Property Types: Commercial, Residential, Land

DISCLOSURE OF RIGHT TO REQUEST SPECIFIC REASONS FOR CREDIT DENIAL

The undersigned Applicant hereby acknowledges that he/she is aware that under the provisions of the Equal Credit Opportunity Act, he/she has the right to receive a written statement of the specific reason(s) for the denial if this application credit is denied. To obtain the statement, please contact Self Help, Attention: Commercial Loan Department, 301 West Main Street, Durham, North Carolina 27701 within sixty (60) days from the date of notification of the credit denial. Self Help will send the Applicant a written statement of the reason(s) for the denial within thirty (30) days of receiving the request for the statement.

Applicant _____

Date _____

Please sign above and return the yellow copy to us with your application materials.
Retain a copy for your files.

301 West Main Street PO Box 3619
Durham, NC 27702-3619
(919) 956-4400
FAX (919) 956-4600 www.self-help.org