

Dear Faith-Based Organization Applicant:

We look forward to working with you to find financing that best meets your Faith-Based Organization's needs. To make this process easier, please take a moment to read the following information about the application process and paperwork.

How does Self-Help decide if my organization qualifies for a loan?

We review the following items to decide if you qualify for a loan. If we spot weakness in one area of the application, we are willing to look for strength in another area. If we spot a weakness in more than one area, though, we may not be able to offer a loan at this time.

- Management – do you have a successful financial track record and strong, stable leadership?
- Cash flow – does your income cover your expenses? If not, you must have enough equity or net assets/fund balance to cover foreseeable losses.
- Collateral – what collateral is available to secure the loan? Collateral is especially important if your organization is not strong financially or is a start-up.
- Equity – does your organization have positive net assets/fund balance?
- Credit history – does your organization meet credit obligations responsibly?

What forms do I submit to apply for a loan?

A checklist of items you need to submit to us is on page 2 of this package. Most of the forms you need to submit are in the attached pages. A few items we will need, such as your organization's tax returns, are **not** forms in this package. Just follow the checklist and you'll stay organized.

What do I do when I have my application package completed?

Please mail or deliver your completed application package to your Self-Help business development officer or loan officer.

What should I make sure not to forget?

Sign all forms where indicated. The items requiring your signature include the personal financial statement, the Faith-Based Organization Loan Application and Questionnaire form, and tax returns. Also, before you mail or email your completed loan application package to us, make a copy of the application package to keep for yourself. We keep all application materials sent to us and cannot return submitted forms.

If you have any questions about this package, the forms, or the application process, please feel free to contact a Self-Help business development officer or loan officer.

Our locations

We work nationwide with locations in California, Florida, Illinois, North Carolina, South Carolina, Virginia, Washington, D.C. and Wisconsin. For more information visit our website at: www.self-help.org.

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

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

*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 speak with your loan officer.

Faith-Based Organization Loan Application and Questionnaire

Self-Help does not discriminate in its employment or activities, and we actively participate with others to end discrimination, on the basis of race, color, class, age, gender, religion, disability that can be accommodated, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression (including transgender status), age, sexual orientation, military and veteran status, class or family status.

COMPLETE ALL APPLICABLE SECTIONS

Once submitted, the completed questionnaire and all attached documentation become Self-Help's property. For your records, please retain a copy and do not submit original documents.

ORGANIZATION INFORMATION

Legal name	Business Telephone			Tax Identification Number
Location Address	City	State	Zip Code	Primary Contact Person: Address: Email: Telephone:
Mailing Address (if different)	City	State	Zip Code	Secondary Contact Person: Address: Email: Telephone:
Name of organization leader: _____ Address: _____ Telephone Number: _____ Email: _____ Tenure as Organization Leader: _____ Total annual compensation (salary, allowances, annuities, etc): \$ _____ Life Insurance: Does the organization own a keyperson life insurance policy upon the life of the organizational leader? If so, please provide amount insured and name of insurance company. Amount: \$ _____ Name: _____				
Organization Email Address (if applicable)	Organization Website (if applicable)		Denominational Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please name: _____ Independent Yes <input type="checkbox"/> No <input type="checkbox"/>	
Incorporated Yes <input type="checkbox"/> No <input type="checkbox"/> (Please include a copy of Articles of Incorporation, Constitution and / or Bylaws)	Does the organization file annual corporation reports with the Secretary of State? Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please include latest report)			
Does the organization file tax return statements Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes, please include complete copies of tax returns for last three (3) fiscal years)				

FINANCIAL SERVICES INFORMATION

Name of the Organization's Accountant/Bookkeeper/Treasurer:			
Firm's Name (if applicable):			
Address: City: State: Zip:			
Phone Number:			
Primary Bank Name:	Current balance: Savings: \$		Checking: \$
Phone Number:			
How often are financial reports prepared? Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>			
Are budgets adopted annually? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are the financial statements prepared on a: Calendar Year basis <input type="checkbox"/> or Fiscal Year Basis <input type="checkbox"/> Ending: _____			
Indicate financial statement quality: Audited <input type="checkbox"/> Reviewed <input type="checkbox"/> Compiled <input type="checkbox"/> Internally Prepared <input type="checkbox"/>			

TRUSTEES OR FINANCIAL AFFAIRS COMMITTEE MEMBERSHIP INFORMATION (List all key officers or members, their titles and their phone numbers.) A résumé may be attached in lieu of completing this page

Name:				Telephone:			
Address:			City:			State:	Zip:
Employer (if retired, please note):				Job Title:			
Title:							
Mobile Number:				Email Address:			

Name:				Telephone:			
Address:			City:			State:	Zip:
Employer (if retired, please note):				Job Title:			
Title:							
Mobile Number:				Email Address:			

Name:				Telephone:			
Address:			City:			State:	Zip:
Employer (if retired, please note):				Job Title:			
Title:							
Mobile Number:				Email Address:			

Name:				Telephone:			
Address:			City:			State:	Zip:
Employer (if retired, please note):				Job Title:			
Title:							
Mobile Number:				Email Address:			

Name:				Telephone:			
Address:			City:			State:	Zip:
Employer (if retired, please note):				Job Title:			
Title:							
Mobile Number:				Email Address:			

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.

<i>1. Authorized Signer</i>	<i>Title</i>	<i>Date</i>

<i>2. Authorized Signer</i>	<i>Title</i>	<i>Date</i>

<i>3. Authorized Signer</i>	<i>Title</i>	<i>Date</i>

DEBT AND REAL ESTATE OWNED (FREE AND CLEAR) SCHEDULE

Organization Name: _____

Date: _____

Please include on this schedule all existing notes and long-term 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 for 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.**

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