



Faith-Based Lending

Welcome,

Coastal Federal Credit Union is a not-for-profit financial cooperative owned exclusively by its members. Our mission is "to deliver quality services and solutions to our membership and to foster the credit union philosophy of 'people helping people.'"

We understand religious organizations and how they operate. Coastal has assembled a skilled member business team to better serve you. We are an experienced Faith-Based lender with Financial Officers capable of working with your organization on any loan request, investment or financial need.

In addition to completing the enclosed **Church Loan Questionnaire**, the following is an advanced listing of standard items needed to efficiently, and effectively evaluate church and community development loan requests.

- **Church Financial Statements for the last three years, as well as Year-to-date**
 - (should include balance sheet, income and expenses statements)
 - (if applicable, separate restricted and non restricted items)
 - (itemization of all major expense items)

- **Name and phone number of church accountant/CPA**
- **Brief history of your organization**
- **Certificate and Articles of Incorporation, Constitution & by-laws**
- **Board Resolution for proposed financing**
- **Tax exempt approval by IRS if applicable**
- **Profile/Resume of Senior Pastor**
- **Construction contract if applicable**
- **Details of all existing debts**
 - (lenders names, rates, payment amounts and maturities)
- **Details of any Pledge or Stewardship campaigns.**
- **Most recent account statements for all depository accounts (last 3 months)**
 - (checking, savings, CD's, etc.)

This advanced listing of needed information is provided because we understand the importance of a timely response. We also understand the value of being available to answer questions you may have regarding your financing needs.

Thank you for considering Coastal Federal Credit Union and we look forward to working with you in your endeavor.

Coastal Federal Credit Union

CHURCH LOAN QUESTIONNAIRE

GENERAL INFORMATION:

Name of Church/Organization: _____

LEGAL STRUCTURE: Corporation: _____ Partnership: _____ Other: _____

The Organization is Incorporated under the laws of: _____ (State)

Physical/Legal Address: _____

Mailing Address: _____

Length of Time at Current Location: _____ (Months/Years) Phone Number: _____

Primary Contact: _____ Title: _____

Tax ID Number: _____ Inception Date of Organization: _____

Number of Worship Services Held Per Week: 1-2: _____ 2-3: _____ Other: _____

When are Offerings Collected: Weekly: _____ Monthly: _____ Special Services: _____

Seating Capacity of Current Facility: _____

Member of Denomination Body; if any: _____

How is Body Structured: _____

Contributions to Body annually; if any: \$ _____

STAFF INFORMATION:

Head Clergyman: _____ Length of Employment: _____

Full or Part-Time Employment: _____ Current Salary: \$ _____ Bonuses: \$ _____

Staff Clergyman: _____ Length of Employment: _____

Full or Part-Time Employment: _____ Current Salary: \$ _____ Bonuses: \$ _____

Minister of Music: _____ Length of Employment: _____

Full or Part-Time Employment: _____ Current Salary: \$ _____ Bonuses: \$ _____

Minster of Youth: _____ Length of Employment: _____

Full or Part-Time Employment: _____ Current Salary: \$ _____ Bonuses: \$ _____

Other: _____ Length of Employment: _____

Full or Part-Time Employment: _____ Current Salary: \$ _____ Bonuses: \$ _____

Other: _____ Length of Employment: _____

Full or Part-Time Employment: _____ Current Salary: \$ _____ Bonuses: \$ _____

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CHURCH LOAN QUESTIONNAIRE

ADMINISTRATION:

Committee in charge of Financial Related Affairs: _____

Committee in charge of other Church decisions: _____

Length of service for persons involved in decision making functions: _____

The following individuals shall be authorized to sign documentation for this loan request as approved in the Church Minutes dated: _____

 Name of Individual:

 Name of Individual:

 Name of Individual:

 Name of Individual:

 Name of Individual:

 Name of Individual:

 Name of Individual:

 Name of Individual:

 Name of Individual:

 Name of Individual:

PLEASE ATTACH A COPY OF THE CHURCH'S MINUTES AUTHORIZING THE BORROWING OF FUNDS AND THE APPROVAL OF THE ABOVE INDIVIDUALS.

FINANCIAL INFORMATION: (Please attach a copy of current financials)

	Year: _____	Year: _____	Year: _____	Year: _____	Year: _____
Total Income:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Total Expenses:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Profit/(Loss):	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

MEMBERSHIP INFORMATION:

	Year: _____	Year: _____	Year: _____	Year: _____	Year: _____
Total Membership:	_____	_____	_____	_____	_____
Giving Units (family units Single, employed adults):	_____	_____	_____	_____	_____
Average Worship Attendance:	_____	_____	_____	_____	_____
Average Sunday School Attendance:	_____	_____	_____	_____	_____

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CHURCH LOAN QUESTIONNAIRE

PROPOSED LOAN REQUEST:

AMOUNT REQUESTED: \$ _____ **TERM:** _____ (Months/Years)

INTEREST RATE REQUESTED: _____ % **CONSTRUCTION LOAN:** (yes or no) _____

RENOVATION LOAN: (yes or no) _____

LAND PURCHASE: (yes or no) _____

PURPOSE OF LOAN REQUEST:

ESTIMATED COST OF CONSTRUCTION/IMPROVEMENTS: \$ _____

NAME OF CONTRACTOR: _____

NAME OF ARCHITECT: _____

AVAILABLE FUNDS: \$ _____ **PLEGGED AMOUNT:** \$ _____

WILL THERE BE A SPECIAL FUND RAISING CAMPAIGN FOR THIS PROJECT: (yes or no) _____

IS THE FOLLOWING INSURANCE COVERAGE IN PLACE:

FIRE _____ **EXTENDED COVERAGE** _____ **VANDALISM** _____ **MALICIOUS MISCHIEF** _____

OTHER INFORMATION:



Business Loan Application

Loan No. _____

				Business Banking Manager	
City Name	Branch Name	Branch #	Sales Assoc.	Sales Assoc. No.	Source of Cust. Code

BUSINESS PROFILE

Business Name (and Trade Name if applicable)/Applicant(s) Name			Taxpayer ID No.		Telephone No.
Business Structure					SIC Code
<input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> C Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other _____ <input type="checkbox"/> Business Individual <input type="checkbox"/> Limited Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> LLP <input type="checkbox"/> LLP					
Mailing Address of Business			City/Town	State	Zip Code
Description of Business					
Street Address Where Majority of Loan Proceeds to be Used			City/Town	State	Zip Code
Date Established	How Long Under Present Management	No. of Employees	Previous Company Name (if applicable)	CRA Code	Gross Annual Sales

NOTE: You do not have to include information about income from alimony, child support, or separate maintenance payments unless you want us to consider this income in connection with this application for credit.

LOAN REQUEST New Request Modification

Amount	Int. Rate	Prop. Pymt.	Purpose of Loan/Use of Proceeds		Type
\$			<input type="checkbox"/> Working Capital <input type="checkbox"/> Inventory Purchases <input type="checkbox"/> Business Vehicle Purchases <input type="checkbox"/> Equipment Purchase <input type="checkbox"/> Refinancing Debt	<input type="checkbox"/> Commercial Real Estate Purchase <input type="checkbox"/> Commercial Real Estate Improvements <input type="checkbox"/> Other* <input type="checkbox"/> Equipment Lease	<input type="checkbox"/> Term Loan _____ Term(mos.) <input type="checkbox"/> Line of Credit <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Lease _____ Term (mos.) <input type="checkbox"/> Bus. Credit Card
\$			<input type="checkbox"/> Working Capital <input type="checkbox"/> Inventory Purchases <input type="checkbox"/> Business Vehicle Purchases <input type="checkbox"/> Equipment Purchase <input type="checkbox"/> Refinancing Debt	<input type="checkbox"/> Commercial Real Estate Purchase <input type="checkbox"/> Commercial Real Estate Improvements <input type="checkbox"/> Other* <input type="checkbox"/> Equipment Lease	<input type="checkbox"/> Term Loan _____ Term(mos.) <input type="checkbox"/> Line of Credit <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Lease _____ Term (mos.) <input type="checkbox"/> Bus. Credit Card
\$			<input type="checkbox"/> Working Capital <input type="checkbox"/> Inventory Purchases <input type="checkbox"/> Business Vehicle Purchases <input type="checkbox"/> Equipment Purchase <input type="checkbox"/> Refinancing Debt	<input type="checkbox"/> Commercial Real Estate Purchase <input type="checkbox"/> Commercial Real Estate Improvements <input type="checkbox"/> Other* <input type="checkbox"/> Equipment Lease	<input type="checkbox"/> Term Loan _____ Term(mos.) <input type="checkbox"/> Line of Credit <input type="checkbox"/> Letter of Credit <input type="checkbox"/> Lease _____ Term (mos.) <input type="checkbox"/> Bus. Credit Card

*Detailed Explanation:

If you selected Term Loan, state whether you desire a Fixed Rate or Variable Rate If line of credit: Revolving Non-revolving

COLLATERAL (Please indicate security available and estimated market value.)

Detailed Description (Type and Address, if R/E)	Proposed LTV/Source (ex. 70%/ATB or 90%/NADA)	Market Value	Existing Liens/\$ Amount
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$

CO-MAKER/GUARANTORS (Must be completed.)

Name	Social Security No.	Address & Yrs.	Date of Birth	Net Worth Excl. Company
				\$
				\$
				\$
				\$

Each stockholder, partner, officer & owner with ownership of 25% or greater must complete a personal financial statement & shall be required to personally guarantee this credit.

MANAGEMENT INFORMATION (Must be completed unless sole proprietorship.)

Name	Title/Position	Years with Company	% Owned

BUSINESS DEBT SCHEDULE (Please provide details of your existing or previous business credit relationships below.)

Name & Address of Lender (attach additional sheet if necessary)	Collateral Pledged	Purpose of Loan/ Trade Credit	Original Amount/ Limit	Current Outstanding	Monthly Payment	Maturity Date (if any)	Check if Loan Proceeds to Pay Off

BUSINESS DEPOSIT ACCOUNT

Bank Name	Account Name	Account No.	12 Mo. Avg. Collected Balance	Type of Account

MISCELLANEOUS OBLIGATIONS

Is the business or any principal an endorser, guarantor, cosigner or co-borrower for obligations not listed on its financial statements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please indicate total contingent liability \$
Is the business or any principal a party to any claim or lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the business ever been in receivership or declared bankruptcy during the last 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business or any principal owe any back taxes? (i.e. sales, income, real property, or municipal business taxes)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount \$ To:
Are you a Director, Executive Officer or Principal Shareholder of a financial institution or are you a Related Interest of any of these individuals? If you checked "Yes", please indicate the name and location of the financial institution.		<input type="checkbox"/> Yes <input type="checkbox"/> No

DECLARATION

I/We apply to Coastal Federal Credit Union (CFCU) for the credit described above and certify that the information provided herein and on all accompany statement is, to the best of my/our knowledge, true, complete, and correct. I/We understand that the information will be used by CFCU to determine credit worthiness. I/We certify that the loan proceeds will be used for business purposes and not for personal, family, or household purposes. I/We authorize CFCU to make whatever credit inquiries it deems necessary in connection with this credit application or in the course of the review or collection of any credit extended in reliance on this application. All such information, along with this application, shall remain CFCU's property whether or not credit is extended. I/We authorized CFCU to furnish credit information, including insurance information, to persons who may lawfully receive and use such information. I/We further authorized CFCU to make all necessary inquiries to verify the information contained in this application and all accompany statements, and I/we also authorize all such persons or entities CFCU contacts to respond completely to such inquiries.

_____	_____	_____
Signature	Title	Date
_____	_____	_____
Signature	Title	Date

Credit Union Use:

Loan Officer's Signature: _____ Officer # _____

Date Application Received by Loan Officer: _____