



Christian Reformed Church Loan Fund

SECURED LOAN APPLICATION

Thank you for considering the Loan Fund for your borrowing needs.

Please complete, sign, and return the application to us.

Please provide the following financial statements with the completed application:

1. Current Balance Sheet
2. Year to Date Income Statement
3. Income Statement (Profit and Loss Statement) for the last 3 completed fiscal years. Partial years (this year) do not count.

Applicant Information

Date: _____

Name:	Contact Person:
Address:	Contact Email Address:
City: State: Zip:	Contact Phone:
EIN:	Type of Organization:
Business Phone:	Classis (if Church):
Non-Profit: Yes/No	

Credit Request

Amount Requested _____

Expected Use of Proceeds: Please provide a brief description of the project.



**Secured Loan Application****Real Estate Collateral**

Description	Address	Occupant(s)/Tenants

Project Costs

Description	Estimated Cost
Property Acquisition	
Architecture/Engineering	
Construction	
Furniture	
Total	

Project Financing

Description	Estimated Amount
Cash in hand	
Pledges	
Commercial Borrowing	
Loan Fund Borrowing	
Other Borrowing	
Other Sources	
Total	



Secured Loan Application

Indebtedness

Creditor 1	Date Opened	Maturity Date	Original and Current Balance
			/
	Interest Rate	Payment Amount	Collateral

Creditor 2	Date Opened	Maturity Date	Original and Current Balance
			/
	Interest Rate	Payment Amount	Collateral

Creditor 3	Date Opened	Maturity Date	Original and Current Balance
			/
	Interest Rate	Payment Amount	Collateral

Creditor 4	Date Opened	Maturity Date	Original and Current Balance
			/
	Interest Rate	Payment Amount	Collateral

Creditor 5	Date Opened	Maturity Date	Original and Current Balance
			/
	Interest Rate	Payment Amount	Collateral

Creditor 6	Date Opened	Maturity Date	Original and Current Balance
			/
	Interest Rate	Payment Amount	Collateral

Secured Loan Application

Agreement of Applicant

Each of the persons signing below states the following as a representative of the organization named on the application (the "Applicant"): I certify that I am authorized to submit this application on behalf of the Applicant and that all information, figures and amounts provided in this application are true and complete and accurately reflect the Applicant's financial conditions as of this date.

Corporate Name

Authorized Agent

Title

Date

Authorized Agent

Title

Date

Submission Instructions:

Please mail the completed, signed application to:

Christian Reformed Church Loan Fund
300 E Beltline Ave NE
Grand Rapids, MI 49506-1208

or email it to:

loanfund@crcna.org