

#### **UNSECURED LOAN APPLICATION**

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

Below is an unsecured loan application. 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 2 completed fiscal years. Partial years (this year) do not count.

**Applicant Information** 

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

Credit Request			
Amount Requested			
Expected Use of Proceeds: Please provide a br	rief description of the	e project.	



Date:

### **Loan Application**



# **Project Costs**

Description	Estimated Cost
Total	

**Project Financing** 

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

# **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
	Judania de Dada	December Assessment	Callataral
	Interest Rate	Payment Amount	Collateral
Creditor 3	Date Opened	Maturity Date	Original and Current Balance
Creditor 3	Date Opened	Maturity Date	/
	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
	1.1. 1.0.1	D (A)	/
	Interest Rate	Payment Amount	Collateral
Condition (	Data Orași I	Mahaiba Bal	Original and Company
Creditor 6	Date Opened	Maturity Date	Original and Current Balance
	Interest Rate	Payment Amount	Collateral
	THE CSt Rate	Tayment Amount	Conditional

### **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	
of Citian it to.		ioamunu@crcna.org	