



Legal Name of Congregation: \_\_\_\_\_

Denominational:  Yes  No Independent:  Yes  No

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Fax #: \_\_\_\_\_

Age of Church: \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Date Incorporated: \_\_\_\_\_

Pastor/Clergy (Names): \_\_\_\_\_

\_\_\_\_\_

Years of Service: \_\_\_\_\_

\_\_\_\_\_

With Current Congregation

Total

With Current Congregation

Total

# of Years at Present Location: \_\_\_\_\_

Name and address of higher authority having general jurisdiction:

\_\_\_\_\_  
\_\_\_\_\_

Does higher authority have jurisdiction over temporalities and creation of debt? If so, explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Available Guarantor? If yes, include name: \_\_\_\_\_

Define membership: \_\_\_\_\_

**Membership/ Attendance over the past 5 years:**

Church Current Year \_\_\_\_\_ Previous Year \_\_\_\_\_ Prior Year \_\_\_\_\_

Church School Current Year \_\_\_\_\_ Previous Year \_\_\_\_\_ Prior Year \_\_\_\_\_

Loan Amount Requested: \_\_\_\_\_

Loan Purpose: \_\_\_\_\_



Part One – Congregational Finances

I. WAYS AND MEANS

A. Capital Funds Pledge Drive

- 1. Capital funds pledge drive held: [ ] Yes [ ] No
2. If Yes, dates pledges will be paid: From: \_\_\_\_\_ To: \_\_\_\_\_
3. Total amount pledged: \$ \_\_\_\_\_ Number of years: \_\_\_\_\_
4. Feasibility Study conducted: [ ] Yes [ ] No
If Yes, amount projected: \$ \_\_\_\_\_

Are you or any business where you have ownership or contingent liability, involved in any pending lawsuits?

\_\_\_\_\_

B. Operating Budget

- 1. Attach projected operating budget for the next three years showing debt service to be paid and full operating cost of new or expanded facilities, including utilities, maintenance, and insurance.
2. Provide a copy of current operating budget and previous budgets.

Note: Any person holding 20% or more ownership is required to complete a separate background form

II. CURRENT FINANCES

Current 3 Years Ago 5 Years Ago

A. Average Pledge / Tithe \_\_\_\_\_

B. Total Restricted and Unrestricted Funds (Endowment) \$ \_\_\_\_\_

C. Name of each fund and describe restrictions: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_



III. INFORMATION ON CURRENT FACILITY

A. Existing Space

1. Church  Owns space  Rents space

Cost of Occupancy:

Table with 2 columns: Category (Current Monthly Payment, Maintenance, Insurance, Utilities, Rent, Other, Total) and Amount (\$ \_\_\_\_\_)

B. Facility to be Mortgaged (new space or expanded existing space)

1. Describe grounds: i.e. size; visibility of building from street; location in relation to local population concentrations:

Three horizontal lines for text input.

2. Describe buildings: i.e. age of building, adult seating capacity; number and capacity of rooms for religious education classes (youth and adult); space for fellowship gatherings:

Three horizontal lines for text input.

3. Describe parking: i.e. number of existing and proposed spaces, maximum number of spaces allowed under zoning law; number of reserved spaces for physically challenged persons or visitors:

Three horizontal lines for text input.

4. Describe any zoning changes or variances necessary to obtain a building permit and if neighbors have been kept informed of building plans:

Three horizontal lines for text input.



IV. REAL ESTATE

A. Current appraised value of church-owned properties. \$ \_\_\_\_\_
If acquiring land only, value of land. \$ \_\_\_\_\_

B. Existing mortgage: [ ] Yes [ ] No
Remaining balance on mortgage loan: \$ \_\_\_\_\_
Monthly payment: \$ \_\_\_\_\_
Existing mortgage held by: \$ \_\_\_\_\_

C. Any debts not involving liens on real estate: [ ] Yes [ ] No
If Yes, please explain: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

D. Any additional real estate owned by congregation:
If Yes, please explain: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

E. Please provide any supplemental comments or information that would be helpful in evaluating this application in the space provided below or attach documents to application:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

V. PROJECT

A. Project description: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

B. If this project is one unit of a larger plan, please explain: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_



C. How new plans address accessibility for physically challenged persons: \_\_\_\_\_

D. How project enhances energy efficiency of building: \_\_\_\_\_

E. What is the available collateral, if any: \_\_\_\_\_

F. Architect employed:  Yes  No

G. Congregation approved architectural plans:  Yes  No  N/A

Date approved: \_\_\_\_\_

H. Firm bid from contractors:  Yes  No

Bid amount: \$ \_\_\_\_\_

I. Please attach any additional information about project.

MANAGEMENT

Please provide the following information:

- Is the church, clergy, trustee or authorized representative liable as a guarantor or endorser on an existing loan?
Has the church, clergy, trustee or authorized representative ever declared bankruptcy?
Has the church, clergy, trustee or authorized representative ever been convicted of a felony?
Has the church, clergy, trustee or any authorized representative in the organization been involved in any pending lawsuits, currently under indictment or on parole or probation? If so, please provide details.
Has the church, clergy, trustee or any authorized representative in the organization been charged with, arrested or convicted of a criminal offense other than a minor vehicle violation? If so, please provide details.



Yes No Is the church, clergy, trustee and/or any authorized representative in the organization current on all federal, state, and county taxes, including but not limited to payroll, sales tax, workman's compensation, etc.? If not, please provide details.

No \_\_\_\_\_

Yes No Is the church, clergy, trustee or any authorized representative in your organization current on all personal and intangible property taxes? If not, please provide details.

No \_\_\_\_\_

I declare under penalty of perjury that these statements are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

PRIVACY POLICY DISCLOSURE

CBS is committed to the highest standards in safeguarding and using your confidential information. CBS will collect certain personal identifiable information ("PII") which includes but not limited to business, geographic and demographic information, names, addresses, phone numbers, email addresses, tax identification numbers, employee identification numbers, trust agreements, corporate documents, bank account numbers, loan numbers, obligation numbers, passwords for secured documents, and other financial information while processing your loan application.

PII collected by CBS is not sold to third parties, and is only disclosed to those third parties authorized by you, or when necessary to provide or administer services as it relates to the processing of your loan application, including service providers under contract with CBS, who help with parts of CBS' business, when required by an audit by a third party (including government authorities) or when required by legal process (law, regulation, court order, subpoena, search warrant, or in the course of legal proceedings).

Pursuant to the Consumer Financial Protection Bureau (the "CFPB") Regulation P, you have a right to receive the CBS Privacy Policy when you enter into a customer relationship with CBS and its member credit unions, on an annual basis during the term of any loan with CBS' member credit unions, and upon request by contact CBS at 888.697.9555. Under the CFPB Regulation P you will receive a copy of this Privacy Policy within ten (10) business days following your request and address you have provided to CBS.

The Privacy Policy is always available to view online at www.cbscuso.com.

\*\*Notice to California Residents\*

CBS has adopted a Privacy Policy for California Residents (as defined in Section 17014 of Title 18 of the California Code of Regulations, as that section read on September 1, 2017, however identified, including any unique identifiers) to maintain compliance with the California Consumer Protection Act of 2018. The Privacy Policy for California Residents is available at: https://www.cbscuso.com/about/downloads/

CONSENT TO THE USE OF TAX RETURN INFORMATION

Each party hereto, whether borrower or guarantor, whether entity or individual, understands, acknowledges, and agrees that the Lender and other loan participants, if any, can obtain, use, and share the undersigned's tax return information for the purposes of (i) providing an offer; (ii) originating, maintaining, managing, monitoring, servicing, selling, insuring, and securitizing a loan; (iii) marketing; or (iv) as otherwise permitted by applicable laws, including state and federal privacy and data security laws. The term "Lender" includes the Lender's affiliates, agents, service providers, and any of aforementioned parties' successors and/or assigns. The other loan participants, if any, includes any actual or potential owners of a loan resulting from the undersigned's application, or acquires of any beneficial or other interest in the loan, any mortgage insurer, guarantor, any servicers or service providers for these parties and any of the aforementioned parties' s successors and/or assigns.

ACKNOWLEDGMENT

Signature of Authorized Representative: \_\_\_\_\_ Date \_\_\_\_\_



BROKER DISCLOSURE FORM

This Broker Disclosure Form (the "Form") is to confirm that the undersigned has retained \_\_\_\_\_ (the "Broker") to facilitate a possible commercial loan transaction involving the property located at \_\_\_\_\_ through Cooperative Business Services, LLC ("CBS") and a lead credit union to be chosen at a later date (the "Lender").

Broker may receive a fee for its involvement in the proposed transaction; by signing below, the undersigned acknowledges that CBS and/or Lender is in no way liable or responsible for the payment of such fee to the Broker, and will not facilitate the payment of fee to the Broker.

CBS and Lender may rely on the authority of the Broker until the undersigned provides notification to CBS, in writing, that its relationship with the Broker has been terminated.

By signing below, the undersigned warrants and represents that he/she has the capacity and authority to sign this Form on behalf of the undersigned, including any successor and/or assigns of the entity.

Entity Name: \_\_\_\_\_
By: \_\_\_\_\_
Name: \_\_\_\_\_
Title: \_\_\_\_\_

ACKNOWLEDGMENT FROM GUARANTOR(S) OF POTENTIAL LOAN:

By: \_\_\_\_\_
Name: \_\_\_\_\_
By: \_\_\_\_\_
Name: \_\_\_\_\_
By: \_\_\_\_\_
Name: \_\_\_\_\_

BROKER INFORMATION:

Brokerage Firm Name: \_\_\_\_\_
Primary Contact at Brokerage Firm: \_\_\_\_\_
Email Address of Contact: \_\_\_\_\_
Phone Number \_\_\_\_\_
Address \_\_\_\_\_
City/State/Zip \_\_\_\_\_
License # \_\_\_\_\_



SMALL BUSINESS DATA COLLECTION FORM

Federal law requires that we request the following information to help ensure that all small businesses applying for loans and other kinds of credit are treated fairly and that communities' small business credit needs are met.

One or more employees or officers involved in making a determination concerning your application may have access to the information provided on this form. However, FEDERAL LAW PROHIBITS DISCRIMINATION on the basis of your answers on this form. Additionally, we cannot discriminate on the basis of whether you provide this information.

While you are not required to provide this information, we encourage you to do so. Importantly, our staff is not permitted to discourage you in any way from responding to these questions. Filling out this form will help ensure that ALL small business owners are treated fairly.

BUSINESS OWNERSHIP STATUS

Please indicate the business ownership status of your small business. For the purposes of this form, your business is a minority-owned, women-owned, or LGBTQI+-owned business if one or more minorities\*\*, women or LGBTQI+ individuals (i) directly or indirectly own or control more than 50 percent of the business AND (ii) receive more than 50 percent of the net profits/losses of the business.

What is your business ownership status? (Check one or more of the options below)

- Minority-owned business
Women-owned business
LGBTQI+-owned business

-OR-

- None of these apply

-OR-

- I do not wish to provide this information

\*\*Minority means Hispanic or Latino, American Indian or Alaska Native, Asian, Black or African American, or Native Hawaiian or Other Pacific Islander. A multi-racial or multi-ethnic individual is a minority for this purpose.

NUMBER OF PRINCIPAL OWNERS

For purposes of this form, a principal owner is any individual who owns 25 percent or more of the equity interest of a business. A business might not have any principal owners if, for example, it is not directly owned by any individuals (i.e., if it is owned by another entity or entities) or if no individual directly owns at least 25 percent of the business.

How many principal owners does your business have? (Check one)

- 0
1
2
3
4

{Continues on next page.}





DEMOGRAPHIC INFORMATION ABOUT PRINCIPAL OWNERS

As a reminder, applicants are not required to provide this information but are encouraged to do so. We cannot discriminate on the basis any person's ethnicity, race or sex/gender. Additionally, we cannot discriminate on the basis of whether you provide this information.

Please fill out one sheet for each principal owner.

1. Are you a US Citizen?

- Yes
No

If no, please provide Alien Registration Number

-OR-

- I do not wish to provide this information

2. Are you a Veteran?

- Yes
No

-OR-

- I do not wish to provide this information

3. Are you Hispanic or Latino? (What is your ethnicity - Check one or more)

Hispanic or Latino

- Cuban
Mexican
Puerto Rican
Other Hispanic or Latino (Please specify your origin, for example, Argentinean, Columbian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on):

- Not Hispanic or Latino

-OR-

- I do not wish to provide my ethnicity

4. What is your sex/gender? (Please specify)

-OR-

- I do not wish to provide my sex/gender



**5. What is your race?**

American Indian or Alaskan Native *(Please specify the name of your enrolled or principal tribe):*

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Asian

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian *(Please specify your race, for example, Cambodian, Hmong, Laotian, Pakistani, Thai, etc.):*

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Black or African American

African American

Ethiopian

Haitian

Jamaican

Nigerian

Somali

Other Black or African American *(Please specify your race, for example, Barbadian, Ghanaian, South African, etc.):*

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Native Hawaiian or Other Pacific Islander

Guamanian or Chamorro

Native Hawaiian

Samoan

Other Pacific Islander *(Please specify your race, for example, Fijian, Tongan, and so on):*

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White

**-OR-**

I do not wish to provide my race