

**Questionnaire for Religious Organizations**

**Name of Organization:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City, State, ZIP:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

| <b>ABOUT YOUR ORGANIZATION</b>  |  |
|---|--|
| Date Founded:   |  |
| Time at this Location:  |  |
| Tax ID Number:  |  |
| State & Date of Incorporation:  |  |
| Governing Body of Organization (Board of Trustees, Operating Committee, etc.):      |  |
| National Affiliation(s) (Yes or No)<br>(if "Yes", please list denomination)         |  |
| Annual Contributions to Governing Body or National Affiliation(s):                  |  |
| Where does asset ownership reside (i.e. corporate entity, board of trustees, etc.)? |  |

| <b>MEMBERSHIP &amp; ATTENDANCE</b>             |         |           |             |
|--|---------|-----------|-------------|
| List membership for the last 3 years           | Current | Last Year | Two Yrs Ago |
| Number of Families (Giving Units)              |         |           |             |
| Total Number of Members                        |         |           |             |
| Members under 18                               |         |           |             |
| Members 18-30                                  |         |           |             |
| Members 31-60                                  |         |           |             |
| Members over 60                                |         |           |             |
| Last date your membership records were purged: |         |           |             |
|  |         |           |             |
| Days & Times of Worship Services:              |         |           |             |
|  |         |           |             |
| Average Weekly Attendance:                     |         |           |             |
| Current Worship Facility Seating Capacity:     |         |           |             |

| <b>LEADERSHIP</b>                      |                |                         |                     |
|--|----------------|-------------------------|---------------------|
| Name of Head Clergy/Leader & Key Staff | Position/Title | Years with Organization | Years of Experience |
|  |                |                         |                     |

| <b>PROPOSED PROJECT / FUNDING NEED (to be completed if applicable)</b>   |      |
|--|------|
| Total Project Cost or Asset Cost   | \$   |
| Cash equity to be provided by borrower   | \$   |
| Proceeds from proposed loan  | \$   |
|  |      |
| Cash (not borrowed monies) already contributed to project or asset cost  | \$   |
| Other cash & investments available   | \$   |
| <b>Fundraising</b>   |      |
| Indicate dates of fund raising campaign:   |      |
| Total number of members making pledges:  |      |
| Total amount pledged to date:  | \$   |
| Total amount of pledges received to date:  | \$   |
| Term over which pledges will be received:  | mths |
|  |      |
| Has the organization been involved in a project fundraiser previously? (if so, please provide details such as the questions noted above).    |      |
|  |      |
| <b>IF NEW CONSTRUCTION IS INVOLVED, PLEASE ANSWER THE FOLLOWING:</b>   |      |
| Will the construction be at the present location or a new location?<br>(If at new location, what is the distance from the current location?) |      |
| Please describe the project:   |      |
|  |      |
| Complete address of new project:   |      |
|  |      |
| <b>Please provide a copy of construction proposal / contract with the general contractor of the project.</b>                                 |      |

All loan requests from a religious organization require the following financial information:

- A minimum of three years of financial statements.
- A minimum of three years of Church tax returns, if filed.
- Interim year-to-date financial statements (if year-end numbers older than five months).
- A copy of the current year's budget.
- Articles of Incorporation / By-Laws.
- Minutes of Trustee Board meetings discussing repairs to be completed and authorizing approval of repairs or construction, if applicable.
- Copy of cost estimate (Construction Proposal / Contractor Contract if available).



Federally Insured by NCUA