

MEMBER BUSINESS LOAN APPLICATION

For Credit Union use only	Principal	Loan Date	Maturity	Loan No.	Member No.	Credit Union	Amount	CU Officer	Initials

FOR APPROVALS ONLY

Applicant Information
Name _____
St. Address _____
City _____ State _____ Zip Code _____
Mail. Address _____
City _____ State _____ Zip Code _____
Federal Tax No. TIN/SSN _____
Applicant's Phone Number _____



5815 IH 10 West
San Antonio, Texas 78201
San Antonio: 210-525-0100
Dallas: 214-740-0025
www.baptistcu.org

APPLICANT PROPOSED CREDIT FACILITY:

Proposed Loan Terms	
Loan Amount: _____	Interest Rate: <input type="checkbox"/> Fixed
Loan Term in Months or Years: _____	<input type="checkbox"/> Variable
	<input type="checkbox"/> No Preference
BUSINESS PURPOSE OF LOAN:	
Type of Collateral	
Titled <input type="checkbox"/> Automobile <input type="checkbox"/> Van <input type="checkbox"/> Short-Haul Truck <input type="checkbox"/> Long-Haul Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Aircraft <input type="checkbox"/> Other, please specify _____	Possessory <input type="checkbox"/> Share Savings / CDs <input type="checkbox"/> Stocks and/or Bond <input type="checkbox"/> Notes/Instruments/Chattel Paper <input type="checkbox"/> Warehouse Receipts/Bills of Lading <input type="checkbox"/> Letters of Credit <input type="checkbox"/> Life Insurance <input type="checkbox"/> Other pledged collateral _____
UCC Collateral <input type="checkbox"/> Wraparound UCC filing on all business assets <input type="checkbox"/> Account Receivable <input type="checkbox"/> Inventory <input type="checkbox"/> Chattel Paper <input type="checkbox"/> Equipment <input type="checkbox"/> General Intangibles <input type="checkbox"/> Fixtures <input type="checkbox"/> Crops <input type="checkbox"/> Farm Products <input type="checkbox"/> Livestock <input type="checkbox"/> Farm Equipment <input type="checkbox"/> Other UCC Collateral _____	Real Estate <input type="checkbox"/> Commercial – Owner Occupied <input type="checkbox"/> Commercial – Non-Owner Occupied <input type="checkbox"/> Income Property – Comm. <input type="checkbox"/> Income Property – Retail <input type="checkbox"/> Income Property – Residential <input type="checkbox"/> Primary Residence <input type="checkbox"/> Vacation Home <input type="checkbox"/> Condominium <input type="checkbox"/> Other Real Estate: _____
Other collateral or description: _____	
Payment Type	
<input type="checkbox"/> Installment Payments <input type="checkbox"/> Single Payment <input type="checkbox"/> Interest Only with a Balloon Payment <input type="checkbox"/> Installment Payments with a Balloon Payment	<input type="checkbox"/> Seasonal Payments <input type="checkbox"/> Step-Up Payments (Smaller to Larger) <input type="checkbox"/> Step-Down Payments (Larger to Smaller) <input type="checkbox"/> Non-Revolving Line of Credit
<input type="checkbox"/> Revolving Line of Credit <input type="checkbox"/> Other, please specify: _____	
PROPOSED REPAYMENT SCHEDULE:	

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INFORMATION REGARDING YOUR BUSINESS

DESCRIPTION OF BUSINESS:	
TYPE OF ORGANIZATION: <input type="checkbox"/> Professional Corporation <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Profit C-Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Profit S-Corporation <input type="checkbox"/> Professional Limited Liability Company <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other, please specify: _____ <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Individual	
Official Legal Name:	
DBA Name (if any):	
STATE OF ORGANIZATION:	QUALIFIED TO DO BUSINESS IN THE FOLLOWING STATES:
IF TYPE OF ORGANIZATION IS AN INDIVIDUAL, A SOLE PROPRIETORSHIP, OR A TRUST, NAME(S) AND ADDRESS(ES) OF OWNER(S) PRIMARY RESIDENCE(S):	
Please attach copies of: <ul style="list-style-type: none"> <input type="checkbox"/> For Corporations, Articles of Incorporation, for a Limited Liability Corporation, the equivalent certificate, or for a Partnership, a Certificate of Partnership if the partnership is registered in any state (if applicable). <input type="checkbox"/> Limited Liability Corporation's Operating Agreement (if applicable). <input type="checkbox"/> Partnership Agreement (if applicable). <input type="checkbox"/> For churches, include Constitution and Bylaws 	
TRADE STYLES OR OTHER NAMES UNDER WHICH WE DO OR HAVE DONE BUSINESS:	
REGISTERED ASSUMED BUSINESS NAME FILINGS (Furnish copies of the assumed business name filings or certificates for each name, along with proof of publications, if applicable.)	
Principal Place of Business: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify: _____	
Location of Accounting Books and Financial Records: <input type="checkbox"/> Same as applicant street address <input type="checkbox"/> Different address, please specify: _____	

PROPOSED GUARANTOR(S) (Specify Relationship to Applicant):

Guarantor(s)	Address	Relationship
1.		
2.		
3.		
4.		

GUARANTOR(S) FINANCIAL INFORMATION ATTACHED:

Attached	Not Attached	Please attach copies of:	Date(s) or Period(s) Ending
<input type="checkbox"/>	<input type="checkbox"/>	Individual Financial Statement(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Federal Tax Return(s)	
<input type="checkbox"/>	<input type="checkbox"/>	Share Account Statement(s)	

MEMBER BUSINESS LOAN APPLICATION

APPLICANT SIGNATURES AND IMPORTANT DISCLOSURES:

I (we) hereby affirm that the foregoing information contained in this member business loan application is presented for the purpose of obtaining credit as of the date indicated and is true, complete and correct. I understand Credit Union is relying on this application in making loan(s) to me. Credit Union or its designee is authorized to make any investigation of the credit of the applicant(s), business owner(s) and/or guarantor(s) either directly or through any agency employed by Credit Union for that purpose now and in the future. Credit Union may disclose to any other interested parties Credit Union's member business loan application whether or not credit is granted.

Applicant's Name: _____

Signature: _____

Title/Position: _____

Date: _____(MM/DD/YYYY)

Applicant's Name: _____

Signature: _____

Title/Position: _____

Date: _____(MM/DD/YYYY)

Applicant's Name: _____

Signature: _____

Title/Position: _____

Date: _____(MM/DD/YYYY)

Applicant's Name: _____

Signature: _____

Title/Position: _____

Date: _____(MM/DD/YYYY)

GENERAL INFORMATION

Name of religious institution: _____

Exact legal title of organization: _____

Physical Address: _____

Mailing Address: (same as physical address) _____

Years at location: _____ Years established: _____ Tax ID#: _____

Member of denominational body? Yes No Denomination: _____

If yes, how much does the Religious Institution contribute to the denomination annually (and/or vice versa): _____

Incorporated? Yes No Date of incorporation: _____

Name and address of higher authority having general jurisdiction: _____

LOAN AND PROJECT INFORMATION

Loan amount requested: _____ Desired monthly payment: _____

Purpose for the loan: Build/Construction Purchase Refinance Remodel

Name and address of architect/firm: _____

If known, name and address of the builder/contractor: _____

Has the organization applied for financing elsewhere? Yes No If yes, where? _____**CLERGY AND LEADERSHIP INFORMATION**

Name of Senior Pastor: _____ Tenure: _____

Length of time ordained (if applicable): _____ Phone Number: _____

Address: _____

Email Address: _____

Does your organization use rotation systems of tenure of office of religious officers? Yes No

Term of service of principal organizational officials: _____

Names of those authorized to execute loan documents on behalf of the religious organization:

Name: _____ Position/Years: _____ / _____

Address: _____

Name: _____ Position/Years: _____ / _____

Address: _____

Name: _____ Position/Years: _____ / _____

Address: _____

Name: _____ Position/Years: _____ / _____

Address: _____

CHURCH AND MEMBERSHIP HISTORY

What is the seating capacity of your facility? _____

How many worship services are held and when? _____

When was the last date your membership rolls were purged? _____

Total of current active membership: _____ Number of families represented: _____

Breakdown of current membership:

0 years – 17 years: _____

18 years – 29 years: _____

30 years – 39 years: _____

40 years – 49 years: _____

50 years – 59 years: _____

60 years – 69 years: _____

Over 70 years: _____

Total: _____

*(Note: if your organization has a breakdown in alternate age grouping, please use that grouping instead.)

Provide the requested information for the last three complete years and YTD info.

Fiscal Year-Ended	20__	20__	20__	20__ YTD
# of members				
# of giving units				
Average worship service attendance				
Average Sunday School attendance (if any)				

*A giving unit is any individual or family (e.g., members of the same household = 1 giving unit) that gives at least \$100 annually to the Religious Institution.

Does any one giving unit donate more than 10% of total offerings? * Yes No

If yes, attach details for each unit on a separate page: amount donated per year, years of membership, length of time giving more than 10% of total offerings.

How many donors contribute more than 10% of the annual operating revenue of the organization? _____

Attach details for each unit on a separate page: amount donated per year, years of membership, length of time giving more than 10% of the annual operating revenue.

FINANCIAL INFORMATION Please attach the following documentation:

- Balance Sheet (most recent end of year)
- Financial Report (also known as Treasurer’s Report or Income & Expense Report for the past 3 years and year-to-date)
- Bank Statements (from **all** banking institutions, checking and savings accounts, for the past 3 years and year-to-date)
- Budget (current year’s operating budget, if available)
- List of top 25 or 20% tithers
- For new construction, a copy of the architect’s and contractor’s contract (if available)

Itemized discretionary /one-time expenses within the last 4 years

Expense	Amount	Year

OTHER BANKS AND LENDERS

Please provide information concerning the names and locations of the various financial institution with which you do business giving the types of accounts (*loans, deposits, and savings*), present balance and terms of the account and if the account is a loan, give the type of security.

Name of Institution	Account Type	Terms - if the account is a loan	Security - if the account is a loan
*Primary			

Addendum submitted by: _____ Title/Position: _____

Date: _____

ADDITIONAL INFORMATION REQUESTED (but not limited to) FOR PHASE 2 OF BCU's LOAN PROCESS:

1. BCU Membership application (\$25 check to open share acct- must be signed by authorized officer(s) per church's bylaws.
2. BCU Commercial Loan Application
3. Resume/history of head clergy person
4. Brief history of the organization
5. Most recent church bylaws and constitution
6. A letter from the church's secretary stating the following
 - Most recent office election and list of current church officers
 - When the church held a special business meeting to approve obtaining a loan and for what purpose (construction or purchase)
 - Amount of the loan requested
 - Who is authorized to apply for and sign loan documents?
 - When the church congregation approved the opening of a Share Account at BCU
7. Recent property appraisal and property survey (if available)

Date Addendum was received on: _____