



United Methodist Agency Loan Application

Please answer all questions and fill in all blanks

Name of Borrower: _____

Address: _____

Loan Contact Person: _____

Phone _____ Email _____

NAICS and/or SIC Code _____

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1. **Describe Methodist Affiliation** – i.e., relationship falls under United Methodist Conference of New England, United Methodist Board of Global Ministries or other (please describe)

2. **Loan Amount:** _____

3. **Loan Type:** New Term Loan _____ Refinance _____ Construction _____

4. **If Refinance:** Name, address, and contact person for current lending institution

5. **Reason for Refinance:** _____

6. **Collateral:** real estate unrestricted investments held at the United Methodist Foundation of the Northeast

7. **When do you need a loan commitment and when does the loan need to close?**

8. **The following is a list of items needed to complete the initial application:**

- a. Three years of audited financial statements,
- b. If there is a “parent” company, please provide three years of audited consolidated statements,
- c. Year-to-Date financial statements,
- d. Aged list of payables and receivables,
- e. Names, titles, and length of employment of senior management staff,
- f. Names, titles, professional backgrounds, and length of service of board members,
- g. List of needed Federal or State certifications or licenses and copies of each,
- h. Corporate Certificate of Good Standing from the Secretary of State,
- i. Corporate Resolution providing the appropriate corporate officer to apply for a loan from the United Methodist Foundation of the Northeast.

Once the loan application has been completed and support material has been provided, an Initial Loan Letter will be sent to the Borrower that will outline the proposed loan structure and request any additional needed material. Said letter will be signed and returned with one half of the Loan Fee.

Note: A loan of more than \$500,000 which involves real estate as collateral may require an MAI Appraisal on the real estate to be used as collateral.

Signed: _____ Name: _____

Date: _____ Title: _____

Return application to: United Methodist Foundation of the Northeast

42 Route 111, Suite 200, Derry NH 03038

Received by UMFNE Office: