



**REVOLVING FUND TRUST
LOAN APPLICATION**

8450 M 139 PO Box 287 Berrien Springs, MI 49103
Ph. 269-473-8200 Fax: 269-471-7920
lurf@lakeunion.org

1. General Information

Date: _____

Sponsoring Conference: Illinois Indiana Lake Region Michigan Wisconsin

Borrowing Organization: _____

Contact Person: _____ Church Role: _____

Phone: _____ Email: _____

Organization Mailing Address: _____

City: _____ State: _____ Zip: _____

Organization's Email Address: _____ Phone: _____

Person to Receive Monthly Statements: _____

Address (If different from above): _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

2. Project Information

Project Type: Purchase Construction Renovation Repairs Major Equipment

Project Description: _____

Estimated Project Cost: \$ _____ Construction Start Date: _____ End Date: _____

Address of Property Being Purchased (If applicable): _____

3. Loan Information

Requested Amount: \$ _____ Requested Term: _____

Is the land fully paid? Yes No If No: Balance Owed: \$ _____

Outstanding LURF Loans? Yes No If Yes: Account Number: _____ Balance Owed: \$ _____

Other Outstanding Loans? Yes No If Yes: Source: _____ Balance Owed: \$ _____

Legal Description/Warranty Deed Attached PIN (Parcel Identification Number): _____

4. Financial Position

Year to date:

Total Membership/Enrollment: _____ Tithe: _____

Previous 3 Years:

Year: 20____ Tithe: _____ Income: _____ Expenses: _____

Year: 20____ Tithe: _____ Income: _____ Expenses: _____

Year: 20____ Tithe: _____ Income: _____ Expenses: _____

5. Plan of Finance

Estimated Project Costs: **

Source of Funds:

Land to be Purchased: \$ _____

Land Value: \$ _____

Architectural Fees: \$ _____

Cash on hand for project: \$ _____

Construction Costs: \$ _____

Conference Appropriation: \$ _____

Furniture & Equip. Costs: \$ _____

Other Appropriation: \$ _____

Building Purchase Costs: \$ _____

Subtotal: \$ _____

Remodeling Costs: \$ _____

LURF Loan Amount: \$ _____

Landscaping/Parking: \$ _____

Bona Fide Pledges: \$ _____

Other: \$ _____

Additional Funding: \$ _____

Total Estimated Costs: \$ _____

Total Funds Available: \$ _____

**Must be equal or less than the total funds available

300% of the Previous Year's _____ : \$ _____

6. Signatures

Church/School Officials Signatures

Pastor's Signature: _____ Print Name: _____

Treasurer's Signature: _____ Print Name: _____

Head Elder's Signature: _____ Print Name: _____

Church Clerk's Signature: _____ Print Name: _____

Conference Guarantor

Signature: _____ Print Name: _____
Conference Treasurer

Date: _____ Date of Committee Action: _____

Amount Authorized: \$ _____ Within LURF Policy? Yes No

Lake Union Conference

LURF Committee: Approved Denied Date: _____

Association Board: Approved Denied Date: _____

Signature: _____ Print Name: _____
LURF Treasurer