



LOAN APPLICATION
Southern Union Revolving Fund, Inc.
P.O. Box 849, Decatur, GA 30031
404-299-1832

1. General Information

Sponsoring Conference: _____ Date: _____
 Borrowing Organization: _____
 ANT # _____ E-Adventist.org Name: _____ Website: _____
 Church Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Church's Email Address: _____ Phone: _____
 Person Receiving Statements: _____
 Address: (if different from above) _____
 City: _____ State: _____ Zip: _____
 Email Address: _____ Phone: _____

2. Project Information

Project Type: Purchase Construction Renovation Third Party Pay Off
 Project Description: _____
 Estimated Project Cost: \$ _____ Construction Start Date: _____ End Date: _____

3. Loan Information

Requested Amount: \$ _____ Term: _____ * Value of Property _____
 Terms as follows:
 *New purchases or new construction-maximum 240 months/20 years
 *Renovations-maximum 180 months/15 years

Is the land fully paid? Yes No Balance Owed: \$ _____
 Outstanding SURF Loans? Yes No Sub Account # _____ Balance Owed: \$ _____
 Other Outstanding Loans? Yes No Balance of Loans: \$ _____
 Prior 3 Year Tithe Average: \$ _____ Total Membership: _____

Church/School Officials Signatures

 Pastor/Principal

 Treasurer

 Head Elder/School Board Chair

 Church Clerk
 (church loans only)

4. Plan of Finance

| <u>Source of Funds:</u> | | <u>Estimated Project Costs:**</u> | |
|-----------------------------------------------|-------|--------------------------------------------------------------|-------|
| (+)Land Value: | _____ | Land to be Purchased | _____ |
| (-)Balance Owed: | _____ | Architectural Fees | _____ |
| (=) Equity (subtotal): | _____ | Construction Costs | _____ |
| Cash on hand for project: | _____ | Equipment Costs | _____ |
| Conference Appropriation | _____ | Bldg. Purchase Costs | _____ |
| Subtotal | _____ | | |
| SURF Loan* | _____ | | |
| Other | _____ | | |
| Total Funds Available | _____ | Total Estimated Costs | _____ |
| *Cannot be greater than 65% of project | | **Must be less than or equal to total funds available | |

Conference Guarantor

Signature _____
(Conference Treasurer)

Print Name _____

Date of Committee Action: _____

Within NAD Working Policy? Yes No

Amount Authorized: \$ _____

SURF Committee: Approved Denied

Date: _____ Action # _____

Signature _____
SURF Treasurer

Print Name _____