



Larger Life Foundation

MORAVIAN CHURCH NORTHERN PROVINCE

Date of Application: _____

Loan Application

① Congregational Information:

Name

Mailing Address

City, State, Zip

Phone Number Fax Number

Email Address (if applicable)

② Contact Person:

Name

Mailing Address

City, State, Zip

Daytime Phone Number Fax Number

Email Address (if applicable)

③ Loan Purpose – Capital Project:

The Purpose of the Loan is: (please check all that apply and give a brief description on page 2)

- Building Project
- Accessibility
- Renovation / Repairs
- Land or Building Purchase
- Other _____

④ Information to be submitted with application:

- Income Statements for past 3 years
- Most current budget, current month and year-to-date income statements, current capital fund appeal report
- Copies of Estimates, as applicable
- Any information that would assist in understanding your ministry and its ability to repay the loan in a mission-minded way
- **Per MCNP Book of Order, congregations must have District and Provincial written approval to apply for a capital loan**

⑤ Total Project Cost:

Funded By:

A. Cash on hand for the project _____

B. Pledges (future) _____

C. Loan Application Larger Life Foundation _____

D. Other Loans (describe below) _____

E. Other (describe below) _____

Total (A through E) _____

⑥ Construction Schedule (if applicable):

Estimated Starting Date _____

Estimated Completion Date _____

⑦ Requested Larger Life Foundation Loan:

Requested loan amount _____

Length of Amortization _____
(maximum is 20 years)

Current Indebtedness _____

(Please complete back side of loan application.)

⑧ The Congregation, through charitable gifts, must generate 25% of the total project cost, regardless of the amount. Other loans do not apply to meeting the local participation requirement.

***Please note that the interest rate is set at the time a final (not prequalifying) application is approved. All rates and terms are subject to change without notice.*

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|--|---|-------------------------------------|----------------------|--|--|--|----------------------|---|--|
| <p>Please send this completed loan application to:</p> <p>Larger Life Foundation Tammy Curcio, Treasurer 1021 Center Street Bethlehem PA 18018-2838 800-732-0591 / 610-867-7566 x17 LLF@mcnp.org</p> | <p>⑨ <u>Certification</u>: We certify that all information is true and accurate. Further, we certify that all information sent with this application is a true representation of the ministry and to the best of our knowledge is accurate.</p> <table><tr><td data-bbox="519 546 1153 598">_____ <i>Signature of Pastor</i></td><td data-bbox="1153 546 1555 598">_____ <i>Date</i></td></tr><tr><td data-bbox="519 630 1153 682">_____ <i>Printed Name of Pastor</i></td><td></td></tr><tr><td data-bbox="519 703 1153 756">_____ <i>Signature of Trustee President</i></td><td data-bbox="1153 703 1555 756">_____ <i>Date</i></td></tr><tr><td data-bbox="519 777 1153 825">_____ <i>Printed Name of Trustee President</i></td><td></td></tr></table> | _____ <i>Signature of Pastor</i> | _____ <i>Date</i> | _____ <i>Printed Name of Pastor</i> | | _____ <i>Signature of Trustee President</i> | _____ <i>Date</i> | _____ <i>Printed Name of Trustee President</i> | |
| _____ <i>Signature of Pastor</i> | _____ <i>Date</i> | | | | | | | | |
| _____ <i>Printed Name of Pastor</i> | | | | | | | | | |
| _____ <i>Signature of Trustee President</i> | _____ <i>Date</i> | | | | | | | | |
| _____ <i>Printed Name of Trustee President</i> | | | | | | | | | |