



RECYCLED RICHES LOAN APPLICATION

Complete, print, sign and return to:
The Christian Restoration Association
7133 Central Parke Blvd
Mason, OH 45040
513,229,8000

Questions? Send email to thecra@thecra.org

GENERAL INFORMATION

NAME OF CHURCH _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

AGE OF THE CONGREGATION _____ Amount of Money Needed _____

Intended use of money (land purchase, new building, additions, etc.)

How did you learn of this ministry of The Christian Restoration Association?

LEADERSHIP

ELDERS (Names, addresses, and length of time in service as Elder.)*

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

LENGTH OF SERVICE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

LENGTH OF SERVICE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

LENGTH OF SERVICE _____



NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
LENGTH OF SERVICE _____

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
LENGTH OF SERVICE _____

LEAD MINISTER/PREACHER

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____ PHONE _____
DATE OF HIRE _____
PLACE(S) HE PREVIOUSLY SERVED

COLLEGE(S) ATTENDED



OTHER STAFF (Name, Job Title, and Date of Hire)*

NAME _____

JOB TITLE/DESCRIPTION _____

DATE OF HIRE _____

NAME _____

JOB TITLE/DESCRIPTION _____

DATE OF HIRE _____

NAME _____

JOB TITLE/DESCRIPTION _____

DATE OF HIRE _____

NAME _____

JOB TITLE/DESCRIPTION _____

DATE OF HIRE _____

NAME _____

JOB TITLE/DESCRIPTION _____

DATE OF HIRE _____

*If more space is needed, please attach on a separate piece of paper.



CONGREGATIONAL BELIEFS

Briefly give what your understanding is of the plan of salvation.

Please include copies of any materials that you use in letting the community know about the church and what you believe.



PROPERTY/FINANCIAL DATA

In whose name is the church property? _____

Do you have a dissolution clause in your by-laws? _____

What is the preacher's salary? _____

Do you have him in a retirement program? _____ Do you have a health plan for him? _____

What is the total annual income? _____

What is the total annual expenses (not including mortgage or loans)? _____

What is the current outstanding long-term debt obligation total (mortgage or other loans)? _____

If greater than zero, to whom is this debt owed? _____

STATISTICAL DATA

Number of families in the church _____ Number of individual members _____

Please attach an attendance history for the last 6 months for Morning worship, Bible School, evening service and mid-week service.

REFERENCES (Please provide three.)

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

SIGNED _____

DATED _____

