



Mission Partner Credit Application

Contact Information

Organization Name:		Tax ID:		
Contact Name:		Title:		
Contact Phone:		Business Phone:		
Street Address:		City:	State:	Zip:
Contact Email Address:				

Organization Information

Type of Ministry:		Years in Operation:	Legal Entity Type: <input type="checkbox"/> Nonprofit <input type="checkbox"/> 501C3 <input type="checkbox"/> 501C4 <input type="checkbox"/> 501C6 <input type="checkbox"/> Other
Number of Employees:	CEO/Executive Director:		

Landlord History & References

Please list all existing residential properties that are currently leased or have been leased in the last three years. Attach an additional page if current property count exceeds three.

Address	First Rental Date / Lease Termination	Current Rent Terms	Any Missed / Late Payments? If so, why?	Landlord & Contact
Property #1:				
Property #2:				

Property #3:				
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Other Notes. *For example, are any sources of capital (grants/donations/etc.) tied to specific properties or if you have donors/supporters that are also landlords. Use this space to provide any additional information that would be relevant to help us understand the current property situation.*

Other References (Include One Bank Reference)

Organization Name:	Organization Name:	Bank Name:
Contact Name:	Contact Name:	Contact Name:
Street Address:	Street Address:	Street Address:
Contact Phone:	Contact Phone:	Contact Phone:
Relationship with Organization:	Relationship with Organization:	Relationship with Organization:

Financial Information

Annual Budget:	Total Assets:	Total Liabilities:
Revenue Sources (approximate): Individual donors: _____% Foundations: _____% Government grants: _____% Earned Revenue: _____% Other: _____%	Is your organization subject to any litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, please explain on a separate page.)	

Note: Please provide as current balance sheet as possible as well as 990 tax returns and complete financial statements for the past three years.

Terms & Authorization

By signing this form, I consent to a credit report request by the creditor.

Applicant's Full Name:	Applicant's Signature:	Date:
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