

**Eastern Mennonite Missions**

**Investment Fund**

**Application for organizations**

Please complete and return this form for review by the Investment Committee. If you need more space for your responses, please add exhibits or use the back of this form. It is important to include a cover letter including the location, size, use, and estimated cost of the renovations or new structure. **Also tell us the number of persons served by your organization, the timing of the project and when you anticipate needing funds. Completed applications received by the first of January, April, July, and October will be included in the agenda for consideration in our quarterly meetings.**

Mail this form, financials, and your cover letter to:

EMM Finance Office  
PO Box 8617  
Lancaster, PA 17604-8617

**Contact information:**

Trisha Good  
Phone: 717 898-2251 ext. 248  
Fax: 717 898-8092  
Email: trisha.good@emm.org

Steve Martin  
Phone: 717 898-2251 ext. 211  
Fax: 717 898-8092  
Email: steve.martin@emm.org

Church organization: \_\_\_\_\_ President/CEO: \_\_\_\_\_

Address: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

\_\_\_\_\_ Treasurer/CFO: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Email/Phone: \_\_\_\_\_

Tax ID number: \_\_\_\_\_

Contact name, phone, and email: \_\_\_\_\_

Conference/district affiliation of your organization: \_\_\_\_\_

How did you learn about the EMM Investment Fund? \_\_\_\_\_

Location of property to be financed if not as above: \_\_\_\_\_

Value of property: Appraisal \_\_\_\_\_ Cost: \_\_\_\_\_ Current balances: \_\_\_\_\_

Organization annual income: \_\_\_\_\_ Loan amount requested: \_\_\_\_\_

Organization annual expense: \_\_\_\_\_ Current fund balances: \_\_\_\_\_

Purpose of this loan \_\_\_\_\_

Repayment plans:     10 years     15 years     20 years     Other: \_\_\_\_\_  
(less than 20 years)

**Tell us about any other loans or obligations that your organization currently has:**

Lender name \_\_\_\_\_

Original amount      Date begun      Maturing      Monthly payment      Interest rate      Current balance

\_\_\_\_\_

Lender name \_\_\_\_\_

Original amount      Date begun      Maturing      Monthly payment      Interest rate      Current balance

\_\_\_\_\_

Lender name \_\_\_\_\_

Original amount      Date begun      Maturing      Monthly payment      Interest rate      Current balance

\_\_\_\_\_

**Please give us two references to contact:**

One bank with address and phone number:

\_\_\_\_\_  
 \_\_\_\_\_

One other business with address and phone number:

\_\_\_\_\_  
 \_\_\_\_\_

**Please give us your income and expense summary for the last two years.**

Last two years commercial audit financials attached     Yes     No

(If no, please attach financial statements including balance sheet — what you own and what you owe — as well as an income and expense statement for the last two years.)

	Income				Expenses		
	Operating income	Other income	Building fund	Total income	Operating and other expenses	Capital expenses	Total expenses
2017							
2018							
2019							
2020							
2021							



*everyone moving in mission*

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 PO Box 8617  
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 717 898-2251 • EMM.ORG