

THE DIOCESE OF MANCHESTER **CENTRAL FUND TRUST**

APPLICATION FOR DEPOSITOR FUND LOAN

According to the *Bylaws of the Diocese of Manchester Central Fund Trust*, under Section 4. Loans
"4.3 A loan application shall be completed by Participants applying for loans in excess of a pre-established
threshold."

**A cover letter and this Application for Depositor Fund Loan are to be sent to the Bishop of Manchester,
Trustee of the Diocese of Manchester Central Fund Trust.**

*The cover letter requesting a loan must include the loan amount, time frame, reason, and other
compelling information not included in the application, and it must be signed by appropriate parties
(pastor or school leader and superintendent). The application must also be completed and signed
appropriately.*

Participant/Organization Information:

Organization Name: _____ City/Town: _____

Amount, Purpose and Term:

Amount Requested: \$ _____

Reason for Loan Request:

Requested Term of Loan: _____ years

Note on Terms: Operational Loans are not to exceed 5 years and Capital Loans are not to exceed 20 years. Terms beyond 20 years are granted in only the most extreme of dire financial circumstances.

Payback Plan:

Please provide how the participant will be able to afford the principal and interest payments.

Required Signatures:

Pastor/Administrator*/School Pastor** Signature

Printed Name and Date

Superintendent of Schools Signature

Printed Name and Date

Finance Council Chair Signature

Printed Name and Date

* Vicar of Finance (must co-sign) Signature

Printed Name and Date

** School Leader (must co-sign) Signature

Printed Name and Date

This section to be completed by the Finance Office.

Existing Loans (Please Use Another Sheet if More than 3 Loans):

Outstanding Loan: _____ Remaining Years: _____

Outstanding Loan: _____ Remaining Years: _____

Outstanding Loan: _____ Remaining Years: _____

Ordinary Net Income for Past 3 years:

Fiscal Year End: _____ Net Income: Surplus (Deficit): _____

Fiscal Year End: _____ Net Income: Surplus (Deficit): _____

Fiscal Year End: _____ Net Income: Surplus (Deficit): _____

Unrestricted Cash Assets:

Name of Account: _____ Account Balance: _____

Name of Account: _____ Account Balance: _____

Name of Account: _____ Account Balance: _____