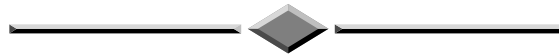


**Diocese of Nova Scotia**



**Prince Edward Island**

**Church Extension and Ministry Development Fund**



# **APPLICATION FOR FUNDING FOR MORTGAGES & LOANS**

All applications should be forwarded to:

**Mortgage Loan & Property Task Group**  
Diocesan Synod of NS & PEI  
1340 Cathedral Lane  
Halifax, N.S. B3H 2Z1

PARISH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_

PROJECT DESCRIPTION:

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

PROJECT START DATE: \_\_\_\_\_

PROJECT CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

ESTIMATED PROJECT COST: \$ \_\_\_\_\_

AMOUNT OF LOAN REQUESTED: \$ \_\_\_\_\_

MONTHLY PAYMENT REQUESTED: \$ \_\_\_\_\_

HOW WILL THE LOAN BE REPAYED:

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

ANY CURRENT LOANS: YES / NO

AMOUNT BORROWED: \$\_\_\_\_\_

AMOUNT OWING: \_\_\_\_\_

LENDING BODY: \_\_\_\_\_

DOES YOUR PARISH RECEIVE A DIOCESAN GRANT? YES / NO

WHAT AMOUNT IF "YES" TO THE ABOVE QUESTION: \$\_\_\_\_\_

WAS YOUR ALLOTMENT PAID IN FULL LAST YEAR: YES / NO

IS THERE OUTSTANDING ALLOTMENT FROM PREVIOUS YEARS:  
YES / NO

IF SO, WHICH YEARS AND WHAT AMOUNTS:

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What is the status of this year's allotment? \_\_\_\_\_

ANY ADDITIONAL INFORMATION THAT WILL AID THE COMMITTEE  
IN THEIR DELIBERATIONS:

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**PLEASE INCLUDE THE FOLLOWING MATERIAL**

	Enclosed
1. Copy of the Resolution passed by Parish Council to approve Project and to request this loan	
2. Bishop's Letter of Permission (See Canons 37 &38) for this project.	
3. Copy of last year's audited Parish Financial Statements.	
4. Copy of this year's Parish Budget and any other Church Budget if it relates to this project.	
5. Copy of plans or blueprints if applicable.	
6. Copy of all tenders and/or price quotes for this project. (At least two quotes should be obtained for this project.)	
7. Statement or copy of any Municipal Permits or Approvals required	
8. Copy of the plot plan and deed description if applicable.	

The more information you supply in support of your Project the easier it will be for the Committee to make good decision.

**SIGNATURES:**

Warden: \_\_\_\_\_

Warden: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Secretary: \_\_\_\_\_

Rector: \_\_\_\_\_

Date: \_\_\_\_\_

Name, Address, E-Mail & Telephone Numbers of Officers:

<b>Name/Address/E-Mail:</b>	<b>Phone Number Home/Office</b>
Warden:	
Warden:	
Treasurer:	
Secretary:	
Rector:	