ALPHA 2 OMEGA CHURCH LOANS

First Contact Summary

5060 Sunrise Boulevard, Suite A-3
Fair Oaks, California 95628
(916) 735-2500 / Fax (916) 844-0017
Toll-Free (800) 215-3484

Name of Church: _____

Mailing Address: _____

Physical Location: _____

Contact Person: _____ **Ph:** (____) _____-_____ **Fax:** (____) _____-_____

Type of Financing Desired: ❑ Interim ❑ Permanent ❑ Refinance ❑ New Construction ❑ Renovation ❑ Purchase

Financing Terms Desired: ❑ 15 year fully amortized ❑ 20 year fully amortized ❑ Adjustable Rate ❑ Fixed Rate

Loan Amount: $_____

Purpose of Loan: ❑ Purchase Money ❑ Refinance ❑ New Construction ❑ Renovation

Collateral (1ST lien only): _____

Full Narrative Appraisal: ❑ Yes ❑ No ❑ Pending
If Yes, appraised value $_____ as of ____/____/____

Appraiser: _____
Phone: (_____) _____

If No, must provide qualified third-party estimate or seasoned appraisal.

	YTD '05	2004	2003	2002
Annual Gross Income:	$_____	$_____	$_____	$_____
Operating Expenses:	$_____	$_____	$_____	$_____
Net Income:	$_____	$_____	$_____	$_____

Existing Long Term Debt: $_____

	YTD '05	2004	2003	2002
Average Sunday Morning Attendance:	_____	_____	_____	_____

Important Ratios:

➔ LTV not to exceed 70% _____%
(Gross Loan Amount/Appraised Value) = LTV

➔ Maximum loan amount equivalent to 3.5 times annual gross income _____ times
(3.5 x Annual Gross Income) = Maximum loan

➔ Debt per Attendee should not exceed $ 3,000.00 $_____
(Total Debt/Average Sunday AM Attendance) = DPA