



RELIGIOUS ORGANIZATION QUESTIONNAIRE

LEGAL NAME OF ORGANIZATION: _____

YEAR ESTABLISHED: _____ ACTIVE MEMBERS: _____

FULL TIME EMPLOYEES: _____ OFFICE HOURS: _____

AMOUNT OF WEEKLY COLLECTIONS: _____

EXPECTED 2014 EARNINGS: _____

NATIONAL AFFILIATION: _____

BUSINESS STRUCTURE ~ GOVERNING BODY? (Deacon, Elders, Bishops etc.)

WHO MAKES THE FINAL BUSINESS/FINANCIAL DECISIONS?

DO YOU HAVE A MORTGAGE? _____ IF YES, MORTGAGE HOLDER?

ARE THERE ANY AFFILIATED BUSINESSES OPERATED FROM YOUR LOCATION?

IF SO, WHAT ARE THEIR DUTIES? _____

ARE YOU INCORPORATED? _____ WHAT STATE? _____

***Please enclose a Corporate Board of Resolution or signed Minutes from a Board of Directors Meeting acknowledging the elected authorized signor.**

By: _____ Title: _____ Date: _____