

**NJ SYNOD ELCA
MORTGAGE CAPITAL MATCH GRANT APPLICATION**

CHURCH NAME: _____

CHURCH ADDRESS: _____

EMAIL: _____

PHONE: _____

The NJ Synod matching capital grant program may provide a matching capital grant money of up to \$2 for every \$1 of new capital monies raised by a congregation. Capital amounts will be matched after the congregation raised capital is paid to the mortgage lender and proof of such payment is submitted. Matching payments will be made to the congregation for their payment to the mortgage company.

CURRENT OUTSTANDING MORTGAGE BALANCE: _____

DATE OF CURRENT BALANCE: _____

NAME OF MORTGAGE LENDER: _____

MORTGAGE ACCOUNT NUMBER: _____

WILL YOUR MORTGAGE LENDER RE-AMORTIZE YOUR LOAN IF ADDITIONAL CAPITAL IS PAID? Y / N

DATE THE CONGREGATION APPROVED A CAPITAL CAMPAIGN: _____

TARGET AMOUNT OF CAPITAL TO BE RAISED: _____

TIME PERIOD FOR CAPITAL CAMPAIGN (12 MONTHS IS SUGGESTED): _____

Please attach a copy of the minutes from the congregational meeting approving the capital campaign and the council minutes approving the grant application.

If you have a current, on-going capital campaign:

- **When did it commence?** _____

- **What is the forecasted end date?** _____

- **How many dollars have already been collected?** _____

- **What is the total capital goal of the current plan?** _____

HOW MUCH MONEY WILL BE SAVED IN INTEREST AND WHAT MINISTRIES WILL THE CONGREGATION FUND WITH THE YEARLY MONIES PREVIOUSLY FUNDING THE MORTGAGE?

SIGNATURE COUNCIL PRESIDENT: _____

DATE: _____

SIGNATURE PASTOR: _____

DATE: _____