

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

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Owner's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_



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Community Futures  
Loan Application

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2013

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## Business Information

List the name(s) and percentage of shares of all principle owner(s) of the business:

First Name:	Last Name:	Percentage of Ownership	Telephone:		
Type of Business: (circle all that apply)	Home Based	Start up	Existing	Full Time	Part Time
	Proprietorship	Incorporation	Partnership	Non-Profit	Co-op
	Retail	Service	Oil & Gas	Manufacturing	
	Forestry	Agriculture	Tourism	Construction	
Business has been operating since: (if applicable) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Business fiscal year end is/will be:					
Applicant has made efforts to access funds from other sources. (Initials)					
Reason(s) for rejection:					

## Business Contact Information

Business Name: (Legal Name):					
Business Number:		WCB #		Incorporation #	
Physical Address:			Town:		Postal Code:
Telephone:		Fax:		Email:	
				Website:	
Mailing Address: (If different from above)					
This Business will create/maintain; Full Time Employees:			Part Time Employees:		

Loan Information			
<b>Amount Requested from CF:</b>		Other outstanding CF loan(s) total:	
Project Funds Used For:	Source of Funds	Amount	% Project
	Applicant(s) cash contribution		
	Other Sources (1) (specify)		
	Other Sources (2) (specify)		
	CF Contribution		
	<b>Project Total</b>		

Personal Information of Applicant(s) (Complete this section for each applicant as applicable)			
Last Name:		Middle Name:	First Name:
Home Address:			
Town/Region:		Postal Code:	
Home Phone:	Business Phone:		Cell:
Email:	SIN		Driver's License #
Birth Date: Y Y Y Y    MM    DD		Are you between the ages of 18 – 29? <input type="checkbox"/>	
Do you rent or own your home? Rent <input type="checkbox"/> Own <input type="checkbox"/>		How long at the above address?	
<b>Are You:</b> (check all that apply):	A Canadian Citizen <input type="checkbox"/>	Immigrant / Permanent Resident <input type="checkbox"/>	Aboriginal <input type="checkbox"/>
	On a Disability subsidy <input type="checkbox"/>	On Employment Insurance <input type="checkbox"/>	Disabled <input type="checkbox"/>
<b>Current Marital Status</b> (check one):	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>
	Divorced <input type="checkbox"/>	Dependents: (Describe)	

<b>Do you have:</b> Life Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name of Insurance Company:  (Amount if Yes)	Telephone of Insurance Company:
A Lawyer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
An Accountant?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		

**You were referred to Community Futures by:** (check all that apply)

Financial Institution <input type="checkbox"/>	An accountant or lawyer <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>
Internet <input type="checkbox"/>	Other <input type="checkbox"/>	CFWY Client <input type="checkbox"/>

## Employment & Education History

*(Complete this section for each applicant & spouse as applicable)*

Current/most recent Employers Name:

Employer's Phone:	Salary:	
Position:	Length of time employed:	
Previous Employer (If less than 2 years at current):		
Employer's Phone:	Annual Income:	
Responsibilities:	Length of time employed:	
Education: <input type="checkbox"/> Some secondary <input type="checkbox"/> Post-secondary + diploma	<input type="checkbox"/> Completed secondary <input type="checkbox"/> Post-secondary + degree	<input type="checkbox"/> Some post-secondary <input type="checkbox"/> Other (describe below)
Comments:		

## Applicant(s) References

*(Complete this section for each applicant – 2 personal & 2 business references not related or involved in the project)*

Name:	Relationship:	Daytime Telephone:

## Relatives/Landlord Contact Information

Relative's Name:	Relationship:	Daytime Telephone:
Landlord's Name:		

## Spouse/Common Law Information

Last Name:	Middle Name:	First Name:
Birth Date: YYYY MM DD	SIN #	Driver's License #
Current or most recent Employer's Name: _____		
Employer's Telephone: _____ Annual Income: _____		
Position: _____ Length of time employed: _____		

## Statement of Income & Expenditures

*(Complete this section for each applicant as applicable)*

MONTHLY INCOME	
Your monthly household income (after taxes) from employment	\$
Other income sources to the household including:	
Rental Income <input type="checkbox"/>	
Child Support <input type="checkbox"/>	
Alimony <input type="checkbox"/>	
Other (specify) <input type="checkbox"/>	
<b>Total monthly income to the household from all sources:</b>	
MONTHLY EXPENSES	
Mortgage or rent payment (Include insurance and property taxes)	
Grocery Expenses	
Utilities (Telephone, heat, satellite, etc.)	
Transportation (Gas, insurance, etc.)	
Insurance (life, disability, critical illness, etc.)	
Education and Child Care Expenses	
Entertainment/Hobbies	
Debt Payments (Bank loans, credit cards, family loans, etc.)	
Other	
Total Monthly Expenses	
<b>Estimated Savings per month (Total Income less Total Expenses)</b>	

## Statement of Net Worth – ASSETS

(Attach copies for each shareholder, spouse, and corporation)

Cash Assets	Bank	Branch			Amount
Cash					
Cash					
Cash					
RRSP					
Stocks/Bonds					
Other:					
Other:					
Real Estate (Owned )	Purchase Year	Physical Address	Owners on Title	Price Paid	Present Value
Vehicles	Year	Make / Model	Owners on Title	Price Paid	Present Value
Other Assets	Year	Make / Model	Owners on Title	Price Paid	Present Value
Machinery					
Equipment					
<b>Total Value of Assets</b>					<b>\$</b>

## Statement of Net Worth – LIABILITIES

(Attach copies for each shareholder, spouse, and corporation)

<b>Bank Loans</b>	<b>Bank</b>	<b>Branch</b>	<b>Monthly Payment</b>	<b>Collateral Held by Bank</b>	<b>Interest Rate</b>	<b>Balance Owning</b>
Line/Credit						
Overdraft						
<b>Mortgages</b>	<b>Bank</b>	<b>Branch</b>	<b>Monthly Payment</b>	<b>Collateral Held by Bank</b>	<b>Interest Rate</b>	<b>Balance Owning</b>
<b>Finance Companies</b>	<b>Bank</b>	<b>Branch</b>	<b>Monthly Payment</b>	<b>Collateral Held by Bank</b>	<b>Interest Rate</b>	<b>Balance Owning</b>
<b>Stores/credit cards/other</b>	<b>Bank</b>	<b>Branch</b>	<b>Monthly Payment</b>	<b>Collateral Held by Bank</b>	<b>Interest Rate</b>	<b>Balance Owning</b>
Personal Guarantee						
<b>Total Value of Liabilities</b>						
<b>Net Worth (Assets minus Liabilities)</b>						



## Declarations

*(Complete this section for each applicant and spouse)*

Have any of the applicant(s) ever had an asset repossessed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have any of the applicant(s) ever declared for bankruptcy? (If Yes please list date discharged)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are any of the applicant(s) party to any claims or lawsuits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you or any closely related individual or company involved in ANY legal action or litigation either personally or through your business?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do any of the applicant(s) owe any taxes prior to the current year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you related to any Director or Employee of this Community Futures Office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

The statements made herein are for the express purpose of obtaining financing from Community Futures West Yellowhead and are to the best of my/our knowledge and belief true and correct.

The applicant understands that additional information, if required in support of this application, must be supplied to Community Futures West Yellowhead before consideration can be given to this application.

The applicant agrees to reimburse Community Futures West Yellowhead any legal costs incurred in the registration of documents for loan security. Should the applicant withdraw his request for funds after legal documents have been registered and cost incurred, the applicant shall be responsible for these costs.

### **Application must be signed before it can be processed.**

The foregoing information is submitted for the purpose of establishing or maintaining credit with Community Futures West Yellowhead and is a true, full and correct statement of my financial condition on the date shown. I, the undersigned, declare that the statements made herein are for the purpose of obtaining business financing and are to the best of my knowledge complete and correct.

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_





## Information Collection Notice and Authorization Form

When you first become a client of Community Futures West Yellowhead (CFWY), or when you apply to become a client, we will collect the information requested in this loan application and use it to:

- Confirm your identity
- Check your credit history
- Open an account with us
- Provide on-going services
- Enforce on our security if necessary

We may disclose your personal information:

- To a person who we are satisfied is requesting information on your behalf
- To other business units in Community Futures West Yellowhead to help serve you better
- To our Legal Counsel
- To a credit reporting agency
- When permitted or required by law
- To a public authority if, in our reasonable judgment, there appears to be an imminent danger which could be avoided by disclosing the information.

The gathering and disclosing of all information shall be governed by the provisions of the *Freedom of Information and Protection of Privacy Act*.

**I hereby authorize** Banks, Credit Agencies, and all Credit Bureaus to disclose all information concerning our affairs to Community Futures West Yellowhead and CFWY is likewise authorized to divulge information concerning our private affairs in response to normal credit inquiries from trade and other creditors. Community Futures West Yellowhead is authorized to release any or all information concerning this loan to any party or parties they deem fit, which may include a general news release to the public or otherwise.

All the information provided to Community Futures West Yellowhead in this Loan Application is true and current. I agree to and acknowledge all of the above terms. I have also read the above Information Collection Notice and give me consent for Community Futures West Yellowhead to collect and disclose my personal information in the matter stated above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

At times CFWY will promote businesses in marketing and educational efforts. If you do not consent to CFWY referring your business in these efforts, please check the box below.

I do not permit CFWY to use my client information in marketing efforts and promotion material for CFWY

