

CFDCNV Loan Application

Business Information					
List the name(s) and percentage of shares of all principle owner(s) of the business:					
First Name:	Last Name:	Percentage of Shares	Telephone:		
Type of Business: (check all that apply)	Home Based <input type="checkbox"/>	Start up <input type="checkbox"/>	Existing <input type="checkbox"/>	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
	Proprietorship <input type="checkbox"/>	Incorporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	Non-Profit <input type="checkbox"/>	Co-op <input type="checkbox"/>
	Retail <input type="checkbox"/>	Service <input type="checkbox"/>	Oil & Gas <input type="checkbox"/>	Manufacturing <input type="checkbox"/>	
	Forestry <input type="checkbox"/>	Agriculture <input type="checkbox"/>	Tourism <input type="checkbox"/>	Construction <input type="checkbox"/>	
Business has been operating since: _____ (if applicable)					
Business fiscal year end is/will be: _____					
Applicant has made best efforts to access funds from other sources without success. <input type="checkbox"/> _____ (Initials)					
Reason(s) for rejection: _____					

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

Loan Information			
Amount Requested from Community Futures organization:		Other outstanding Community Futures organization loan(s) total:	
Project Funds Used For:	Source of Funds	Amount	% Project
	Applicant(s) cash contribution		
	Other Sources (1) (specify)		
	Other Sources (2) (specify)		
	Community Futures organization Contribution		
	Project Total		

Personal Information of Applicant(s) <i>(Complete this section for each applicant as applicable)</i>			
Last Name:	Middle Name:	First Name:	
Home Address:			
Town/Region		Postal Code:	
Home Phone:	Business Phone:	Cell:	
Email:	SIN	Driver's License #	
Birth Date: MM DD YY		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?	
Are You: (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"/>
Current Marital Status (check one):	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>
	Divorced <input type="checkbox"/>	Dependents: (Describe)	

Do you have: Life Insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Name: _____	Telephone: _____
			(Amount if Yes) _____	
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)

Another lender <input type="checkbox"/>	An accountant or lawyer <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>
Advertising <input type="checkbox"/>	Other _____ <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"/> completed secondary	<input type="checkbox"/> some post secondary
<input type="checkbox"/> some secondary	<input type="checkbox"/> post secondary + diploma	<input type="checkbox"/> other (describe below)
	<input type="checkbox"/> post secondary + degree	

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

Relatives Name	Relationship	Daytime Telephone
Landlord Name:		

Spouse/Common Law Information		
Last Name:	Middle Name:	First Name:
Birth Date: MM DD YY	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	
<i>(Complete this section for each applicant as applicable)</i>	
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"/>
Total monthly income to the household from all sources:	
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	
Estimated Savings per month (Total Income less Total Expenses)	

Statement of Net Worth – ASSETS					
<i>(Attach copies for each shareholder, spouse, and corporation)</i>					
Cash Assets	Bank	Branch		Amount	
Cash					
Cash					
Cash					
RRSP					
Stocks/Bonds					
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					
Total Value of Assets					

Statement of Net Worth – LIABILITIES						
<i>(Attach copies for each shareholder, spouse, and corporation)</i>						
Bank Loans	Bank	Branch	Monthly Payment	Collateral Held by Bank	Interest Rate	Balance Owing
Line/Credit						
Overdraft						
Mortgages	Bank	Branch	Monthly Payment	Collateral Held by Bank	Interest Rate	Balance Owing
Finance Companies	Bank	Branch	Monthly Payment	Collateral Held by Bank	Interest Rate	Balance Owing
Stores/credit cards/other	Bank	Branch	Monthly Payment	Collateral Held by Bank	Interest Rate	Balance Owing
Personal Guarantee						
Total Value of Liabilities						
Net Worth (Assets minus Liabilities)						

Declarations <i>(Complete this section for each applicant and spouse)</i>		
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"/>
<p>The statements made herein are for the express purpose of obtaining financing from Community Futures and are to the best of my/our knowledge and belief true and correct.</p> <p>The applicant understands that additional information, if required in support of this application, must be supplied to the Community Futures before consideration can be given to this application.</p> <p>The applicant agrees to reimburse Community Futures 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.</p> <p style="text-align: center;">Application must be signed before it can be processed.</p> <p>The foregoing information is submitted for the purpose of establishing or maintaining credit with Community Futures and is a true, full and correct statement of my financial condition on the date shown.</p> <p>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.</p>		
_____	_____	_____
Applicant's Signature	Applicant's Name (Print)	(Date)

Information Collection Notice and Authorization Form

When you first become a client of Community Futures Development Corporation of Nicola Valley 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 Development Corporation of Nicola Valley 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 judgement, 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 Development Corporation of Nicola Valley is likewise authorized to divulge information concerning our private affairs in response to normal credit inquiries from trade and other creditors. Community Futures Development Corporation of Nicola Valley 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 Development Corporation of Nicola Valley 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 Development Corporation of Nicola Valley to collect and disclose my personal information in the matter stated above.

Printed Name

Signature

Date

Printed Name

Signature

Date

At times Community Futures will promote businesses in marketing and educational efforts. If you do not consent to Community Futures Development Corporation of Nicola Valley referring your business in these efforts, please check the box below.

I do not permit Community Futures Development Corporation of Nicola Valley to use my client information in marketing efforts and promotion material for Community Futures Development Corporation of Nicola Valley.

Business Name

Date

Owner's Name(s)

Address

Phone Number

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