
Business Name

Date

Owner's Name(s)

Address

Phone Number



Alberta Community Futures
Loan Application

June 2008

Alberta Community Futures Loan Application

The Community Futures Lending Program

- Community Futures organizations provide small businesses with access to capital that might not otherwise be available from other financial institutions.
- Community Futures lending practices are directed by the Community Futures Program through Western Economic Diversification Canada, at reasonable terms and conditions for business ventures that:
 - Can demonstrate viability.
 - Will generate and/or maintain local employment in communities within the CF region.
 - Will have a positive benefit to the community at large.
- Loan applicants must be legally entitled to work in Canada and be residents of the Community Futures region.
- The Community Futures office may provide business advisory and technical services to small businesses and potential entrepreneurs in the CF region. These services can include (but are not limited to):
 - Access to business loans.
 - Commercial loans normally up to \$150,000
 - Disabled entrepreneur loans up to \$150,000
 - Youth loans up to \$25,000
 - Business Services including:
 - Business plan preparation and analysis
 - Development of Cash flow and Financial Projections.
 - Preparation of Marketing plans and market research.
 - General business counseling.
 - Access to community profile and industry information and statistics.
 - Licensing and regulatory information
 - Referral information
 - Entrepreneurial training programs.
 - Business venture assessment and marketing analysis.

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.

(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

| | | | |
|----------------------------------|--------------------------------|-------------------------------------|------------------|
| Amount Requested from CF: | | 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 | | |
| | Project Total | | |

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: 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) | |
| Separated <input type="checkbox"/> | | | |

| | | | | |
|--|------------------------------|-----------------------------|---|---------------------|
| Do you have: Life Insurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Name: _____ (Amount if Yes) _____ | Telephone: _____ |
| 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"/> some secondary | <input type="checkbox"/> completed secondary | <input type="checkbox"/> some post secondary |
| <input type="checkbox"/> post secondary + diploma | <input type="checkbox"/> post secondary + degree | <input type="checkbox"/> other (describe below) |

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

(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"/> | |
| 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

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

| 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

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

| 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

(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 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 the Community Futures before consideration can be given to this application.

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.

The applicant agrees to pay **\$750.00** administration fee to Community Futures Peace Country to process the loan once it is approved. The **\$750.00** is due upon loan disbursal.

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 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

Applicant's Name (Print)

(Date)