
Business Name

Date

Owner's Name(s)

Address

Phone Number



Community Futures - East Central Alberta
Loan Application

December 2008

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"/>	Separated <input type="checkbox"/>	
	Divorced <input type="checkbox"/>	Dependents: (Describe)			

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"/> 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

(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)

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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(s) consent to Community Futures - East Central Alberta releasing information and making any inquiries it deems necessary to reach a decision on this application or for the purposes of collecting debt(s), and consent(s) to the disclosure at any time of any credit information about me/us to any credit reporting agency or to anyone with whom I/we have financial relations.

*Please note that Community Futures – East Central Alberta only reports information to Equifax Canada. Should a credit dispute arise, it is the debtors' responsibility to dispute the file to Equifax Canada directly.

I/we further confirm that I/we will be responsible for payment of all charges relative to investigation, preparation, execution, and registration of such documents as may be required by the Corporation or its solicitors.

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.

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)