

Community Futures East Interlake Inc.



Loan Application

LIST OF ATTACHMENTS REQUESTED WITH THIS APPLICATION:

- Copy of Driver's License
- Copy of Birth Certificate
- Copy of T4 and Past 3 Years Income Tax Returns
- Current, Personal Resume of Key Personnel Involved in Business
- Partnership Agreement, if Applicable
- Leases, if Applicable
- Copy of Financial Statements for Last Three Years (if purchasing an existing business or are currently in business)
- Written Refusals by Two Financing Institutions
- Completed Business Plan** (Community Futures East Interlake's or Your Own)
- Copy of Life Insurance Policy, if available
- Copy of Business Insurance Policy, if available
- Any Other Supporting Documents

Business Loan Application

Community Futures East Interlake Inc.

PERSONAL INFORMATION

Full Legal Name: _____
Surname First Middle

Previous (Maiden) or Other Names: _____

Mailing Address: _____
Box # Town Postal Code

Street Address: _____
House # Street Town

Previous Address (if less than 3 years): _____

Phone: () _____ () _____ () _____
Day Evening/Weekends Fax

E-mail: _____

Citizenship: _____ **Social Insurance Number:** _____

Date of Birth: _____ (Please provide a copy of your birth certificate)
(mm/dd/yr)

Driver's License Number: _____ (Please provide a copy of your license)

Number of Dependants: _____

List all sources of income:

(Please include a copy of your most recent T4 and your last three years of Income Tax Returns)

_____	Source/Employer	_____	Monthly Amount
_____	Source/Employer	_____	Monthly Amount
_____	Source/Employer	_____	Monthly Amount

SPOUSAL INFORMATION:

Full Legal Name: _____
Surname First Middle

Date of Birth: _____ **Social Insurance Number:** _____
(mm/dd/yr)

Driver's License Number: _____ **Present Employer:** _____

Position: _____ **Annual Salary:** _____

BUSINESS INFORMATION

Business Name: _____

Business Mailing Address: _____

Business Location: _____

Is your business name registered? _____ Yes _____ No

The business is organized as a: *Sole Proprietorship* _____ / *Partnership* _____ / *Corporation* _____

Fiscal Year End: _____ mm/dd/yr Business Start-Up Date: _____ mm/dd/yr

List all **Owners** (Sole Proprietorship/Partnership) or **Principals** (Incorporated) of the business:

Name	Address	Phone	% of Ownership	Role/Function
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please include current/updated Resume(s) for all Key Principal(s)

LOAN INFORMATION

To which loan fund are you applying for?

_____ **Regular Loan Fund** – loans up to \$150,000 to persons within the Community Futures East Interlake region who are over 18 years of age

_____ **Entrepreneurs with Disability Fund** – loans up to \$150,000 to persons within the Community Futures East Interlake region who self-identify as having a disability or health condition and is over 18 years of age

_____ **Youth Fund** – loans up to \$25,000 to persons in the Community Futures East Interlake region who are between the ages of 18 and 29 (**can** be combined with any other Community Futures East Interlake loan fund to a total of \$150,000)

Amount and Purpose of Loan Request:

Operating \$ _____ Equipment \$ _____ Other \$ _____

Vehicle(s) \$ _____ Leasehold \$ _____ Other \$ _____

Please provide details regarding the purpose of the loan (If you've chosen other, please explain here).

One of the requirements of Community Futures East Interlake's funding is the applicant's ability to invest a minimum 10% capital contribution towards the enterprise, 5% capital contribution in Youth and Entrepreneurs with Disabilities. Please provide details of your capital contribution. (For example cash, equipment, etc.)

Has financing been sought from any other sources for this venture or any previous business ventures by yourself or any of the key principals?

Source	Amount Requested	Accepted or Rejected	Reason for Rejection
Source	Amount Requested	Accepted or Rejected	Reason for Rejection
Source	Amount Requested	Accepted or Rejected	Reason for Rejection

REFERENCES

List 2 Credit References:

Name	Address	Phone – Day	Phone – Evenings
Name	Address	Phone -- Day	Phone – Evenings

BANKING INFORMATION

List all Financial Institutions and Credit Unions that you have a relationship with– Business and/or Personal:

Full Name – no initials	Branch Location	Phone	Fax
Full Name – no initials	Branch Location	Phone	Fax
Full Name – no initials	Branch Location	Phone	Fax
Full Name – no initials	Branch Location	Phone	Fax

CREDIT INFORMATION

Are you currently a guarantor for any loans (personal or business)? _____ Yes _____ No

Do any environmental factors and regulations impact the business? _____ Yes _____ No

Are you involved in any civil litigation (either suing or being sued)? _____ Yes _____ No

Are you involved in any litigation as a guarantor of a loan? _____ Yes _____ No

If yes, indicate total contingent liability \$ _____

Do you have any unsatisfied judgements outstanding against you? _____ Yes _____ No

Have you or your business ever sought legal protection from creditors?
(i.e. bankruptcy, receiver, receiver-manager) _____ Yes _____ No

If you answered **Yes** to any of the above questions, provide details, including the amounts and parties involved:

STATISTICAL INFORMATION

Community Futures East Interlake collects the following information for the purpose of statistical reporting. Do any of the following categories apply to you?

- Person with Disability or Health Condition**
- Aboriginal**
- Employment Income Recipient**
- Youth (18-29 years of age)**
- Prefer not to answer**

STATEMENT OF NET WORTH

ASSETS	BUSINESS	PERSONAL	LIABILITIES	BUSINESS	PERSONAL
Cash	\$	\$	**Bank Loans _____	\$	\$
Life Insurance (cash value)			**Bank Loans _____		
Real Estate			**Bank Loans _____		
Real Estate			Mortgage, etc...		
Real Estate			Mortgage, etc...		
*Vehicles _____			Mortgage, etc...		
*Vehicles _____			Credit Cards		
*Vehicles _____			Other Liabilities		
Stocks, Bonds, GICs, etc...			Other Liabilities		
Household and Personal					
Other Assets					
Total Assets (A)			Total Liabilities (L)		
			Net Worth (A minus L)		

* Please list type and year of vehicle

** Please list financial institutions

If you need more space please attach a separate sheet.

INSURANCE INFORMATION

Do you currently hold a Life Insurance Policy? Yes No If yes, amount: \$ _____
 If yes, with whom? _____

Do you currently have Business Insurance in place? Yes No If yes, amount: \$ _____
 If yes, with whom? _____

We offer Creditor Life Insurance in the amount of the loan to our loan clients; would you qualify for credit life insurance through our office based on the following:

Have you, within the past 24 months, received any treatment for, or consulted a physician and been diagnosed as having heart trouble or circulatory illness; high blood pressure; stroke; cancer or leukemia; diabetes; kidney or liver disease; any immunological disorder (eg. AIDS, ARC, etc); mental disorder; disease of the nervous system; or are you about to be confined to a hospital?

Yes No

DID YOU INCLUDE

Copy of your Birth Certificate Yes No

Copy of your Drivers License Yes No

AUTHORIZATION

DISCLAIMER

Receipt of the application **does not** constitute acceptance by Community Futures East Interlake. If Community Futures East Interlake accepts this application, the applicant agrees to execute all documents necessary to give the Community Futures East Interlake the security requested by it and agreed to by the applicant as stated in the letter of offer.

AUTHORIZATION

I hereby certify that the information provided in this application is correct and permission is hereby granted for the Community Futures East Interlake to conduct a credit investigation now and/or in the future regarding this loan application and any subsequent loans.

In completing and submitting this document, the applicant(s) recognizes, acknowledges, and authorizes Community Futures East Interlake to use and share the information contained in this document with pertinent financial partners, investment board members, and other government agencies as required to render requested technical and financial assistance.

Community Futures East Interlake may from time to time give any credit and other information including any information on this form, to or receive such information from: (a) any credit or operating agency; (b) any person with whom the applicant may have or propose to have financial dealings; and (c) any person if in connection with any dealings the applicant has or proposes to have with the Community Futures East Interlake. I/we agree that the Community Futures East Interlake may use that information to establish and maintain the applicant's relationship with the Community Futures East Interlake and to offer any services as permitted by law.

Date: _____ Signature: _____

Name (printed): _____

Signature: _____

Name (printed): _____

IF THE APPLICANT IS INCORPORATED, AFFIX CORPORATE SEAL.

CONTACT INFORMATION

Please feel free to contact our office with any questions or concerns you may have regarding the completion of this application. Our staff will be pleased to assist you.



Community Futures East Interlake
Box 10, Riverton Manitoba R0C 2R0
Phone: (204) 378-5106 Toll Free: 1-800-378-5106
Fax: (204) 378-5192

e-mail: thudyma@eastinterlake.com (Tammy Hudyma, General Manager)

Please visit our website at, www.eastinterlake.com for additional information and support.

Funded By:

I, the applicant, am not an “interested person” in Community Futures East Interlake (hereinafter called CFEI) meaning:

1. A director of CFEI or a member of any committees of CFEI;
2. The spouse, child, sibling, or parent of a director of CFEI or a member of any committees of CFEI or a member of CFEI’s staff.

DECLARATION & AUTHORIZATION

1. I declare that the attached pages are a true statement of my affairs, that there are no judgements or other actions outstanding against me, except those recorded herein, that all real estate is registered solely in my name, unless otherwise stated, that the information herein is provided for the express purpose of obtaining financial assistance from CFEI.
2. You are authorized to obtain any information you may require relative to this application from any sources to which you may apply and each source is authorized to provide you with such information. You are furthermore authorized to disclose, in response to direct enquiries from any other lender or Credit Bureau, such information on my loaning account as you consider appropriate, and I agree to indemnify you against and save you harmless from any and all claims in damages or otherwise arising from such disclosure on your part.
3. I understand that CFEI is not acting exclusively for me or my venture and that it reserves the right to provide financial and non-financial assistance to individuals or corporations which could be seen as my direct or indirect competition without further notice to me, as it may decide in its unfettered discretion.
4. I agree and consent to take responsibility for the payment of all charges relative to the preparation, execution, and registration of such documents as may be required by CFEI or its solicitors.
5. I have no other applications pending with CFEI, on my own behalf, nor on behalf of any affiliated, controlled or subsidiary company associated with me, whether by direct or beneficial share ownership.

Signature(s)

Date

IF APPLICANT IS INCORPORATED, AFFIX CORPORATE SEAL.

NOTE: FINANCING APPLIED FOR IN THIS APPLICATION FORM IS FUNDED BY WESTERN ECONOMIC DIVERSIFICATION. REPRESENTATIVES OF THAT GOVERNMENT DEPARTMENT CONDUCT REGULAR REVIEWS OF THE OPERATIONS OF CFEI AND THEREFORE WILL HAVE ACCESS TO INFORMATION IN THE APPLICANT’S FILE.

I understand and acknowledge that the Community Futures East Interlake ("CFEI") to whom I have submitted a loan application collects, uses and discloses personal information in connection with loan applicants for the following purposes:

- To determine a loan applicant's eligibility for a loan from CFEI and to process the loan application;
- To assess and update my creditworthiness on an on-going basis;
- To establish, maintain and manage CFEI's relationship with me as a client and to provide me with on-going services;
- To assist a loan applicant in applying for and arranging life insurance coverage in connection with a loan from CFEI;
- To provide me with information about products, programs, services, training resources and upcoming events that CFEI believes may interest me;
- To administer CFEI's services, to assess the quality and quantity of CFEI's services, to prepare and maintain adequate accounting and tax records, and to have information in such form as the CFEI may reasonably require for our business needs;
- To meet legal, regulatory and governmental requirements, (including the requirements of Western Economic Diversification Corporation Canada ("WD") as the funding source for CFEI) to detect and prevent fraud and to protect the interests of me, CFEI and WD; and
- To achieve any other purpose to which I have given my consent.

PRIVACY CONSENT

I, the undersigned, consent to the collection, use, retention and disclosure of personal information by CFEI for the purposes outlined above and on the basis outlined in CFEI's Privacy Code. In providing my consent, I understand that CFEI may collect personal information about me from credit reporting agencies, other financial institutions and from references I have provided. **I accept this as written notice to me of CFEI's intention to obtain credit reports and a personal investigation about me in connection with my loan application and, if approved, loan from CFEI.** I further understand that CFEI may use my social insurance number as an aid to identify me with credit reporting agencies and other financial institutions and I understand that CFEI may disclose my personal information to credit reporting agencies, to WD, and to others with whom I have contacted or made applications for financial assistance or have financial relations. I consent to CFEI retaining a copy of any and all information and documents, including any business plan, connected with my loan application and, if applicable, loan from CFEI, for such time as CFEI determines is reasonably necessary. I acknowledge that I may obtain a copy of CFEI's Privacy Code, which sets out further information regarding the collection, use, retention and disclosure of my personal information, by contacting CFEI or by logging on to www.cfmanitoba.ca. In the event that I obtain a loan from CFEI, I may consent to media publicity to profile me, my business and the loan provided by CFEI, through funding by WD. This consent, once obtained shall be valid for so long as my application and, if approved, my loan from CFEI, is outstanding.

Signatures(s)

Date

_____	_____
_____	_____
_____	_____

If loan applicant is incorporated, affix a seal

If personal information is collected about a spouse or co-applicant, then that individual must also sign.