

Borrower's Name: _____

Telephone: _____

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BUSINESS LOAN APPLICATION

BUSINESS INFORMATION

Will this business be a start up? Yes No

Is this an existing business? Yes No

This business have been operating full-time since _____ (if applicable)

This business has been operating part-time since _____ (if applicable)

This business will be a (check one):

Proprietorship or Partnership

Incorporation

Non-Profit

Limited Partnership

Co-op

This business will be operating in the primary sector of (check one):

Agriculture

Forestry

Manufacturing

Retail

Service

Tourism

Wholesale

Other: _____

Business Number (if obtained) _____

Incorporation Number (if obtained) _____

Legal name of business is/will be: _____

Physical address of business: _____

City: _____ **Province:** _____ **Postal Code:** _____

Business Telephone: _____ **Business Fax:** _____

Email: _____

Website: _____

Mailing address of business (if different than above): _____

The business currently has _____ **full-time employees** _____ **part-time employees**

The loan dollars requested will create _____ **full-time employees** _____ **part-time employees**

List of names(s) and percentage of shares of all principal owner(s) of the business:

First Name	Last Name	Percentage of shares	Telephone
_____	_____	_____ %	_____
_____	_____	_____ %	_____
_____	_____	_____ %	_____

LOAN INFORMATION	
This business requires \$ _____ for its proposed project.	
\$ _____ will come from the principal owners	
\$ _____ will come from the sources (specify) _____	
\$ _____ is requested from Community Futures Stuart Nechako	
The purpose of the loan is for: <input type="checkbox"/> Start-up <input type="checkbox"/> Expansion <input type="checkbox"/> Maintenance	
The breakdown of the total project cost is (specify all which apply):	
\$ _____ Equipment	\$ _____ Leasehold Improvements
\$ _____ Inventory	\$ _____ Debt Consolidation
\$ _____ Working Capital	
Has the borrower/spouse/common law party ever had an asset repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the borrower/spouse/common law party ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the borrower/spouse/common law party to any claim or lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the borrower/spouse/common law party owe any taxes prior to the current year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES to any of the above, please provide details: _____	
Does the borrower carry life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, amount: \$ _____	
BUSINESS BANKING INFORMATION	
Financial Institution #1:	Primary Banking Contact:
\$ _____ Authorized Amount	\$ _____ Outstanding Amount
\$ _____ Repayment	
Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Financial Institution #2:	Primary Banking Contact:
\$ _____ Authorized Amount	\$ _____ Outstanding Amount
\$ _____ Repayment	
Secured? <input type="checkbox"/> Yes <input type="checkbox"/> No Details:	
Has the business ever had an asset repossessed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the business ever declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the business party to any claim or lawsuit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the business owe any taxes prior to the current year?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BORROWER'S INFORMATION

Last Name _____

First Name _____ Middle Name _____

Birth Date: MM ____ DD ____ YY ____ SIN #: _____ Driver's License #: _____

Home Telephone: _____ Cellular Phone: _____

Email: _____

Home Address: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Marital Status: Married Common Law Divorced Single No. of dependents _____

Previous address (if less than 3 years at current address): _____

Do you rent or own your home: Rent Own How long at this address? _____ years _____ months

If you own your home, please list names on the title:

Last Name	First Name
_____	_____
_____	_____

BORROWER'S EMPLOYMENT HISTORY

Current or most recent employer's name: _____

Employer's telephone: _____ Salary: _____

How long were you employed/have been employed here: _____

SPOUSE/COMMON LAW INFORMATION (if applicable)

Last Name _____

First Name _____ Middle Name _____

Birth Date: MM ____ DD ____ YY ____ SIN #: _____ Driver's License #: _____

Current or most recent employer's name: _____

Employer's telephone: _____ Salary: _____ Time employed here _____

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PERSONAL FINANCIAL INFORMATION (HOUSEHOLD)				<i>(Continued)</i>
ASSETS		LIABILITIES		
Cash	\$	Mortgage(s)		\$
Term Deposits / GIC	\$	Property Taxes		\$
Mutual Funds	\$	Credit Cards		\$
Stocks	\$	Personal Line of Credit		\$
Canada Savings Bonds	\$	Department Stores		\$
RRSP's	\$	Loans		\$
Vehicle(s)	\$	Rent		\$
	\$	Support Payments		\$
	\$	Other (Specify)		\$
Real Estate	\$			\$
	\$			\$
Other	\$			\$
	\$			\$
TOTAL ASSETS		TOTAL LIABILITIES		
\$		\$		
Net Worth (Total Assets less Total Liabilities)				\$
MONTHLY INCOME		MONTHLY PAYMENTS		
Gross Monthly Income	\$	Mortgage(s)		\$
Spouse's Monthly Income	\$	Loans		\$
Other Income (specify)	\$	Personal Line of Credit		\$
	\$	Credit Cards		\$
	\$	Department Stores		\$
	\$	Rent		\$
	\$	Support Payments		\$
	\$	Other (specify)		\$
TOTAL INCOME		TOTAL PAYMENTS		
\$		\$		

Notes:

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PERSONAL FINANCIAL INFORMATION (HOUSEHOLD)

(Continued)

ASSETS

CASH HOLDINGS	Bank	Branch			Amount (\$)
OWNED REAL ESTATE	Physical Address	Year Purchased	Mortgage Holder	Purchase Price	Present Value
AUTOMOBILES	Year/Make/Model	Owner on Title		Purchase Price	Present Value
OTHER ASSETS (RV, BOAT, ETC)	Year/Make/Model	Owner on Title		Purchase Price	Present Value
TOTAL VALUE OF ASSETS					\$

LIABILITIES

BANK LOANS	Bank	Branch	Monthly Payment	Collateral Held by Bank	Interest Rate	Balance Owing
BALANCE ON MORTGAGES	Bank	Branch	Monthly Payment	Collateral Held by Bank	Interest Rate	Balance Owing
OTHER LIABILITIES (CREDIT or STORE CARDS, etc.)	Bank	Branch	Monthly Payment	Collateral Held by Bank	Interest Rate	Balance Owing
TOTAL VALUE OF LIABILITIES						\$

NET WORTH (ASSETS LESS LIABILITIES) \$

PERSONAL INFORMATION

The information below is primarily for statistical purposes. However, our programs and services are designed to assist individuals and small business. The information below will be used to help determine your eligibility for these programs and services. The information that you provide is protected by law and by Capital Faith Financial Services & Affiliates, confidentiality agreement and is not shared with any individuals or organization other than authorized representatives of specific government departments and agencies.

For more information on-line please go to the *Office of the Information and Privacy* website: www.capitalfaith.com.

You were referred to Capital Faith Financial Services by (check one):

- | | |
|--|---|
| <input type="checkbox"/> Other lending institution | <input type="checkbox"/> Service Canada Centre |
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Chamber of Commerce |
| <input type="checkbox"/> Self-Employment Program | <input type="checkbox"/> Current / past CFSN client |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Internet / CFSN Website |
| <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Other (specify): _____ |

Are you First Nations? Yes No

If First Nations, please complete A-E:

- A. Treaty Number _____
- B. Band Affiliation (please specify) _____
- C. (Check one) Inuit Metis Non-Status Treaty
- D. (Check one) On reserve Off reserve
- E. (Check one) Urban Rural Remote

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TERMS AND RELEASE STATEMENT

IMPORTANT: Read thoroughly before signing.

1. Are you related to any Director or Employee of Capital Faith Financial Services? Yes No
2. Are you or any closely related individual or company involved in ANY legal action or litigation either personally or through your business? Yes No
3. If your application is approved will you allow Capital Faith Financial Services to make a public announcement regarding your business proposal? Yes No

- The statements made herein are for the express purpose of obtaining financing from Capital Faith Financial Services 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 Capital Faith Financial Services before adequate consideration can be given to this applicant.
- The applicant consents to Capital Faith Financial Services making any inquiries of such persons, firms or corporations, as it deems necessary in order to reach a decision on this application.
- The applicant agrees to reimburse Capital Faith Financial Services 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.

I, hereby agree that if financing is provided to me, for the purpose of the business project described herein, that:

- I shall follow the operation plan to be submitted.
- I shall use the funds received from Capital Faith Financial Services for the purposes intended.
- I shall make changes or alterations to the plan only with written permission of Community Futures Stuart Nechako.
- I shall maintain insurance as required by Community Futures Capital Faith Financial Services.

Waiver of Claims: Any information provided to Capital Faith Financial Services, its agents, directors, volunteer, and other acting on its behalf is given without warranty or representation as to its accuracy. Capital Faith Financial Services advises you to retain independent solicitors and accountants on any final transaction.

APPLICATION MUST BE SIGNED BEFORE IT CAN BE PROCESSED.

The foregoing information is submitted for the purpose of establishing or maintaining credit with Capital Faith Financial Services and is a true, full and correct statement of my financial condition on the date shown. I hereby authorize Capital Faith Financial Services to obtain any information it deems necessary about me, including but not confined to, reports from credit bureaus, retail credit companies, or any other source that Capital Faith Financial Services deems appropriate.

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.

Borrower's Signature

Borrower's Name (Print)

Date

Borrower's Signature

Borrower's Name (Print)

Date

Witness Signature

Witness Name (Print)

Date