



Loan Application

Please complete all sections in full.

SECTION A: PERSONAL INFORMATION

1. Client Information

First and Middle Name: Date of Birth:
Month Day Year

Last Name: Social Insurance Number:

Marital Status: Dependents:

Current Address:

City/Community: Province: Postal Code:

Home Phone: Cell: Fax:

Email:

2. Employment Information:

Employer Name and Address:

Phone: Occupation:

How Long: Yearly Income:

Previous Employer (if less than 3 years): How Long:

3. Education and/or Training:

Please list any training, degrees, or certificates.

Name of School	Year Attended	Location	Area of Study / Course	Grade / Diploma / Certificate / Degree	Completed	
					Yes	No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Spouse's Information (if applicable):

Spouse's Name: Date of Birth:
Month Day Year

Employer Name and Address: Phone #:

Occupation: How Long: Yearly Income:

Previous Employer (if less than 3 years): How Long:

SECTION B: BUSINESS INFORMATION

1. Business Structure: Sole Corporation Partnership

New – Proposed Business Start Date:
Month Day Year

Existing – Are previous financial statements available and attached?

Business Name:

Business Mailing Address:

Location of Business (if different from above):

Phone: Fax: Email:

Number of jobs being created (including owner): Full-Time: Part-Time:

Number of jobs being maintained (including owner): Full-Time: Part-Time:

2. Business Ownership:

Name of Owner	% of Ownership

Please describe your business.

List the reasons why your business will be successful.

If this is an existing business, please provide a brief history.

SECTION C: FINANCIAL INFORMATION

1. Project Costs & Financing:

Land	\$
Buildings	\$
Equipment	\$
Vehicles	\$
Inventory	\$
Operating	\$
Licenses/Fees	\$
Other Borrowing Costs	\$
Other (specify)	\$

2. Sources of Funding:

Cash	\$
Assets	\$
Other	\$
CF Manitoba	\$
Government (specify)	\$
Government (specify)	\$
Government (specify)	\$
Other (specify)	\$

Total Project Costs \$

Total Financing \$

3. Summary of Personal Net Worth:

Cash and/or Bank Balance	\$
Real Estate	\$
Vehicles	\$
Equipment	\$
Inventory	\$
Other (specify)	\$
Other (specify)	\$

4. Summary of Liabilities

Charge Accounts (Credit Cards)	\$
Mortgages	\$
Loans – Vehicle	\$
Loans – Equipment	\$
Loans – Personal	\$
Accounts Payable	\$
Other (alimony, child support)	\$

Total Assets (A) \$

Total Liabilities (B) \$

5. Net Worth: A – B = \$

6. Bank Information:

Bank Name: _____ Contact Name: _____

Branch Address: _____

Existing limit on Operating Line of Credit (if applicable): \$ _____ Phone: _____ Fax: _____

7. Details of Loans & Lines of Credit:

Holder of Debt Name of Institution/Individual	Purpose of Loan & Balance	Monthly Payment

SECTION D: CREDIT INFORMATION & DISCLAIMER

As the applicant, we permit Community Futures Manitoba:

- to make any inquiries, credit checks, or searches needed to reach a decision on this application, and
- to share any credit information with any credit-reporting agency or anyone with whom they have financial relations.

Declaration:

As the applicant, we declare:

- that the statements and information in this form are for the purpose of obtaining financial assistance from Community Futures Manitoba,
- that to the best of our knowledge and belief, they are true and correct,
- that none of the applicants of this proposal is an undischarged bankrupt or has any bankruptcy proceedings against them, and
- that we are not associated with an employee or director of Community Futures Manitoba.

_____	_____	_____
Witness Signature	Applicant Signature	Date
_____	_____	_____
Witness Signature	Applicant Signature	Date

Providing the information in this box is voluntary. It is used for statistical and program planning purposes. Do you consider yourself to be:

- Aboriginal
- Person with a disability
- Youth

We have:

- Completed all sections of this application form IN FULL,
- Attached a list of two references with name, address and telephone number,
- Attached our detailed Business Plan, including Cash Flow, Income/Expense and Balance Sheet Projections.

As an existing business:

- Attached previous financial statements

Please sign and return this form and ALL accompanying documentation to CF Manitoba.

Community Futures Lending Criteria

The Investment Review Committee for each Community Futures office will consider applications for financial assistance based on the following guidelines:

The applicant:

- must be a Canadian citizen of legal age,
- must have completed a business plan to prove the viability of the business,
- must invest 10% of the total funds required,
- must pledge sufficient security to cover at least 75% of the debt, and
- may have to take part in entrepreneurial training, if lacking in business experience.

The business must:

- operate within the Community Futures office boundaries, and
- create one full-time job for each \$15,000 to \$25,000 of financial assistance.

The loan will:

- be a maximum of \$150,000 per client and \$25,000 for youth clients,
- be fixed at the Bank of Canada prime lending rate plus 3%, over a period normally of 5 years or less, and
- not be granted for refinancing or agricultural purposes.

Personal Information Consent

In providing you with services, we, Community Futures Manitoba, will acquire personal information about you.

Your information

This information may include:

- Your name, address and telephone numbers
- Your income and sources of income
- Your social insurance number and other identifying numbers
- Your business plan and other details about your business
- Your credit rating

Our commitment

We promise:

- To keep this information confidential and secure
- To share this information with service providers only if they can keep it confidential and secure
- Not to share this information with anyone else without your consent, unless we are required by law to do so
- To use this information only to carry out our obligations to you
- To keep the information on site for two years after our relationship has ended, to keep it in the archives for a further five years, and then to destroy it.
- To keep this information accurate to the best of our ability

Your rights

You have the right:

- To examine your personal information
- To request corrections to your personal information
- To ask questions at any time about anything you do not understand

Your consent

I, the participant, consent to the use of my personal information under the conditions stated above.

Signature

Date

Community Futures Manitoba

Date