

SCFDC

Southeast Community Futures Development Corporation

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LOAN APPLICATION

APPLICANT INFORMATION:

Name: _____

First Nation Membership: _____

Address: _____

Phone: _____

Birthday: _____

S.I.N.: _____

Occupation: _____

No. Years: _____

Employer: _____

No. Years: _____

Salary: _____

Employers Telephone: _____

Marital Status: _____

Spouses Name: _____

Spouses Employer: _____

Salary: _____

Current Bank & Branch: _____

Address: _____

Account Numbers: _____

BUSINESS IDENTIFICATION:

Name of Business: _____

Address: _____

Proprietorship: _____ Partnership: _____ Incorporated: _____

Amount of Loan Requested from SCFDC: _____

Proprietorship: _____ Partnership: _____ Incorporated: _____

TYPE OF LOAN (please check of one): Regular: _____ Youth: _____ Disability: _____

Briefly Describe Your Project: _____

Percentage of Ownership: _____

COMMUNITY SUPPORT:

BCR: _____

Other: _____

PROJECT INFORMATION:

ESTIMATED PROJECT COSTS

PROJECT FINANCING

Land: _____

Applicant Equity: _____

Buildings: _____

Other Equity: _____

Equipment: _____

SCFDC: _____

Start-up Costs: _____

Other Loans: _____

Other: _____

Other: _____

TOTAL COSTS: _____

TOTAL FINANCING: _____

How many jobs will be created as a result of this project?

Full-time: _____

Part-time: _____

CLIENT INFORMATION:

ASSETS

LIABILITIES

Cash: _____

Bank Loans: _____

Real Estate: _____

Mortgages: _____

Automobile(s): _____

Credit Cards: _____

Household Effects: _____

Charge Accounts: _____

Other: _____

Other: _____

TOTAL ASSETS: _____

TOTAL LIABILITIES: _____

NET WORTH = TOTAL ASSETS – TOTAL LIABILITIES = _____

CLIENT INFORMATION:

| <u>DESCRIPTION (Include serial #)</u> | <u>YEAR PURCHASED</u> | <u>PURCHASE PRICE</u> | <u>PRESENT VALUE</u> | <u>SECURED WITH ANOTHER LOAN?</u> |
|---------------------------------------|-----------------------|-----------------------|----------------------|-----------------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

APPLICANT DECLARATION:

I / We clarify that to the best of my knowledge, the information given on this application is true and correct. The Southeast Community Futures Development Corporation is hereby authorized to check the accuracy of the information and obtain credit reports on me.

Date: _____

Signature: _____

Date: _____

Signature: _____

BUSINESS DESCRIPTION:

My business concept is: _____

My rationale for this business is: _____

I need the following to start up this business:

Land: _____

Buildings: _____

Equipment: _____

Inventory: _____

Other: _____

OWNERSHIP AND MANAGEMENT:

Who are the owners of my business: _____

What experience does the management have: _____

OPERATIONS:

What will be the hours of operation of the business: _____

Who will be responsible for what duties: _____

MARKETING:

The market for this business will be: _____

The location of the business will be: _____

My competitors are: _____

Besides my competitors, what could hurt or help this business: _____

REVENUE AND EXPENSES (Annually):

Expected Sales: (A) _____

Cost of Sales: (B) _____

Gross Profit (A - B): (C) _____

Expenses:

Wages & Benefits (Owner): _____

Wages & Benefits (Staff): _____

Office Expenses: _____

Insurance: _____

Legal / Accounting: _____

Rent / Lease: _____

Vehicle: _____

Miscellaneous: _____

Other: _____

Total Expenses: (C) _____

Net Profit (C - D) _____