

COMMUNITY FUTURES NORTH FRASER
 32386 Fletcher Ave
 Mission, BC V2V 5T1
 604-826-6252



LOAN APPLICATION

Name of Applicant(s): _____

Business Information

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

First Name	Last Name	% 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"/>	Partnership <input type="checkbox"/>	Incorporation <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"/>	Construction <input type="checkbox"/>
Forestry <input type="checkbox"/>	Agriculture <input type="checkbox"/>	Tourism <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 #	WCB #	Incorporation #	
Physical Address:			
Telephone:	Fax:	Email:	Website:
Mailing Address: (if different from above)			
This Business will Create/maintain	Full Time Employees _____	Part Time Employees _____	
Amount of Loan Required: \$ _____			
What are funds to be used for? _____			
Present Bank: _____			
Contact Name for Personal: _____			
Contact Name for Business: _____			
Are you related to any Director or Employee of Community Futures North Fraser? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are you, your spouse, or business partner involved in ANY legal action or litigation, either personally or through your business? <input type="checkbox"/> No <input type="checkbox"/> Yes			

If financial assistance were approved, would you allow CFCD of NF to make a public announcement regarding your project? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Please supply two credit references (other than your bank):	
Name _____	Phone Number _____
Name _____	Phone Number _____

Employment

Employer:		Occupation:
Address:		
How Long:	Gross Income:	Phone:
Previous Employer (if less than 2 years at current):		
Employer's Phone:		Annual Income:
Occupation:		Length of time employed?(How Long)
Spouse/Common Law's Employer:		Occupation:
Address:		
How Long:	Gross Income:	Phone:
References		
Name:		Relationship:
Address:		Phone:
Name:		Relationship:
Address:		Phone:
Relatives/Landlord Contact Information		
Relative Name:	Relationship:	Phone:
Landlord Name:		

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, Child Support, Alimony and Other (specify) _____	\$
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 from all sources	\$
Total Income less Total Expenses	\$

Statement of Net Worth – Assets

(attach copies for each shareholder, spouse, and corporation)

Cash Assets	Amount	Bank	Branch
Cash			
Cash			
RRSP			
Stock/Bond			
Real Estate			
Vehicles			
Other Assets			
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						
Finance Companies						
Credit Cards						
Total Value of Liabilities	\$					
Net Worth (Assets – Liabilities)	\$					

Information Collection Authorization

The statements made herein are for the express purpose of obtaining financing from Community Futures North Fraser and are to the best of my/our knowledge and belief, true, correct, and complete.

The applicant understands that additional information, if required in support of this application, must be supplied to the Corporation before adequate consideration can be given to this application.

The applicant consents to Community Futures North Fraser making credit inquiries or any other inquiries of such person, firms or corporations as it deems necessary in order to reach a decision on this application.

The applicant agrees to reimburse Community Futures North Fraser any legal cost 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.

Signed:

Applicant

Witness

Date

Date

PERSONAL INFORMATION

Last Name: _____ First: _____ Middle: _____

Social Insurance No. _____ Birth date: _____

Marital Status: _____ How Long: _____ No. Dependents: _____

Spouse: _____ SIN#: _____ Birth date: _____

Address: _____

Phone: _____ Residence: _____ Business: _____

Own: _____ Buy: _____ Rent: _____ Landlord: _____

Previous Address: _____

(Please complete if more than one person is applying for the loan)

Last Name: _____ First: _____ Middle: _____

Social Insurance No. _____ Birth date: _____

Marital Status: _____ How Long: _____ No. Dependents: _____

Spouse: _____ SIN#: _____ Birth date: _____

Address: _____

Phone: _____ Residence: _____ Business: _____

Own: _____ Buy: _____ Rent: _____ Landlord: _____

Previous Address: _____
