



Community Futures
 Development Corporation of
 Thompson Country
 101-286 St Paul Street
 Kamloops, BC V2C 6G4
 Phone (250) 828-8772
 Fax (250) 828-6861
 Email
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www.communityfutures.net

Business Loan Application



Name: _____

Phone: _____

Business Financing

Community Futures Development Corporation of Thompson Country is a not-for-profit organization dedicated to helping enterprising people achieve their business dreams. Our services include financing for start up and expanding business.

There are many factors when determining eligibility for a loan:

- Viability of the business
- Assessment of your management skills.
- Your personal financial commitment.
- Security being offered.
- Jobs created.
- Inability to obtain conventional funding.

The Community Futures financing program is available to all Canadians regardless of employment status, and is funded by Western Economic Diversification.

Terms of repayment are typically 3 to 5 years. Maximum loan amount \$150,000.

Getting Started

- Staff and Client meeting.
- Business loan application.
- Personal financial statement.
- Comprehensive business plan (training available).
- Review by Loan Administrator.
- Submission to Loan Committee for approval.

Costs

\$100.00 non-refundable application fee

1.5% of Approved Loan amount processing fees.

COMMUNITY FUTURES DEVELOPMENT CORPORATION OF THOMPSON COUNTRY

Suite 101 – 286 St. Paul Street, Kamloops, BC V2C 6G4

Phone: (250) 828-8772 Fax: (250) 828-6861

BUSINESS LOAN APPLICATION

Business Name:	Please Check: <input type="checkbox"/> Proprietorship <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Corporation
Nature of Business:	
Business Address: (Street, City, Postal Code)	

Business Telephone () -	Year Business Established _____	How long under present ownership _____	Number of Employee _____
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PRINCIPALS/OWNERS

FULL NAME AND ADDRESS	% OWNERSHIP	TITLE/POSITION

AMOUNT OF LOAN REQUEST \$

DESCRIBE THE PURPOSE OF THE LOAN:

FUNDS ARE REQUIRED FOR	SOURCE OF FUNDS
\$ _____	C.F.D.C Loan \$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
\$ _____	\$ _____
Total Program \$ _____	Total Funding \$ _____

ASSETS OFFERED FOR SECURITY

Item	Registered Owner	Serial # & Legal Description	Estimated Market Value

OWNER INVESTMENT

Description	Original Cost	Present Market Value (A)	Amount Owing (B)	Equity A – B = Equity

CREDIT RELATIONSHIPS Please provide details of your business relationships below

Name of Creditor And Address	Purpose of Loan/Credit	Original Amount/Limits	Amount Outstanding	Repayment Terms	Maturity Date if any

SUNDRY OBLIGATIONS Please provide details below if you answer **YES** to any of the following questions.

Is the business providing support for obligations not listed on its financial statement (i.e. cosigner, endorser, guarantee)?

If YES, please indicate total contingent liability \$ Yes No

Is the business party to any claim or lawsuit?

Yes No

Has your business ever sought legal protection from its creditors, i.e. bankruptcy, receiver, receiver-manager? Yes No

Does the business owe any taxes for years prior to the current year? Yes No

(i.e. Sales, Income Realty, or Municipal Business Taxes or Provincial Corporation Taxes)

Amount \$ _____ Owed to _____

Details of any of the above

BUSINESS REFERENCES (trade creditor, personal, etc)

NAME	ADDRESS	BUSINESS PHONE
Banker		
Lawyer		
Accountant		
Other		

INSURANCE COVERAGE

* Existing businesses, please provide details of present coverage

* New business, please state planned coverage

TYPE OF COVERAGE	INSURANCE COMPANY	AMOUNT OF COVERAGE

The undersigned declare(s) that the statements made herein are for the purpose of obtaining business financing and are to the best of my/our knowledge true and correct. The applicant(s) consent(s) to the Community Futures Development Corporation of Thompson Country making any inquiries it deems necessary to reach a decision on this application, and consent(s) to the disclosure at any time of any credit information about me/us to any credit reporting agency or to anyone with whom I/we have financial relations.

I/we also confirm that I/we have approached my financial institute, relative to our application for financing, and have been unable to secure adequate financing under reasonable terms and conditions.

I/we further confirm that I/we will be responsible for all legal fees incurred in preparation of the documentation of this loan regardless if funding is subsequently obtained elsewhere, or if any change in plans/actions precludes me/us from proceeding.

PER: _____
Signature Date

PER: _____
Signature Date

Title

Title

COMMUNITY FUTURES DEVELOPMENT CORPORATION OF THOMPSON COUNTRY
Suite 101-286 St. Paul Street
Kamloops, B.C. V2C 6G4

YOUR PERSONAL FINANCIAL STATEMENT

Name:		Date of Birth:	Social Insurance Number - -	
Street Address		City	Province	Postal Code
Home Phone: () -		Residence: <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other		How long at Address? ____ Year ____ Month
Drivers License #		Currently Employed by:		How long with Employer? ____ Year ____ Month
Employers Phone:		<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Separated (This includes single, divorced and Widowed)		Number of dependants

Your Principal financial Institution & Address:

Personal Data on Your Spouse (Under the Laws of Canada or the Provinces, your spouse may have a legal interest or obligation arising from your business dealings and may also have an interest in your personal assets).

Name:	Occupation:	Date of Birth:
Current Employer:	How Long With Employer ____ Year ____ Months	Social Insurance Number - -

Financial Information As at Day Month Year

ASSETS		LIABILITIES		
List and describe all Asset		List credit cards, open lines of credit, and other liabilities (including alimony and child support)		
	Value		Balance Owning	Monthly Payment
Total Chequing	\$	Bank Loans	\$	\$
Total Savings		Mortgages On Real Estate (See Schedule "B" on reverse)		
Life Insurance Cash Value		Monthly Rent Payment		
Vehicles		Credit Cards (Please Itemize)		
Make Year				
Make Year				
Stocks & Bonds (See Schedule "A" on reverse)		Other Obligations (Please Itemize)		
Accounts/Notes Receivable (Please Itemize)				
Real Estate - Market Value (See Schedule B on reverse)				
Retirement Accounts		Total Monthly Payments		\$
Others Assets (Household Good...)		Total Liabilities (II)	\$	
Total Assets (I)	\$	Net Worth (I-II)	\$	

Income Sources	Income from alimony, Child support or separate maintenance does not have to be stated unless you want it considered.	Sundry Personal Obligation	Please provide details below if you answer Yes to the following questions.
Your Gross Monthly Salary	\$	Are you providing your personal support for obligations not listed above (i.e. cosigner, endorser, guarantor)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Your Spouse's Gross Monthly Salary	\$	Are you providing any alimony or child support <input type="checkbox"/> Yes <input type="checkbox"/> No	
Net Monthly Rental (from Schedule "B" on reverse)	\$	Details of any of the above	
Other Income (Please itemize)	\$		
Total	\$		

Schedule A - Stocks and Bonds

Quantity	Description	Where Quoted	Market Value	Pledged as Collateral	
				Yes	No
			\$		
Total			\$		

Schedule B - Real Estate Owned

Please provide information on your share only of real estate owned.	Type Of Property	Present Market Value	Amount of Mortgage Liens	Gross Monthly Rental Income	Monthly Mortgage Payments	Monthly Taxes, Insur. Maintenance and Misc.	Net Monthly Rental Income	
Property Address (Primary residence) Plan No. Lot No. Street		\$	1st \$	\$	\$	\$	\$	
City Province			2nd \$					2nd \$
Name of Mortgage Holder(s)			First Mortgage					Second Mortgage
Percentage Ownership %	Month/Year Acquired:			Purchase Price \$				
Property Address (Other) Plan No. Lot No. Street		\$	1st \$	\$	\$	\$	\$	
City Province			2nd \$					2nd \$
Name of Mortgage Holder(s)			First Mortgage					Second Mortgage
Percentage Ownership %	Month/Year Acquired:			Purchase Price \$				

General Information Please provide details if you answer Yes to any of the following questions

Have you ever had an asset repossessed? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever declared bankruptcy? Yes <input type="checkbox"/> Date No <input type="checkbox"/>
Are you party to any claims or lawsuits? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you owe any taxes prior to the current year? Yes <input type="checkbox"/> No <input type="checkbox"/>

Details

The undersigned declare(s) that the statements made herein are for the purpose of obtaining business financing and are to the best of my/our knowledge true and correct. The applicant(s) to the Community Futures Development Corporation of Thompson Country making any inquiries it deems necessary to reach a decision on this application, and consent(s) to the disclosure at any time of any credit information about me/us to any credit reporting agency or to anyone with whom I/we have financial relations.

Date _____ 200

Date _____ 200

Signature of Applicant(s) Above

Signature of Applicant(s) Above

Training Assessment

Please check skill level	Knowledge			Experience		
	High	Medium	Low	High	Medium	Low
Management						
Managing day-to-day operations						
Supervising staff						
Organizing and scheduling						
Budgeting						
Collections						
Marketing & Sales						
Advertising design & promotion						
Customer service						
Networking						
Bookkeeping						
Setting up a bookkeeping system						
Preparing financial statements						
Understanding financial statements						
Cashflow analysis						

1. Is this a new or existing business New _____ Existing _____

2. If new, have you ever owned a business before? Please circle YES or NO
 If yes, when and how long was the business in operation? _____
 Briefly describe the type of business _____

3. If existing business, how long has it been in operation? _____
 Briefly describe the type of business _____

7. Outline below how much money will be required to open your business.

Financial Needs	Amount
Equipment, machinery, tools, vehicles.....	
	\$
	\$
	\$
	\$
Inventory (Items to be purchased for resale)	
	\$
Leasehold Improvements	
	\$
	\$
Operating Capital	
	\$
	\$
Other (please describe)	
	\$
	\$
Total Amount Required	\$
Less: Owner Cash/Asset Contribution	\$
Total Financing Required	\$

8. Outline all sources of financing.

Sources of Financing	
Bank (specify)	\$
Private (specify)	\$
Other (specify)	\$
Total CFDC Financing Requested	\$

PERSONAL BUDGET – ANNUAL

{Please note – these must be annual amounts}

Annual Home Expenses

Rent or Mortgage Payment	_____	
Property Taxes	_____	
Hydro	_____	
Heat	_____	
Telephone	_____	
Home Insurance	_____	
Repairs & Maint. of home	_____	
Sub Total		_____

Vehicle Expenses

Vehicle Loan or lease	_____	
Gas & Oil	_____	
Repairs	_____	
Insurance	_____	
Sub Total		_____

Personal Expenses

Childcare	_____	
Dental	_____	
Medical	_____	
Bank charges	_____	
Clothing	_____	
Food	_____	
Entertainment	_____	
Life Insurance	_____	
Miscellaneous/Contingency 15%	_____	
Sub Total		_____

Total Expenses

Less: Outside sources of income		
Spouse's net income	_____	
S.E. Benefit	_____	
Total (to be deducted)		_____

<u>Total Required of Business</u>		_____
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