

# Business Loan Application



Borrower's Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

Growing Communities one idea at a time

## BUSINESS INFORMATION

Will this business be a start-up     Yes    No                      Business Start-up date: \_\_\_\_\_

Is this an existing business         Yes    No                      Fiscal Year End Date: \_\_\_\_\_

This business has been operating **full-time** since \_\_\_\_\_ (if applicable)

This business has been operating **part-time** since \_\_\_\_\_ (if applicable)

**This business will be a (Please select one):**

- Proprietorship or Partnership
- Incorporation
- Non-Profit
- Limited Partnership
- Co-op

**This business will be operating in the primary sector of (Please select one):**

- Agriculture
- Forestry
- Manufacturing
- Retail
- Service
- Tourism
- Wholesale
- Other: \_\_\_\_\_

Business Number (if applicable) \_\_\_\_\_

Incorporation Number (if applicable) \_\_\_\_\_

Legal Name of business : \_\_\_\_\_

Physical address of business: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing address of business (if different from 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 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 a total investment of \$ \_\_\_\_\_ for its proposed project.

\$ \_\_\_\_\_ will come from the principal owner(s)

\$ \_\_\_\_\_ will come from other sources (specify) \_\_\_\_\_

\$ \_\_\_\_\_ is requested from **COMMUNITY FUTURES SOUTH FRASER**

The purpose of the loan is for:  Start-up  Expansion  Maintenance

The breakdown of the total project cost is (specify all which apply):

\$ \_\_\_\_\_ Equipment      \$ \_\_\_\_\_ Leasehold Improvements

\$ \_\_\_\_\_ Inventory      \$ \_\_\_\_\_ Debt Consolidation

\$ \_\_\_\_\_ Working Capital      \$ \_\_\_\_\_ Other \_\_\_\_\_

Has the borrower been declined for a business loan from a financial institution?  Yes  No

Has the borrower/spouse/ or common-law partner ever had an asset repossessed?  Yes  No

Does the borrower/spouse/or common-law partner owe any taxes prior to the current year?  Yes  No

If **YES** to either of the above questions, please provide details:

\_\_\_\_\_

Does the borrower carry life insurance?  Yes  No If Yes, amount \$ \_\_\_\_\_

## BUSINESS BANKING INFORMATION

Financial Institution #1

Primary Banking Contact

\_\_\_\_\_

\$ \_\_\_\_\_ Authorized Loan Amount      \$ \_\_\_\_\_ Outstanding Amount      \$ \_\_\_\_\_ Repayment

Secured?  Yes  No      Details: \_\_\_\_\_

Financial Institution #2

Primary Banking Contact

\_\_\_\_\_

\$ \_\_\_\_\_ Authorized Loan Amount      \$ \_\_\_\_\_ Outstanding Amount      \$ \_\_\_\_\_ Repayment

Secured?  Yes  No      Details: \_\_\_\_\_

Has the business ever had an asset repossessed?  Yes  No

Has the business ever declared bankruptcy?  Yes  No

Is the business party to any claim or lawsuit?  Yes  No

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

## BORROWER'S PERSONAL INFORMATION

Full Legal Name		Date of Birth (DD/MM/YYYY)	Social Insurance Number	Driver's License #
Street/Mailing Address		City	Province	Postal Code
Phone	Fax	Cell/Pager	Email	
Current or Most Recent Employer and Telephone #		Position	How Long (Years)	Annual Income \$
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Common-Law <input type="checkbox"/> Divorced <input type="checkbox"/> Single			No. of Dependents	
Full Legal Name of Spouse		Date of Birth (DD/MM/YYYY)	Social Insurance Number	Driver's License #
Spouse's Employer		Position	How Long (Years)	Annual Income \$
Where else have you tried to obtain the financing now requested? What was their response?				Other Income \$
Where did you hear about the services offered by Community Futures South Fraser				
1) Are you an endorser, guarantor, or co-signer for any obligations of others? 2) Are you a defendant in any claims or lawsuits? 3) Are any taxes (income, property, etc.) in arrears? 4) Have you or your spouse declared personal bankruptcy in the last 7 years? 5) Have you been a principal/guarantor of a firm which filed for bankruptcy/defaulted on any debts?  If you have answered "Yes" to any of the above, please provide details below:			YES    NO	

### REFERENCES

Next of Kin (Other than Spouse)		Relationship		
Street/Mailing Address		City	Province	Postal Code
Name (Other Personal Reference)		Relationship		
Street/Mailing Address		City	Province	Postal Code

## PERSONAL FINANCIAL SUMMARY

Full Legal name	Full Legal Name of Spouse
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ASSETS (Provide details below)	Value	LIABILITIES (Provide details below)	Limit	Balance	Monthly Payment
Bank Balances (Financial Institution)	\$	Bank Overdraft (Financial Institution)	\$	\$	\$
Term Deposits/GIC (Financial Institution)	\$	Bank Loans (Financial Institution)	\$	\$	\$
Other Investments (Financial Institution)	\$	Auto Loan (Financial Institution)	\$	\$	\$
RRSP'S (Financial Institution)	\$	Line of Credit (Financial Institution)	\$	\$	\$
Vehicle (Year/Make/Model)	\$	Visa (Financial Institution)	\$	\$	\$
Vehicle (Year/Make/Model)	\$	MasterCard (Financial Institution)	\$	\$	\$
Residence (Owners)	\$	Other Credit Card (Description)	\$	\$	\$
Other Property (Address)	\$	Mortgage (Financial Institution)	\$	\$	\$
Other Assets (Description)		Mortgage (Financial Institution)	\$	\$	\$
	\$	Property Taxes	\$	\$	\$
	\$	Support Payments	\$	\$	\$
	\$	Other Liabilities (Description)	\$	\$	\$
<b>TOTAL ASSETS</b>	\$	<b>TOTAL LIABILITIES</b>		\$	\$
<b>NET WORTH (Total Assets minus Total Liabilities Balance)</b>				\$	

MONTHLY INCOME	
Gross monthly Income	\$
Spouse`s Monthly Income	\$
Other Income (specify)	\$
	\$
<b>TOTAL</b>	\$

**NOTES:**

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## PERSONAL FINANCIAL INFORMATION (HOUSEHOLD)

### ASSETS

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

### LIABILITIES

BANK LOAN(S)	Bank	Branch	Monthly Payment	Collateral Held By Bank	Interest Rate	Balance Owning	
BALANCE ON MORTGAGE(S)	Bank	Branch	Monthly Payment	Collateral Held By Bank	Interest Rate	Balance Owning	
OTHER LIABILITIES (CREDIT/STORE CARDS, ETC.)	Bank	Branch	Monthly Payment	Collateral Held By Bank	Interest Rate	Balance Owning	
<b>TOTAL VALUE OF LIABILITIES</b>						\$	
<b>NET WORTH (ASSETS LESS LIABILITIES)</b>						\$	

## PERSONAL INFORMATION

The information below is primarily for statistical purposes, however; the Government of Canada and the Province of British Columbia offer a number of programs and services 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 Community Futures South Fraser's confidentiality agreement and is not shared with any individuals or organizations other than authorized representatives of specific government departments and agencies.

The **Personal Information Protection Act** (PIPA) sets out how B.C. organizations, including corporations, sole proprietorships, partnerships and non-profit organizations, may collect, use and disclose personal information about individuals.

For more information on-line please go to the **Office of the Information and Privacy Commissioner for British Columbia** website:

<https://www.oipc.bc.ca/for-private-organizations>

### You were referred to Community Futures South Fraser by (Please 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 CFSF client |
| <input type="checkbox"/> Advertising               | <input type="checkbox"/> Internet/CFSF Website    |
| <input type="checkbox"/> Educational Institution   | <input type="checkbox"/> Other (specify) _____    |

### Do you or your business partner / spouse / common-law partner belong to any of the following groups?

Check all that apply.

- First Nation
- Visible Minority
- Person with a Disability
- Youth (under age 30)
- New Canadian (less than 10 years)

# TERMS AND RELEASE STATEMENT

## IMPORTANT: Read thoroughly before signing

1. Are you related to any Director or Employee of Community Futures South Fraser?  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 Community Futures South Fraser to make a public announcement regarding your business proposal?  Yes  No

The statements made herein are for the express purpose of obtaining financing from Community Futures South Fraser 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 Community Futures South Fraser before adequate consideration can be given to the applicant.

The applicant consents to Community Futures South Fraser 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 Community Futures South Fraser 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 costs incurred, the applicant shall be held 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 Community Futures South Fraser for the purposes intended.
- I shall make changes or alterations to the plan only with written permission of Community Futures South Fraser.
- I shall maintain insurance as requires by Community Futures South Fraser.

**Waiver of Claims:** Any information provided to Community Futures South Fraser, its agents, directors, volunteers, and others acting on its behalf is given without warranty or representation as to its accuracy. Community Futures South Fraser 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 Community Futures South Fraser and is a true, full and correct statement of my financial condition on the date shown. I hereby authorize Community Futures South Fraser 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 Community Futures South Fraser deems appropriate.

You understand that submission of this information does not obligate Community Futures South Fraser to grant the assistance requested and that any offers of assistance that may be granted must be in writing and must be signed by the authorized representative of Community Futures South Fraser.

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

