

# Application Form

<b>SERVICES PROVIDED</b>	<input type="checkbox"/> Financing	<b>OFFICE USE</b>	<input type="checkbox"/> Approved Financing	Date
	<input type="checkbox"/> Self-Employment Program		<input type="checkbox"/> Declined Financing	Application No.
<input type="checkbox"/> Business Counselling	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved Self-Employment	Start Date	
<input type="checkbox"/> Other	<input type="checkbox"/> Declined Self-Employment	<input type="checkbox"/> Pending	End Date	

<b>PERSONAL INFORMATION</b>	Name	Surname	First name	Middle name or initials		
	Age Group	<input type="checkbox"/> 15 - 24	<input type="checkbox"/> 25 - 29	<input type="checkbox"/> 30 - 54	<input type="checkbox"/> 55 - 64	<input type="checkbox"/> 65 +
	Home Address	Home address		City	Postal code	
	Home Mailing Address	Mailing address		City	Postal code	
	Contact	Home phone	Business phone	Fax	Email	
	Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married or commonlaw	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed
	Spouse Information	Surname	First name	Middle name or initials		
Occupation		Employer	How long with employer?			

<b>EMPLOYMENT INFORMATION</b>	Employment Status	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual/seasonal	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Income assistance	<input type="checkbox"/> Employment insurance	<input type="checkbox"/> Other	
	Current or Most Recent Employer	Employer name				Position			
		Address				Salary per month			
		Start date		End date		Contact		Phone number	
	Previous Employer	Employer name				Position			
		Address				Salary per month			
Start date		End date		Contact		Phone number			

<b>BUSINESS INFORMATION</b> (existing or proposed)	Full Legal Name				
	Business Structure	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Cooperative
		Additional comments			
	Business Address	<input type="checkbox"/> Home-based business, same address as above.			
		Business address		City	Postal code
		Business phone	Cellular phone	Fax	Email
Business Mailing Address	<input type="checkbox"/> Home-based business, same address as above.				
	Mailing address		City	Postal code	
Principal Owners of the Business	Name	Role/function	Ownership %	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	Name	Role/function	Ownership %	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	Name	Role/function	Ownership %	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
	Name	Role/function	Ownership %	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time
Number of Employees	Full-time	Part-time	On call/seasonal/average hours per year		

<b>PERSONAL/BUSINESS AND FINANCIAL</b>	Have you or has this business ever filed for bankruptcy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Are you or is this business a party to any claim or lawsuit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you or has your business ever guaranteed the loans or financial commitments of others?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If "yes" to any of the above, please provide details.		

**BUSINESS DESCRIPTION**

Please describe the current or proposed business products and/or services.

Type of Market	<input type="checkbox"/> Local	<input type="checkbox"/> Regional	<input type="checkbox"/> National	<input type="checkbox"/> International
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**BANKING INFORMATION**

Name of Bank	Address	Phone	Balance
			\$

**PERSONAL AND SPOUSE FINANCIAL INFORMATION**

Assets		Liabilities	
<b>Deposits and Investments</b>		<b>Loans and Mortgages</b>	
Chequing Accounts	\$	First Mortgage	\$
Savings Accounts		Second Mortgage	
GICs and Term Deposits		Student Loans	
Mutual Funds		Automobile Loans	
RRSPs/RSPs		Other	
Other		Other	
<b>A. Total deposits and investments</b>	<b>\$</b>	<b>E. Total loans and mortgages</b>	<b>\$</b>
<b>Real Estate</b>		<b>Credit Accounts</b>	
Home		Visa	
Other		Master Card	
<b>B. Total real estate</b>	<b>\$</b>	American Express	
<b>Other Assets</b>		Other Credit Cards	
Automobiles		Department Stores	
RV, Boat		Other	
Other		<b>F. Total credit accounts</b>	<b>\$</b>
Other		<b>Other Liabilities</b>	
Other		Guarantees	
<b>C. Total other assets</b>	<b>\$</b>	Family/Friends	
		Other	
		<b>G. Total other liabilities</b>	<b>\$</b>
<b>D. Total Assets (A + B + C)</b>		<b>H. Total Liabilities (E + F + G)</b>	
<b>\$</b>		<b>\$</b>	
<b>NET WORTH (D - H)</b>			
<b>\$</b>			

PERSONAL AND SPOUSE FINANCIAL INFORMATION CONTINUED

Monthly Income		Monthly Expenses (Continued)	
Employment income (net of payroll deductions)	\$	<b>Food</b>	
Spouse's income (net of payroll deductions)		Groceries	
Pensions and annuities		Dining Out	
Support income		<b>E. Total food</b>	
Other			\$
Other		<b>House and Household</b>	
<b>A. Total income</b>		Heat	
	\$	Hydro	
<b>Monthly Expenses</b>		Water	
<b>Loan Payments</b>		Cable	
First mortgage		Telephone, cell phone, internet, pager	
Second mortgage		Maintenance, cleaning, landscaping	
Student loans		Miscellaneous household supplies	
Automobile loans		Household furnishings and equipment	
Other		Other household	
Other		<b>F. Total house and household</b>	
<b>B. Total loan payments</b>			\$
	\$	<b>Transportation</b>	
<b>Other Fixed Payments</b>		Automobile gas and oil	
Credit cards		Automobile maintenance	
Property taxes		Parking	
Auto insurance		Ferries	
Life insurance premiums		Other transportation	
Home insurance premiums		<b>G. Total transportation</b>	
Private health plan payments			\$
Medical Services Plan payments		<b>Medical</b>	
Union or professional dues		Prescriptions, vitamins, etc.	
Pension contributions		Chiropractors, podiatrist, etc.	
Rent, strata, pad payments		Other	
Bank charges		<b>H. Total medical</b>	
<b>C. Total other fixed payments</b>			\$
	\$	<b>Personal Expenses</b>	
<b>Other Fixed Payments</b>		Daycare, babysitting	
Credit cards		Education and activities for children	
Property taxes		Education for self and spouse	
Auto insurance		Entertainment, recreation, hobbies	
Life insurance premiums		Newspapers, magazines, music	
Home insurance premiums		Travel, vacation	
Private health plan payments		Clothing, dry cleaning, shoe repair	
Medical Services Plan payments		Personal care	
Union or professional dues		Gifts and charitable contributions	
Pension contributions		Lottery tickets, etc.	
Rent, strata, pad payments		Other	
Bank charges		Other	
<b>D. Total Fixed Payments (B + C)</b>		Other	
	\$	<b>I. Total personal expenses</b>	
<b>D. Total Fixed Payments (B + C)</b>			\$
	\$	<b>J. Total Discretionary Expenses (E + F + G + H + I)</b>	
<b>D. Total Fixed Payments (B + C)</b>			\$
	\$	<b>K. Total Expenses (D + J)</b>	
<b>D. Total Fixed Payments (B + C)</b>			\$
<b>D. Total Fixed Payments (B + C)</b>		<b>TOTAL INCOME - TOTAL EXPENSES (A - K)</b>	
	\$		\$

<b>EQUITY STATEMENT</b>	<b>The following is a list of assets, both cash and in-kind that will be directly used for the business.</b>					
	Cash				\$	
	Equipment	Description/model #/serial #		Quantity	Purchase price	Value
	Vehicles	Make/model/year	Mileage/km's	Used for business %	Purchase price	Value
	Real Estate	Description	Mortgage payment	Used for business %	Purchase price	Value
Other Assets	Description			Purchase price	Value	
<b>I understand that to be eligible to participate in the Self-Employment Program, I must be able to contribute \$5,000 towards my business.</b>						

<b>BUSINESS SUPPORT</b>	List those with whom you have discussed and received support for your business idea.	Family/friends
		Professionals
		Potential customers
		Potential competitors
		Industry associations

<b>INDUSTRY INFORMATION</b>	<b>Industry Background</b>	
	How has this industry developed?	What has been the industries growth?
		What is the projected growth for this industry?
	How well do small businesses prosper in this industry?	How does your business fit into the industry?
What experience and training have you had in this industry?		

<b>FINANCING INFORMATION</b>	Financing is for	<input type="checkbox"/> Business start-up	<input type="checkbox"/> Expansion	<input type="checkbox"/> Purchase of existing business
	Purpose and amount of financing	Operating/Working Capital		\$
		Vehicle(s)		
		Equipment		
		Leasehold Improvements		
		Inventory		
		Other		
	Program funding obtained from	Bank or financial institution	City	Amount funded \$
		Terms	Phone number	
		Bank or financial institution	City	Amount funded \$
Terms		Phone number		
Security Offered	Assets		Value \$	

<b>REFERENCE AND CREDIT CHECKS</b>	<b>CFAC requires reference and credit checks be performed as a normal requirement in prudent lending or granting of public funds.</b>			
	I/We, the undersigned, declare that the statements made herein are for the purpose of obtaining financing and are to the best of my/our knowledge true and correct. I/We consent to CFDC of A-C d.b.a. CFAC making any inquiries it deems necessary to reach a decision on this application, and consent 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.			
	Signature of Applicant (s)	Date	Date of Birth	Social Insurance Number
	Signature of Applicant (s)	Date	Date of Birth	Social Insurance Number
	Signature of Applicant (s)	Date	Date of Birth	Social Insurance Number
Signature of Applicant (s)	Date	Date of Birth	Social Insurance Number	