

Borrower Name(s): \_\_\_\_\_

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

## Micro-Loan Application to Start Your Business



## MICRO LOAN APPLICATION FOR STARTUPS

**IMPORTANT NOTE:** All Micro Loan applicants must complete this business micro loan application in full. If you are starting a new business you may provide a business plan for additional information.

**BUSINESS DETAILS:** We have seen many businesses both big and small succeed and fail for a variety of reasons. Along the way we have learned that there are some basic business details that all people should consider when going into business for themselves. This form is meant to ensure these “basic details” are addressed.

Starting a new business can hold many surprises. Everything can be a surprise if you have not thought about it or prepared for it. Sound business planning and having a contingency plan for potential events can help keep your business afloat. Most new businesses that fail did not plan-to-fail, they failed-to-plan.

Failing on paper is far cheaper and less stressful than failing in business. This is why we ask that you carefully consider and answer all questions on this form. This is your business blueprint. Be honest with yourself and set realistic sales expectations. This could make the difference between the success and failure of your proposed business.

**MICRO LOAN RISK:** The information you provide us with in this application assists us in determining the risk involved in lending you money. Risk is based mostly on business management and earning potential. It is risk that we will consider when deciding upon your micro loan application. A Micro Loan is a normal business loan that must be repaid.

**Fees for Micro Loans up to \$25,000 - 2% Disbursement fee (minimum of \$50)**



## BUSINESS INFORMATION

Legal Name of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_ Cell: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Website: \_\_\_\_\_

This business is or will be:      Proprietorship      Partnership      Corporation      Co-operative      Non-Profit

Corporation Number (If Applicable): \_\_\_\_\_ Business Number: \_\_\_\_\_

This business has or will have a fiscal year end in the month of: \_\_\_\_\_

This business is:      not yet operating or has been operating      full-time      part-time, since \_\_\_\_\_

This business currently has:      full-time employees,      part-time employees, and      seasonal/casual employees

In the next 12 months, you plan to hire:      full-time employees,      part-time employees, and      seasonal/casual employees

This business is/will be operating primarily in the sector or industry (check one):

Agriculture      Manufacturing      Services      Tourism      Forestry / Mining      Retail      Construction

Accountant: \_\_\_\_\_ Phone #: \_\_\_\_\_

Lawyer: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance: \_\_\_\_\_ Phone #: \_\_\_\_\_

Business Bank: \_\_\_\_\_ Phone #: \_\_\_\_\_

List the names of all principal owners of the business:

| First Name | Last Name | % Ownership | Position |
|------------|-----------|-------------|----------|
|------------|-----------|-------------|----------|

## BUSINESS DECLARATIONS

Is the business providing support (co-signer, endorser, guarantor) for obligations not listed on its financial statements?      Yes      No

If yes, please provide details:

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

Has the business ever sought legal protection from its creditors?      Yes      No

Does the business owe any statutory creditors?      Yes      No

If yes, please provide details: Creditor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Explanation: \_\_\_\_\_

Creditor: \_\_\_\_\_ Amount Owed: \_\_\_\_\_ Explanation: \_\_\_\_\_

## LOAN INFORMATION

Please complete the table below:

| Planned Use of Funds                      | \$ | Planned Source of Funds                     | \$ |
|-------------------------------------------|----|---------------------------------------------|----|
| Purchase or construction of real property |    | Community Futures Peace Liard               |    |
| Renovation or expansion                   |    | Personal investment of owners               |    |
| Leasehold improvements                    |    | Business resources (i.e. retained earnings) |    |
| Purchase of equipment                     |    | Borrowed from friends or family             |    |
| Purchase of inventory                     |    | Other Financial Institution:                |    |
| Working Capital                           |    | Other:                                      |    |
| Other:                                    |    | Other:                                      |    |
| <b>Total*</b>                             |    | <b>Total*</b>                               |    |

**\* Please ensure both totals match.**

What efforts, if any, have been made to obtain financing elsewhere?

Please briefly describe any positive social, economic or environmental impact that you believe will result from your project or business.  
(optional)

## VOLUNTARY DECLARATIONS

Providing any of the following information will have no positive or negative impact on your application.

CFPL broadly supports small businesses and entrepreneurs. We work with a network of partners that provide targeted support to distinct groups such as Indigenous Peoples, Persons with Disabilities, Women Entrepreneurs, Young Entrepreneurs, and New Immigrants to Canada. By self-disclosing information about yourself and your business, CFPL may be able to identify additional organizations and programs available to support your business or project. We will discuss these programs with you and only share your information with other organizations after you have provided your express, written consent.

In most cases, the information that you provide here may also be compiled into anonymous statistical data for the purpose of improving or enhancing our services or the services of the Community Futures Network of Canada.

Does the business owner or any group of individuals owning 51% or more of the business belong to any of the following identifiable groups?

- Indigenous Peoples (First Nations, Inuit or Métis)
- Women Entrepreneurs
- Young Entrepreneurs (under 29 years of age)
- Persons with Disabilities\*
- New Canadians (Permanent Resident or Landed Immigrant status)

\* Community Futures adopts a broad definition of "disability" that includes any individual managing an ongoing health issue, injury, illness or other chronic condition.

How did you hear about Community Futures?

## PERSONAL FINANCIAL STATEMENT

Please complete pages 5 & 6 separately and in full for each Borrower and/or Guarantor.

|                                                                                                                      |           |              |                    |    |  |
|----------------------------------------------------------------------------------------------------------------------|-----------|--------------|--------------------|----|--|
| Full name:                                                                                                           |           |              | Date of Birth:     |    |  |
| Address:                                                                                                             |           |              | Driver's License:  |    |  |
| City:                                                                                                                | Province: | Postal Code: | Social Ins. No:    |    |  |
| Phone:                                                                                                               | home      | Email:       | Canadian Citizen   |    |  |
|                                                                                                                      | cell      |              | Permanent Resident |    |  |
| Employer:                                                                                                            |           | Occupation:  |                    |    |  |
| Address:                                                                                                             |           | Phone:       |                    |    |  |
| Married:                                                                                                             | Yes       | No           |                    |    |  |
| If yes, will your spouse be an owner or guarantor of the business?                                                   |           |              | Yes                | No |  |
| <i>If your spouse is an owner or a guarantor, please have them complete a separate personal financial statement.</i> |           |              |                    |    |  |

|                                                                                      |     |    |               |                |
|--------------------------------------------------------------------------------------|-----|----|---------------|----------------|
| Do you have a current Life Insurance Policy                                          | Yes | No | Policy Value: | Current Value: |
| Have you or your spouse ever had an asset repossessed?                               | Yes | No |               |                |
| Have you or your spouse been party to any claim or lawsuit?                          | Yes | No |               |                |
| Have you or your spouse ever declared bankruptcy?                                    | Yes | No |               |                |
| Do you or your spouse owe any Statutory Creditors?                                   | Yes | No |               |                |
| Are you a co-signor or guarantor for any obligations not listed on this application? | Yes | No |               |                |
| If yes to any, please provide details:                                               |     |    |               |                |

## PERSONAL ASSETS AND LIABILITIES

***Include all personal assets and liabilities for you and your spouse if married***

| Real Estate Owned |                      |               |               |             |
|-------------------|----------------------|---------------|---------------|-------------|
| Real Estate Owned | Address, Description | Current Value | Balance Owing | Monthly Pmt |
| Residence         |                      |               |               |             |
|                   |                      |               |               |             |
|                   |                      |               |               |             |

| <b>Assets</b>            | <b>Present Value</b> | <b>Liabilities</b>     | <b>Balance Owng</b> | <b>Monthly Pmt</b> |
|--------------------------|----------------------|------------------------|---------------------|--------------------|
| Cash                     |                      | Mortgage               |                     |                    |
| Unregistered Investments |                      | Line of Credit         |                     |                    |
| Principal Residence      |                      | Credit Card            |                     |                    |
| Other:                   |                      | Vehicle Loan / Lease   |                     |                    |
|                          |                      | Other:                 |                     |                    |
|                          |                      |                        |                     |                    |
|                          |                      |                        |                     |                    |
|                          |                      |                        |                     |                    |
|                          |                      |                        |                     |                    |
|                          |                      |                        |                     |                    |
|                          |                      |                        |                     |                    |
| <b>TOTAL A</b>           |                      | <b>TOTAL B</b>         |                     |                    |
| <b>NET WORTH</b>         |                      | <b>( Total A – B )</b> |                     |                    |

|                                                                         |               |
|-------------------------------------------------------------------------|---------------|
| Please list any obligations for which you are a guarantor or co-signor. | Balance owing |
|                                                                         |               |
|                                                                         |               |
|                                                                         |               |

| Monthly Household Income       | Monthly Household Expenditures    |  |
|--------------------------------|-----------------------------------|--|
| Income Drawn from the Business | Rent / Mortgage Payments          |  |
| Employment Income              | Finance Payments (from above)     |  |
| Spouse's Employment Income     | Food and Clothing                 |  |
| Rental Income                  | Utilities, Phone, Internet, Cable |  |
| Retirement Income              | Transportation                    |  |
| Investment Income              | Medical & Insurances              |  |
| Other:                         | Education / Child Care            |  |
| Other:                         | Other:                            |  |
| <b>Total Income</b>            | <b>Total Expenditures</b>         |  |

The Personal Financial Statement is true, correct and complete. By signing you authorize Community Futures Peace Liard to obtain any information it deems necessary, including but not limited to, reports from credit bureaus, retail credit companies, any registry, and any person or business that may have business or financial dealings with you.

Signature: \_\_\_\_\_

## DISCLOSURE AND RELEASE STATEMENT

### DISCLOSURE AND RELEASE STATEMENT

Are any of the Borrowers or Guarantors related to any Director or Employee of Community Futures Peace Liard? Yes No

- In this agreement, "you" and "your" mean each person who signs below.
- The statements made herein are for the express purpose of obtaining financing from Community Futures Peace Liard and are to the best of your knowledge and belief true, complete, and correct.
- This application is not complete unless accompanied by the supporting documents outlined on page 2, in the section titled "ACCOMPANYING INFORMATION & DOCUMENTS" and signed below by each party related to this application.
- You understand that additional information may be requested during the evaluation of your application and that any decision regarding financing may be withheld pending receipt.
- You agree to reimburse Community Futures Peace Liard any costs incurred in the registration of documents for loan security. Should you withdraw your request for financing after legal documents have been registered and costs incurred, you agree to immediately reimburse CFPL the full amount of these costs. CFPL will provide evidence of costs incurred.
- This consent may not be withdrawn and will be in full force and effect until amounts owing to CFPL are discharged in full. CFPL will not share any personal information without your knowledge and consent unless required to do so by law.

### APPLICATION MUST BE SIGNED BEFORE IT CAN BE PROCESSED

You confirm that you have read the terms and conditions above and agree to be bound by them. If signing for a corporation or an incorporated non-profit organization, you attest that you are authorized to act on behalf of the corporation.

For Corporations, Co-operatives and Non-Profits:

Legal Name of Business:

|                                    |                |                    |               |
|------------------------------------|----------------|--------------------|---------------|
| _____<br>Name of Authorized Person | _____<br>Title | _____<br>Signature | _____<br>Date |
|------------------------------------|----------------|--------------------|---------------|

|                                    |                |                    |               |
|------------------------------------|----------------|--------------------|---------------|
| _____<br>Name of Authorized Person | _____<br>Title | _____<br>Signature | _____<br>Date |
|------------------------------------|----------------|--------------------|---------------|

For Sole Proprietors and Partnerships:

|               |                    |               |
|---------------|--------------------|---------------|
| _____<br>Name | _____<br>Signature | _____<br>Date |
|---------------|--------------------|---------------|

|               |                    |               |
|---------------|--------------------|---------------|
| _____<br>Name | _____<br>Signature | _____<br>Date |
|---------------|--------------------|---------------|

## BUSINESS PLAN SUMMARY FOR STARTUPS

If you have a written business plan and financial forecast, please submit them with your application.

Describe the products or services that you will be selling:

Describe your customer and how you will market to them:

Describe your competition and how you will differentiate yourself:

**Describe how you are qualified to own and operate this business:**

**Provide additional details about you and your business:**