

APPLICATION FOR FINANCING

Date of Application:		Application #: (for CFDC use)	
Name of Applicant(s):			
<input type="checkbox"/> Incorporated <input type="checkbox"/> to be Incorporated <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership			
Company Name:			
Company Address:			
Business Phone #: ()	Business Fax #: ()	Cell #: ()	E-Mail:
Amount of Loan Requested: \$		# of Jobs Created:	
Purpose of Loan: -----			
Have you applied for funds elsewhere? (circle one)		If Yes, where?:	
Yes No			

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 to the Community Futures Okanagan Similkameen 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 further confirm that I/we will be responsible for payment of all charges relative to investigation preparation execution and registration of such documents as may be required by the Corporation or its solicitors.

X _____
 Applicant

X _____
 Co-Applicant (or Spouse)

PERSONAL INFORMATION

Last Name:		First Name		Middle Initial	Date of Birth:	Social Insurance #:	
						MM/DD/YYYY	
Home Address:							Home Phone #
Unit #	Street		City	Prov	Postal Code ()		
How long at this address:		Residence:		Previous Address if less than 3 years at above address:			
Yrs	Mnths	<input type="checkbox"/> Rent	<input type="checkbox"/> Own				
Occupation:		Current Employer:		Employer's Phone #:	Gross Income:	Length of Employment:	
				()	\$	Yrs	Mnths
Previous Occupation:		Previous Employer:		Employer's Phone #:		Length of Employment:	
						Yrs	Mnths
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Common-law <input type="checkbox"/> Divorced <input type="checkbox"/> Single					No. of Dependents:		
Spouses Last Name:		First Name		Middle Initial	Date of Birth:	Social Insurance #:	
						MM/DD/YYYY	
Spouse's Occupation:		Spouse's Employer:		Employer's Phone #:	Gross Income:	Length of Employment:	
				()	\$	Yrs	Mnths
Have you ever had an asset repossessed?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes to any of these questions, please explain:	
Are you party to any claims or lawsuits?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever declared bankruptcy?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you owe any taxes prior to the current year?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you currently a co-signor?				<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you carry Life Insurance?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Amount:	
				\$	Is this a <input type="checkbox"/> Cash Value <input type="checkbox"/> Term		

BUSINESS INFORMATION

Name and Address of Lawyer:	
Name and Address of Accountant:	
Name and Address of Bank(s) & Account #'s:	
Name and Address of Landlord:	
Is the business providing support for obligations not listed on its financial statements ? <input type="checkbox"/> Yes <input type="checkbox"/> No (ie. Cosigner, endorser, guarantor)	
Is the business party to any claim or lawsuit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the business ever sought legal protection from its creditors? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the business owe any statutory creditors? (ie. Sales tax, payroll tax, income tax, WCB, employment standards, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes to above, Amount Owed? \$	
Owed to:	
Details of any of the above:	

PERSONAL FINANCIAL INFORMATION

PERSONAL ASSETS (If married, include assets of both self and spouse):							
CASH HOLDINGS	<i>BANK</i>	<i>BRANCH</i>	<i>ACCOUNT #</i>	<i>AMOUNT</i>			
Stocks & Bonds:	<i>Description:</i>		<i>Value: \$</i>				
OWNED REAL ESTATE	<i>Civic Address +/-or Legal Description</i>	<i>Registered Owner(s)</i>	<i>Year Purch.</i>	<i>Mortgage Holder Or Free & Clear</i>	<i>Purchase Price</i>	<i>Present Value</i>	
VEHICLE(S)	<i>YEAR</i>	<i>MAKE, MODEL</i>	<i>Registered Owner</i>		<i>Lien or Free & Clear</i>	<i>Purchase Price</i>	<i>Present Value</i>
PERSONAL ITEMS	<i>ITEM (include household effects, boat, RV, trailer, etc.)</i>			<i>Lien or Free & Clear</i>	<i>Purchase Price</i>	<i>Present Value</i>	
OTHER ASSETS							
GROSS ANNUAL INCOME:	<i>Yourself:</i>			<i>Spouse:</i>			
PERSONAL LIABILITIES (If married, include liabilities of both self and spouse):							
BANK LOANS	<i>BANK</i>	<i>Monthly Payment</i>	<i>Months Remaining</i>	<i>Collateral</i>	<i>Interest Rate</i>	<i>Balance Owning</i>	
MORTGAGE(S)							
CREDIT CARDS							
OTHER DEBTS & LIABILITIES							
HOUSEHOLD EXPENSES	<i>Other than the debts indicated above, how much do you spend a month to live, such as:</i>						
	<i>Rent</i>	<i>Food</i>	<i>Utilities</i>	<i>Daycare</i>	<i>Medical</i>	<i>Other</i>	

PERSONAL FINANCIAL STATEMENT (from totals above)

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash, Stocks, Bonds	\$	Bank Loans	\$
Owned Real Estate	\$	Mortgages	\$
Vehicles	\$	Credit Cards	\$
Personal Items & Household Effects	\$	Other Debts and Liabilities	\$
Other Assets	\$	TOTAL LIABILITIES (B)	\$
<hr/>		<hr/>	
TOTAL ASSETS (A)	(A) \$	TOTAL ASSETS (A)	\$
<hr/>		MINUS TOTAL LIABILITIES (B)	- \$
<hr/>		EQUALS TOTAL NET WORTH	\$

RELEASE, WAIVER AND INDEMNITY

IN CONSIDERATION OF COMMUNITY FUTURES OKANAGAN SIMILKAMEEN (CFOS) providing to _____ (the "Undersigned") financial assistance and/or counseling services in connection with the organization and operation of the business of the Undersigned, the Undersigned, through and by his authorized representative, does hereby release and absolutely discharge CFOS and each of its officers, agents and employees, arising in tort, contract and otherwise, in respect of any and all loss, damage, cost or expense arising out of any activities coordinated or carried out by CFOS, and whether or not any such loss, damage, cost or expense arises in whole or in part from the negligence or neglect of CFOS, its officers, agents or employees or otherwise howsoever;

AND the Undersigned hereby covenants and agrees to indemnify and save harmless CFOS and each of its officers, agents and employees from and against any and all claims, actions causes of action (including without limitation any claim, action or cause of action with respect to the operation or failure of the business of the Undersigned), demands, costs, charges or expenses in respect of any and all loss or damage suffered by or happening to the Undersigned arising out of or in any way attributable to the activities coordinated or carried out by CFOS whether or not any such loss or damage in whole or in part arises from the negligence or neglect of CFDCOS or its officers, agents or employees or otherwise howsoever.

The Undersigned hereby waives any and all rights which it now has or may in the future have to claim against CFOS, its officers, agents or employees arising out of or in connection with any of the activities or services provided by CFOS.

This Release and Indemnity shall be binding upon the Undersigned and his estate, heirs and successors.

DATED this _____ day of _____, 20_____.

X _____
Witness

X _____
Applicant or Authorized Signatory of company

Address

Occupation