



Business Loan Application

**Rossburn and District
Community Development
Corporation**

The Following Documents Are To Be Included With Your Loan Application:

For all applicants:

- Copy of Driver's License
- Copy of Birth Certificate
- Copy of T4 and Past 3 Years Income Tax Returns
- Copy of most recent bank statements
- Current Personal Resume of Key Personnel Involved in Business
- Partnership Agreement, if Applicable
- Legal Land description (personal and business)
- Projected Income and Expense Sheet (3 years) of new business operation.

For applicants who already own or are purchasing an existing business:

- Financial business statements for the past three years
- Copy of business name registration or incorporation papers
- Interim financial statement since the start of current year
- Copy of Business Insurance Policy
- Aged accounts payable and accounts receivable lists including names, amounts and status
- Opening balance sheet for the business
- Balance sheet at most recent month's end
- Any other supporting documents, i.e. sales agreements, contracts, purchase agreements, appraisals
- Projected Income and Expense Sheet (3 years) under your management

For applicants purchasing a franchise:

- Complete details of leases, franchise agreements or other relevant agreements and contracts
- Projected Income and Expense Sheet (3 years) of franchise

All Parts Of The Business Loan Application And Business Plan Are To Be Completely Filled Out. No Loan Application Will Be Accepted Without All The Appropriate Attachments.

PERSONAL INFORMATION***Each Applicant, example Partnership, Is To Complete A Full Business Loan Application****Full Legal Name:** _____
Surname First Middle**Maiden or Other Names:** _____**Mailing Address:** _____
Box # Town Postal Code**Street Address:** _____
House # Street Town**Previous Address (if less than 3 years):** _____**Phone:** () _____ () _____ () _____
Day Evening/Weekends Fax**E-mail:** _____ **Canadian Citizenship:** _____ **Yes** _____ **No** _____**Social Insurance Number:** _____ **Date of Birth:** _____
mm/dd/yr**Driver's License Number:** _____ **Number of Dependants:** _____**List all sources of income:**

(Please include a copy of your most recent T4 and your last three years of Income Tax Returns)

Source/Employer	Monthly Amount
_____	_____
_____	_____
_____	_____

EMPLOYMENT INFORMATION**Present Employer:** _____ **Phone:** (____) _____**# of Years:** _____ **Position:** _____ **Salary:** _____**Previous Employer:** _____ **Phone:** (____) _____**SPOUSAL INFORMATION:****Full Legal Name:** _____
Surname First Middle**Date of Birth:** _____ **Social Insurance Number:** _____
(mm/dd/yr)**Driver's License Number:** _____ **Present Employer:** _____**Position:** _____ **Annual Salary:** _____

BUSINESS INFORMATION

Business Name: _____

Mailing Address: _____

Location: _____

Is your business name registered? _____ **Yes** _____ **No**

The business is a: *Sole Proprietorship* _____ / *Partnership* _____ / *Corporation* _____ / *Co-op* _____

Fiscal Year End: _____ **Business Start-Up Date:** _____
mm/dd/yr mm/dd/yr

List all **Owners** (Sole Proprietorship/Partnership) or **Principals** (Incorporated) of the business:

Name	Address	Phone	% of Ownership	Role/Function
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please include current/updated Resume(s) for all Key Principal(s)

LOAN INFORMATION

Please provide details regarding the purpose of your loan request.

1. What is the total cost of your project? \$ _____

2. How will the funds be used?

- Operating.....\$ _____
- Vehicle(s).....\$ _____
- Equipment.....\$ _____
- Leasehold.....\$ _____
- Other specify _____ \$ _____
- _____ \$ _____
- _____ \$ _____

3. What is your contribution to the business?

	Value
Financial	\$ _____
Other (specify) _____	\$ _____
_____	\$ _____
_____	\$ _____

4. How much money do you need to borrow? \$ _____

5. Please ensure your business plan includes projected income and expense sheet.

PERSONAL MONTHLY COST OF LIVING STATEMENT

Net Monthly Income:	
You	\$
Spouse	\$
Other	\$
Total Monthly Income (A)	\$
Monthly Expenses:	
Automobile (insurance, fuel, repair)	\$
Cable/satellite	\$
Clothing	\$
Gifts	\$
Groceries	\$
Loan Payments/Leases :	
Vehicle	\$
Credit card	\$
Other	\$
Medication	\$
Municipal Taxes	\$
Recreation and Entertainment	\$
Rent or Mortgage	\$
Restaurants	\$
Telephone	\$
Utilities:	
Electricity	\$
Heating	\$
Insurance (fire, life)	\$
Water	\$
Other --	\$
Other --	\$
Total Monthly Expenditures (B)	\$
Net Monthly Surplus (A minus B)	\$

NOTE: PLEASE INCLUDE PROJECTED INCOME AND EXPENSES OF YOUR NEW BUSINESS OVER THE NEXT 3 YEARS.

STATEMENT OF PERSONAL ASSETS

CASH HOLDINGS/ INVESTMENTS	BANK, BRANCH		ACCOUNT NO.	AMOUNT
				\$
				\$
				\$
REAL ESTATE	Address (legal description)	Registered owner(s)	Purchase Price	Present Value
			\$	\$
			\$	\$
			\$	\$
VEHICLES	Type & Year		Purchase Price	Present Value
			\$	\$
			\$	\$
			\$	\$
OTHER MAJOR ASSETS	Description		Purchase Price	Present Value
			\$	\$
			\$	\$
			\$	\$

STATEMENT OF BUSINESS ASSETS

CASH HOLDINGS	BANK, BRANCH		ACCOUNT NO.	AMOUNT
				\$
				\$
				\$
REAL ESTATE	Address (legal description)	Registered owner(s)	Purchase Price	Present Value
			\$	\$
			\$	\$
			\$	\$
VEHICLES	Type & Year		Purchase Price	Present Value
			\$	\$
			\$	\$
			\$	\$
OTHER MAJOR ASSETS	Description		Purchase Price	Present Value
			\$	\$
			\$	\$
			\$	\$

STATEMENT OF PERSONAL LIABILITIES

LOANS	Lender	Address	Terms	Security	Interest Rate	Balance Owing
						\$
						\$
						\$
MORTGAGES	Lender	Address	Monthly Payment	Maturity Date	Interest Rate	Balance Owing
			\$			\$
			\$			\$
			\$			\$
CREDIT CARDS	Name of Card	Details	Monthly Payment	Credit Limit	Interest Rate	Balance Owing
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
OTHER LIABILITIES	Description	Details	Monthly Payment	Maturity Date	Interest Rate	Balance Owing
			\$			\$
			\$			\$
			\$			\$

STATEMENT OF BUSINESS LIABILITIES

BANK LOANS	Lender	Address	Terms	Security	Interest Rate	Balance Owing
						\$
						\$
						\$
MORTGAGES	Lender	Address	Monthly Payment	Maturity Date	Interest Rate	Balance Owing
			\$			\$
			\$			\$
			\$			\$
CREDIT CARDS	Name of Card	Details	Monthly Payment	Credit Limit	Interest Rate	Balance Owing
			\$	\$		\$
			\$	\$		\$
			\$	\$		\$
OTHER LIABILITIES	Description	Details	Monthly Payment	Maturity Date	Interest Rate	Balance Owing
			\$			\$
			\$			\$

DECLARATION & AUTHORIZATION

I/we consent to the exchange with others of credit information by the CDC at any time and hereby agree to indemnify and save harmless the CDC from all claims arising from such exchange.

I/we, the applicant(s), are not in my/our knowledge in conflict of interest with the regulations of the CDC, meaning: a director of a CDC or a member of any committees of a CDC; the spouse, child, sibling, or parent of a director of a CDC or a member of any committees of a CDC or a member of a CDC staff; or a member of the House of Commons.

I/we the applicant, are not involved in any litigation proceedings and have never filed a claim for bankruptcy, unless otherwise disclosed.

I declare that the attached pages are a true statement of my affairs, that there are no judgements or other actions outstanding against me, except those recorded herein, that all real estate is registered solely in my name, unless otherwise stated, that the information herein is provided for the express purpose of obtaining financial assistance from the CDC.

I/we authorize the CDC to obtain any information you may require relative to this application from any sources to which you may apply and each source is authorized to provide you with such information. You are furthermore authorized to disclose, in response to direct enquiries from any other lenders or Credit Bureau, such information on my loaning account as you consider appropriate, and I agree to indemnify you against and save you harmless from any and all claims in damages or otherwise arising from such disclosure on your part.

I understand that the CDC is not acting exclusively for me/us or my/your venture and that it reserves the right to provide financial and non-financial assistance to individuals or corporations which could be seen as my direct or indirect competition without further notice to me/us, as it may decide in its unfettered discretion.

In completing and submitting this document, the applicant(s) recognizes, acknowledges, and authorizes The Community Development Corporation to use and share the information contained in this document with pertinent financial partners, investment board members, and other government agencies as required to render requested technical and financial assistance.

I agree and consent to take responsibility for the payment of all charges relative to the preparation, execution, and registration of such documents as may be required by the CDC or its solicitors.

I have no other applications pending with a CDC on my own behalf, nor on behalf of any affiliated, controlled or subsidiary company associated with me, whether by direct or beneficial share ownership.

THIS IS MY EXPRESS WRITTEN CONSENT TO A PERSONAL INVESTIGATION.

Per: _____ Per: _____ Date: _____
Signature Witness

Per: _____ Per: _____ Date: _____
Signature Witness

Per: _____ Per: _____ Date: _____
Signature Witness

IF THE APPLICANT IS INCORPORATED, AFFIX CORPORATE SEAL.
If Partnership, each partner must complete a separate loan application.