

Student Summer Loan Application

The Community Futures Lending Program

Community Futures organizations provide small businesses with access to capital that might not otherwise be available from other financial institutions.

Community Futures lending practices are directed by the Community Futures Program through Western Economic Diversification Canada, at reasonable terms and conditions for business ventures that:

- Can demonstrate viability
- Will generate and/or maintain local employment in communities within the CF region
- Will have a positive benefit to the community at large

Loan applicants must be legally entitled to work in Canada and be residents of the Community Futures region.

The Community Futures office may provide business advisory and technical services to small businesses and potential entrepreneurs in the CF region. These services can include (but are not limited to):

- Access to business loans
 - Commercial loans normally up to \$150,000
 - Disabled entrepreneur loans up to \$150,000
 - Youth loans up to \$150,000
 - Student summer loans up to \$3000
- Business Services including:
 - Business plan preparation and analysis
 - Development of Cash flow and Financial Projections
 - Preparation of Marketing plans and market research
 - General business advising
 - Access to community profile and industry information and statistics
 - Licensing and regulatory information
 - Referral information
- Entrepreneurial training programs
- Business venture assessment and marketing analysis

Personal Information of Student Applicant

(Complete this section for all applicants)

Last Name:	Middle Name:	First Name:	
Summer Address:			
Permanent Address: (if different than summer)			
Town/Region:		Postal Code:	
Home Phone:	Cell:		
Email:	S.I.N.:	Driver's License #:	
Birth Date: MM DD YY	Age:		
Name of educational institution you will be attending in the fall			
Are You: (check all that apply):	A Canadian Citizen <input type="checkbox"/>	Immigrant/Permanent Resident <input type="checkbox"/>	Aboriginal <input type="checkbox"/>
	On a Disability subsidy <input type="checkbox"/>	On Employment Insurance <input type="checkbox"/>	Disabled <input type="checkbox"/>
Current Marital Status (check one):	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Common Law <input type="checkbox"/>
	Divorced <input type="checkbox"/>	Dependents: (Describe)	

Parent/Guardian Information*(Complete this section for applicants under the age of 18)*

Last Name:	Middle Name:	First Name:
Permanent Address:		
Town/Region:		Postal Code:
Home Phone:	Cell:	Email:
Last Name:	Middle Name:	First Name:
Permanent Address:		
Town/Region:		Postal Code:
Home Phone:	Cell:	Email:

Parent/Guardian Employment*(Complete this section for applicants under the age of 18)*

A. Parent/Guardian Name:	Relationship:
Current/most recent Employers Name:	
Employer's Phone:	Salary:
Position:	Length of time employed:
Previous Employer (if less than 2 years at current):	
Employer's Phone:	Annual Income:
Responsibilities:	Length of time employed:
B. Parent/Guardian Name:	Relationship:
Current/most recent Employers Name:	
Employer's Phone:	Salary:
Position:	Length of time employed:
Previous Employer (if less than 2 years at current):	
Employer's Phone:	Annual Income:
Responsibilities:	Length of time employed:

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Family/Local Contact Information <i>(Complete this section for applicants over the age of 18)</i>			
Name:	Relationship:	Daytime Telephone:	Address:

Business Information			
Business Name:			
Business Number:	WCB #: (if applicable)	Incorporation #: (if applicable)	
GST Number: (if applicable)			
Physical Address:		Town:	Postal Code:
Telephone:	Fax:	Email:	Website:
Mailing Address: (If different from above)			
This Business will create/maintain how many: Full Time Employees: Part Time Employees:			

Loan Information			
Amount Requested from CF:			
Funds will be used for:	Source of Funds	Amount	% Project
	Applicant cash contribution		
	Other Sources (1) (specify)		
	Other Sources (2) (specify)		
	CF Contribution		
	Total		

Declarations

(Complete this section for applicants over 18 or parent/guardians for applicants under the age of 18)

Have you ever had any assets repossessed?

Yes

No

Have you ever declared for bankruptcy?
(If Yes please list date discharged)

Yes

No

Are you party to any claims or lawsuits?

Yes

No

Are applicants or parents/guardians involved in ANY legal action or litigation?

Yes

No

Do you owe any personal taxes prior to the current year?

Yes

No

Do you owe any corporate taxes prior to the current year?

Yes

No

Are you related to any Director or Employee of this Community Futures Office?

Yes

No

The statements made herein are for the express purpose of obtaining financing from Community Futures Centre West (CFCWest) 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 CFCWest before consideration can be given to this application.

The Applicant and if applicable, the guarantor(s), certify that the information reported in this document is true, accurate and complete, and acknowledges that CFCWest will be relying on the information in considering this and future applications for financing. If untrue, inaccurate or incomplete information is provided, CFCWest may, at its sole discretion, decline a loan application or, if a loan has already been granted, may cease disbursement of funds and demand the full repayment of loan proceeds already disbursed.

The applicant agrees to reimburse CFCWest 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 cost incurred, the applicant shall be responsible for these costs.

Your signature on this form provides us with the consent to conduct any credit investigations we deem appropriate and authorizes us to release any information, financial, personal or otherwise, as required for the purposes of a credit investigation, to any organizations. Your signature on this form grants any such organization we contact, permission to provide all information requested to us with respect to our credit investigation.

We will continue to collect, use and disclose your personal information until such time as your loan has been repaid. This may include doing further credit checks during the term of your loan and using and disclosing your personal information in order to collect any debts you owe to us.

Consent(s) to Inquiry: The Applicant and if applicable, the guarantor(s), consent to Community Futures making any inquiries, including obtaining personal, corporate and business information about them (and their directors and officers, if incorporated, with the corporation declaring it has the authority to provide such consent on their behalf) from such persons, firms, corporations, government authorities, institutions or agencies as it deems necessary in order to reach a decision on any application and to administer an eventual loan, if such is the case.

The undersigned consent to CFCWest exchanging information with other financial institutions or financial partners regarding any project under consideration. While the Applicant and if applicable, the guarantor(s), are not required by law to consent to such inquiries and to such information being obtained, their refusal to consent may prevent CFCWest from considering an application for financing.

Pursuant to the provisions of the Privacy Act, subject to certain exceptions, the Applicant and if applicable, the guarantor(s) (and their directors and officers, if incorporated), have the right of access to, and protection of, personal information that may be obtained by CFCWest.

The foregoing information is submitted for the purpose of establishing or maintaining credit with Community Futures Centre West and is a true, full and correct statement of my financial condition on the date shown.

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.

I also understand that any fees charged for the purposes of applying for credit with CFCWest are non refundable and payment of such fees in no way guarantees the granting of the credit applied for.

_____ Applicant Signature	_____ Applicant Name (print)	_____ Date
_____ Parent/Guardian of Applicant (if under 18)	_____ Parent/Guardian Name (print)	_____ Date
_____ Parent/Guardian of Applicant (if under 18)	_____ Parent/Guardian Name (print)	_____ Date

Application must be signed before it can be processed.

Business Plan

(The following is required in order to support your loan application)

A business plan which includes the following:

- a) Name of business and contact information
- b) Description of product and/or service
- c) Market research
- d) Marketing plan (includes pricing vs cost per item or service, key suppliers and promotional plan)
- e) Operations plan
- f) Estimation of revenue and expenses for the duration of the business. Includes paying back the loan

(a template to assist with a business plan is available at www.cfcwest.com)

Applications will not be considered without a business plan. The business plan has been emailed to busadvisor@cfwest.com yes no

Consent(s) to Inquiry

The Applicant and if applicable, the guarantor(s), consent to Community Futures making any inquiries, including obtaining personal, corporate and business information about them (and their directors and officers, if incorporated, with the corporation declaring it has the authority to provide such consent on their behalf) from such persons, firms, corporations, government authorities, institutions or agencies as it deems necessary in order to reach a decision on any application and to administer an eventual loan, if such is the case.

Community Futures Centre West (CFCWest) may give information about you and company information to Equifax, a credit reporting agency for the following purposes:

- to obtain a consumer credit report about you; and/or
- to allow Equifax to create or maintain a credit information file containing information about you.

This information is limited to the following: Identity particulars - your name, gender, date of birth, address (and the previous two addresses) and Social Insurance Number (SIN).

Period to which this understanding applies: This information may be given before, during and/or after the provision of credit to you and/or a named company.

<p><u>Seeking commercial and consumer credit history information</u> Agreement to CFCWest using consumer and business information to assess a commercial credit application:</p>	
<p><i>I/we agree that CFCWest may:</i></p>	
<p>a) obtain information about me/us from a business which provides information about the commercial credit worthiness of persons for the purpose of assessing my/our application for consumer credit</p>	
<p>b) obtain information about the named company from a business which provides information about the commercial credit worthiness of businesses for the purpose of assessing my/our application for business credit</p>	
Applicant or Parent/Guardian (under 18) Signature:	Date:
SIN:	Birth Date:
Full Name:	All Previous Aliases and/or Maiden Name(s):
Address: (include postal code)	
Signature of Witness:	Date:
Print Name of Witness:	
Parent/Guardian 2 (under 18) Signature:	Date:
SIN:	Birth Date:
Full Name:	
Address: (include postal code)	
Signature of Witness:	Date:
Print Name of Witness:	