

APPLICATION FOR INDIGENOUS WOMEN ENTREPRENEURS MICRO-LOAN FINANCING

This application will enable (AFI) to determine your eligibility for funding.

Instructions for completing this Application:

1. Telephone, email or come by the office if you have questions about the application process.
2. Complete all sections and use attachments if more space is required for certain items.
3. Attach all the required documentation (see documents checklist on Page 5 of application).
4. Ensure that your application is signed and dated.
5. Before completing the assessment of your application, a Business Support Officer will review the information and contact you to discuss your application in more detail.
6. Submit the completed application, including business planning guide and other attachments to your AFI Contact.
7. Retain a copy for your records.

Have you previously applied for or received financial assistance from AFI? YES NO

Please complete all sections or write “N/A” (if not applicable), use attachments as necessary.

LOAN APPLICANT INFORMATION (Complete this section with full legal name)		
Surname:	Given Name:	
Street Address, PO Box or RR	City, Province	Postal Code
Date of Birth	Gender	SIN
Email	Phone Number	Cell Number
Aboriginal Ancestry		First Nations/Metis Registration Number
Current Employer (if applicable)		Phone Number

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Please complete all sections or write "N/A" (if not applicable), use attachments as necessary.

CO-APPLICANT-or-GUARRANTOR INFORMATION (Complete this section with full legal name)		
Surname:	Given Name:	
Street Address, PO Box or RR:	City	Postal Code
Date of Birth	Gender	SIN
Email	Phone Number	Cell Number
Aboriginal Ancestry		First Nations/Metis Registration Number
Current Employer (if applicable)		Phone Number

BUSINESS INFORMATION		
Business Name	Address	
Business Phone Number	Business Fax Number	Website

BUSINESS STRUCTURE			
Sole Proprietor	Partnership	Incorporated	Other
If "Other" please explain			
Registered	Yes	No	Date of Registration
Proposed location			
Number of Full-Time employees		Number of Part-Time Employees	

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Date the business began operations or will commence operations	
A. Name	Percent of Ownership
B. Name	Percent of Ownership

FINANCIAL REQUIREMENTS: What funds do you require, for what purposes and what are source of funds?			
Funds required for:		Sources of funds:	
Capital	\$		\$
Machinery/Equipment		Applicant's Cash Equity	
Office Equipment/Furniture		Other Contributed Equity	
Inventory (3 months)		Loan	
Leasehold Improvements		Other financing	
Other:			
Operating			
Insurance			
Utilities			
Lease Deposits			
Working Capital (3 months)			
Marketing			
Business Support Services			
Total Project Cost		Total Project Financing	

Notes: Proof of commitments from other sources must be attached. Quotes should be obtained and attached. Applicant cash equity should consist of at least 5% of "Total Project Costs".

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ASSETS	APPLICANT \$	STATEMENT OF PERSONAL NET WORTH Co-Applicant-or-Guarantor \$
Cash/Savings		
Investments (RRSP, TFSA, Etc.)		
Vehicle		
Real estate		
Other Assets		
Total Assets		
LIABILITIES		
Personal Loans		
Automobile Loans		
Credit Cards		
Other Debts		
TOTAL LIABILITIES		
PERSONAL NET WORTH (Assets-Liabilities)		
What is your proposed security/collateral for the loan?	Value (\$)	Value (\$)
PERSONAL BUDGET		
Total Monthly Income		
Total Monthly Payments		
Monthly Surplus/Deficit		

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OTHER INFORMATION		
1. Have you ever declared bankruptcy?	Yes	No
2. Have you ever had an asset repossessed	Yes	No
3. Are you involved in any claims/lawsuits	Yes	No
If you answered Yes to any of the above, please explain the circumstances		

SUPPORTING DOCUMENTS CHECKLIST: Please provide the following	
	Copy of Aboriginal Ancestry Card or Confirmation of Beneficiary
	Evidence of Identity (copy of Driver's License or Birth certificate)
	Bank information and Evidence of available cash Equity (bank statement)
	Evidence of value of any contributed assets
	Copies of any quotes for project costs over \$1,000
	Copies of any business licenses and business insurance coverage
	Copy of your resume and any applicable business training certificates in your field
	For existing business provide most recent financial statements
	Copy of partnership agreement or incorporation documents (if applicable)
	Copies of any marketing data and any contracts/letters of intent you have to support sales assumptions
	Completed <u>Indigenous Women Entrepreneurs Business Planning Guide and Cashflow template</u>

Note: Failure to provide these documents with your application may cause delays in assessing your project.

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4. DECLARATION and CONSENT OF APPLICANT(S) and/or GUARANTOR

I certify to the best of my knowledge and ability:

- a) That the information herein and the attachments hereto reflect an accurate description and estimate of costs regarding the intended project.
- b) That all relevant information that is material to the application has been fully disclosed to (AFI).

I hereby authorize duly appointed representatives of (AFI) to obtain information from, and share with, persons or organizations, public or private, any information necessary, including credit information about me from Employers, First Nations, Credit Bureaus, or any persons connected to my dealings, to complete assessment of my Application and the proposed project.

Signed at: _____ this _____ day of _____, 20_____

Signature of Applicant

Signature of Co-Applicant / Guarantor

Signature of Authorities for Corporation

Signature of Authorities for Corporation

Witness

Witness