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APPLICATION FOR ASSISTANCE

Applicant's Name: _____

Business Name: _____

New Existing Business (*Please check one*)

Form of Ownership (*Check one*)

Sole Proprietorship
 Corporation

Partnership
 Other

Mailing Address: _____

Phone: _____

Fax: _____

Business Location: _____

Owners Name: _____

Owners Name: _____

Title: _____

Title: _____

Describe your business:

If an existing business, provide a brief history:

Loan Requested:

Amount:

\$ _____

Purpose:

What cash and/or assets will you be contributing to this venture:

Income/Expense Projections:

(Please provide financial statements for the last three years or in case of a new business, first year cash-flow projections.)

REVENUE	DOLLAR AMOUNT	EXPENSES	DOLLAR AMOUNT
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL REVENUE	\$	TOTAL EXPENSES	\$

COST OF SALES	DOLLAR AMOUNT	EXPENSES	DOLLAR AMOUNT
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
TOTAL COST OF SALES	\$	TOTAL EXPENSES	\$

Gross Margin:
(Revenue minus cost of sales)

\$ _____

Net Income (Before Taxes)
(Gross Margin minus Expenses)

\$ _____

List the main reasons why you believe your business will succeed:

1. _____

2. _____

3. _____

4. _____

5. _____

PERSONAL NET WORTH STATEMENT

Surname: _____ First Name: _____ Initials: _____

Birth Date: _____/_____/_____ Age _____ SIN # _____
Month Day Year

Driver's License # _____ Marital Status _____

Residence Home # _____ Work Phone # _____

Number of Dependents: _____

Spouse's Surname: _____ First Name: _____ Initials: _____

Birth Date: ____/____/____ Age ____ SIN # _____
Month Day Year

Driver's License # _____

Applicant's Address: _____

Town/City _____ Province _____ Postal Code _____

Applicant's Education/Training and Employment History:

Applicant's Employer: _____ Spouse's Employer: _____

Occupation: _____ Occupation: _____

Phone #: _____ Phone #: _____

	AMOUNT
Applicant's Employment Income	\$
Applicant's other Income	\$
Spouse's Employment Income:	\$
Total Family Income	\$

Do you rent or own your own home? (Please Circle) Rent? Own?

If you own your own home, what Bank do you deal with? _____

If you rent, please tell us who your landlord is? _____

What is the rent/mortgage payments per month? \$ _____ What is the yearly taxes on your house? \$ _____

What was the house's purchase price? \$ _____ What year was the house bought? _____

What is the balance owing on the house? \$ _____ What is the present value of the house \$ _____

PERSONAL BALANCE SHEET

ASSETS	VALUE				
House	\$				
Land	\$				
Household	\$				
Cash/Savings	\$				
RRSP	\$				
Cash Value Life Insurance	\$				
Net Equity in Business	\$				
		<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Serial #</u>
Vehicle	\$				
Vehicle	\$				
Other: (Boats, Motor)					
TOTAL ASSETS	\$				
LIABILITIES	BALANCE OUTSTANDING	INTEREST RATE	MONTHLY PAYMENT	TYPE OF LOAN	
Bank	\$		\$		
Bank	\$		\$		
Finance Co.	\$		\$		
Credit Card	\$		\$		
Credit Card	\$		\$		
Other debts	\$		\$		
Other debts	\$		\$		
TOTAL					
LIABILITIES	\$		\$		
NET WORTH				\$	
(Total assets minus total Liabilities)					

Are you making any alimony child support payments? YES _____ NO _____

Are you a co-signer or a co-endorser on notes? YES _____ NO _____

Are you a defendant in any legal action? YES _____ NO _____

Are there any unsatisfied judgements? YES _____ NO _____

Have you ever declared bankruptcy? YES _____ NO _____

DECLARATION

I/We hereby authorize North Central Community Futures Development Corporation (hereinafter referred to as North Central CFDC) to conduct such investigations as they deem necessary and by my/our signature(s) accept notice in writing of and authorize the obtaining of any information required related to this application from any source to which North Central CFDC may apply. Each source is also authorized to provide North Central CFDC with such information. In addition, I/We authorize North Central CFDC to disclose at any time in response to direct inquiries from any other lender or credit institutions including, credit reporting agencies or any other government agency, any information concerning the application(s) that North Central CFDC considers appropriate and I/We agree to indemnify and save harmless the North Central CFDC from any and all claims in damages or otherwise arising from any such disclosures made by North Central CFDC. I/We further warrant and confirm to North Central CFDC that the information given herein is in all respects true, accurate and complete. I/We also understand that it is being used to determine my current credit worthiness.

AUTHORIZATION & DECLARATION

I/We, the applicant(s) am/are not an "interested person on the North Central Community Futures Development Corporation (NCCFDC) meaning:

- 1) A director of the Corporation or a member of any committees of the Corporation.
- 2) The spouse, child, sister, brother or parent of a director of the Corporation or a member of any committees of Corporation or a member of the Corporation staff.
- 3) The spouse of a child, brother, sister or parent of a director of the Corporation of a member of any committees of the Corporation, or a member of the Corporation's staff.
- 4) A member of the House of Commons or an employee of the federal government. I/We the applicant(s) are not involved in any litigation proceedings and have never filed a claim of bankruptcy.

Date: _____ Signature: _____ Date: _____