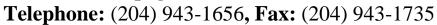


Southeast Community Futures Development Corporation

200 - 208 Edmonton Street Winnipeg, Manitoba, R3C 1R7



Website: www.cfmanitoba.ca/southeast **E-Mail:** scfdc@serdc.mb.ca

35

LOAN APPLICATION

APPLICANT INFORMATION:

Name:	First Nation Membership:
Address:	Phone:
	E-Mail:
Birthday:	S.I.N.:
Occupation:	No. Years:
Employer:	No. Years:
Salary:	Employers Telephone:
Marital Status:	Spouses Name:
Spouses Employer:	Salary:
Current Bank & Branch:	
Address:	
Account Numbers:	

BUSINESS IDENTIFICATION:

Name of Business:				
Address:				
Proprietorship:	Partnership:		Incorporate	d:
Amount of Loan Reque	ested from SCFDC:			
Proprietorship:	Partnership:		Incorporate	d:
TYPE OF LOAN (ple	ease check of one): Reg	ular:	Youth:	Disability:
Briefly Describe Your	Project:			
Percentage of Ownersh	nip:			
Have other sources of	funding been sought b	efore approa	ching Soutl	heast CFDC. Please
circle Yes or No. (If Y	es please explain):	Yes	No	
Explain:				
COMMUNITY SUPE	PORT:			
BCR·	Ot	her:		

PROJECT INFORMATION:

ESTIMATED PROJECT	<u>PROJECT FINANCING</u>
Land:	Applicant Equity:
Buildings:	Other Equity:
Equipment:	SCFDC:
Start-up Costs:	Other Loans:
Other:	Other:
TOTAL COSTS:	TOTAL FINANCING:
How many jobs will be created as a n	result of this project?
Full-time:	Part-time:
CLIENT INFORMATION:	
ASSET	TS LIABILITIES
Cash:	Bank Loans:
Real Estate:	Mortgages:
Automobile(s):	Credit Cards:
Household Effects:	Charge Accounts:
Other:	Other:
TOTAL ASSETS:	TOTAL LIABILITIES:
NET WORTH = TOTAL ASSETS -	TOTAL LIABILITIES =

CLIENT INFORMATION:

DESCRIPTION (Include serial #)	YEAR <u>PURCHASED</u>	PURCHASE PRICE	PRESENT VALUE	SECURED WITH ANOTHER LOAN?
BUSINESS DESCRIPTION:				
My business concept is:				
My business concept is.				
My rationale for this business is:				
I need the following to start up this	s business:			
т 1				
Buildings:				
Equipment:				
Inventory:				
Other:				

OWNERSHIP AND MANAGEMENT:

Who are the owners of the business:	
What experience does the management have:	
OPERATIONS:	
What will be the hours of operation of the business:	
Who will be responsible for what duties:	
MARKETING:	
The market for this business will be:	
The location of the business will be:	
My competitors are:	
Besides my competitors, what could hurt or help this business:	

REVENUE AND EXPENSES (Annually):

Expected Sales:	(A)
Cost of Sales:	(B)
Gross Profit (A - B):	(C)
Expenses:	
Wages & Benefits (Owner):	_
Wages & Benefits (Staff):	_
Office Expenses:	_
Insurance:	_
Legal / Accounting:	_
Rent / Lease:	_
Vehicle:	_
Miscellaneous:	_
Other:	
	_
	_
	_
Total Expenses:	(C)
Net Profit (C – D)	

APPLICANT DECLARATION:

The Southeast Community Futures	knowledge, the information given on this application is true and correctly development Corporation is hereby authorized to check the accuracy of the control
information and obtain credit reports	on me.
Date:	Signature:
Date:	Signature: