

PROGRAM APPLICATION

Self-Employment Benefits Eligibility

To qualify, you must:

- Be currently eligible for EI Benefits, or
- Have had a regular EI claim in the last three (3) years,
- Or, have had an EI Maternity/Parental Claim in the last five (5) years.
- Reside and operate your new business in the Boundary Area.
- Agree to work full time (minimum 35 hours/week) on your business venture.

Self-Employment/Loans Financing Acceptance Criteria

Acceptance on SEB and/or Loan Financing is based on the following;

- Viability of the business,
 - Competent management,
 - Experience related to the venture,
 - Local job creation or maintenance,
 - Location of the business in the Boundary area,
 - Reasonable personal financial investment into the business being established,
 - *Ability to repay, and
 - *Adequate security for the business venture.
- *(Loans Only)**

Program Application Process

- Consultation with Staff.
- Attendance at a 2 Day Business Plan Workshop and SEB/Loan Orientation Session.
- Complete Program Application.
- Working with Staff, Applicant to submit to Community Futures Boundary by required date a Completed Business Plan.
- Staff will present Application and Business Plan for review by Committee at the next regular monthly meeting.

REMEMBER.....

- **To fully complete each page of the Program Application.**
- **To sign and witness all statements within application as requested (applicant, co-applicant, & spouse).**
- **Application To include:**
 - **A completed Business Plan with detailed Cash Flow Projections for three (3) years by Month, including notes to Cash Flow Projections, supporting appendices, and copies of major lease or contract agreements.**
 - **Aged Accounts Receivable and Accounts Payable (existing businesses only)**
 - **Financial Statements for the last three (3) years (existing businesses only)**

Growing communities one idea at a time.

Self Employment Benefit/Loans Application

General Information (Please Circle One):

Have you attended an Orientation Session?	Yes	No	When:
Have you attended the 2 Day Business Planning Workshop?	Yes	No	When:
Have you received previous training through Service Canada/Prov. BC?	Yes	No	When:
Are you receiving Social Assistance Benefits?	Yes	No	
Are you receiving Employment Insurance (EI) Benefits?	Yes	No	
Have you had an Employment Insurance Claim in the last three years?	Yes	No	
Have you had a paternity/maternity claim in the last five years?	Yes	No	
Are you currently operating your proposed business?	Yes	No	
Do you require financing to start this business?	Yes	No	
Have you obtained financing?	Yes	No	
Are you presently employed outside the business?	Yes	No	PT FT Casual
Is this a new business start up or existing business purchase?	New	Existing	

How many jobs do you expect to create?
Full Time: _____ Part Time: _____ Casual/Seasonal: _____

How many jobs do you expect to maintain?
Full Time: _____ Part Time: _____ Casual/Seasonal: _____

Have you ever participated in the Self Employment Benefit Program before (formerly known as the Self Employment Assistance Program and the Self Employment Incentive Program)?
Yes No When:

Applicant Personal Information:

First/Last Name: _____

Business Partner(s) Name(s): _____

(If this business is to be a partnership, please provide the personal details as below for the individuals.)

Home Phone #: _____ Cell or Toll Free # _____

Fax # _____ Email address: _____

Physical Address: _____

City: _____ Province: _____

Mailing Address: _____ City: _____ Province: _____

Postal Code: _____

Applicant's Birth Date: _____ (day-month-year) SIN#: _____

Identification : _____ (identify type)

Spousal Information: (Include even if spouse is not a co-applicant)

First/Middle/Last Name: _____

SIN#: _____ Birth Date: _____ day/month/year

Occupation and Employer: _____

Applicant General Information: (If you answer 'YES' to any of these questions, please provide details).

Have you ever had an asset repossessed?	Yes	No
Are you involved in any claims or lawsuits?	Yes	No
Have you ever declared bankruptcy?	Yes	No
Do you owe any back taxes or other debt to the Federal Government?	Yes	No

Business Information:

Business Name: _____

Business Structure: Sole Proprietorship Partnership Incorporation
(Please circle appropriate structure)

Phone#: _____ Cell Phone or Toll Free#: _____

Fax#: _____ Email Address: _____

Physical Address: _____

Mailing Address: _____

City: _____ Province: _____

Business References:

Lawyer/Solicitor (if Known): _____

Accountant/Bookkeeper: _____

Bank: _____ Contact: _____ Phone#: _____

N.B. Co-applicant/Guarantor must provide Personal and Applicant General Information above. Kindly attach a Co-Applicant package to this application for each individual who is a Co-applicant/Guarantor.

Statement of Personal Affairs:

To be completed by **EACH** individual and submitted with references. Please Circle.

Marital Status: Married Single Separated Divorced Widow Common Law

Age Group: Less than 18 19-24 25-29 30-39 40-45 46-59 60+

Are you the primary wage earner? Yes No

Are you of aboriginal status? Yes No

Are you a person with disabilities? Yes No

Are you of visible minority status? Yes No

Number of children/dependents: _____ Their Ages: _____

Employment History:

Start with last employer. Attach a resume with full details.

Name and Address Of Employer	Supervisor	Dates	Duties	Reason for Leaving

Education and Training:

Grade Completed: _____

Post Secondary Education (Please Describe):

Other Education and Training (Please Describe):

References:

Please supply three (3) **PERSONAL** references. Include both family and non-family references.

1. Name: _____ Relationship: _____
Address: _____
City: _____ Province _____ Postal Code: _____
Phone: _____
2. Name: _____ Relationship: _____
Address: _____
City: _____ Province _____ Postal Code: _____
Phone: _____
3. Name: _____ Relationship: _____
Address: _____
City: _____ Province _____ Postal Code: _____
Phone: _____

Training Assessment:

Please Check Skill Level	Knowledge			Experience		
	High	Medium	Low	High	Medium	Low
Bookkeeping:						
Setting up a business bookkeeping system						
Preparing financial statements						
Understanding financial statements						
Cash flow Analysis						
Bank Reconciliation's						
Management:						
Managing day-to-day business operations						
Supervising staff						
Organizing and scheduling						
Budgeting						
Collections						
Marketing and Sales:						
Advertising design and promotion						
Customer Service						

Identify areas in which you require additional training:

Financing Requirements (Amount of funds needed to be borrowed).

Equipment Purchases (Machinery, tools, vehicles...):

Amount

Total cost of Equipment Purchases: 1 \$ _____

Inventory Purchases (Items to be purchased for resale...):

Total Cost of Inventory Purchases: 2 \$ _____

Operating Capital (Rent, Deposits, Overhead...):

Total Operating Capital: 3 \$ _____

Other Purchases (Please describe...):

Total Other Purchases: 4 \$ _____

Total Amount Requirements (1+2+3+4): **A** \$ _____

Less: Total Cash Contributions from Page 6: **B** \$ _____

Total Financing Required, if any (A – B): \$ _____

Sources of Financing:

Bank, Specify \$ _____

Private, Specify \$ _____

Other, Specify \$ _____

Total CFDC Financing Requested: \$ _____

What Type of security is available?

Projected Balance Sheet

As at *: _____

* If this is a new business start – up, then your Projected Balance Sheet would be for your first day of business activity.

ASSETS		LIABILITIES	
Current Assets		Current Liabilities	
Cash in Bank	\$ _____	Accounts Payables	\$ _____
Accounts Receivable	\$ _____	Short Term Loans	\$ _____
Inventory	\$ _____	Business Credit Cards	\$ _____
Prepaid Expenses	\$ _____	Other	\$ _____
Other	\$ _____	Total Current Liabilities (3)	\$ _____
Total Current Assets (1)	\$ _____	Long Term Liabilities	
Fixed Assets		CFDC Loans	\$ _____
Leasehold Improvements	\$ _____	Long Term Loans	\$ _____
Equipment-Office	\$ _____	Vehicle Loans	\$ _____
Equipment-Operation	\$ _____	Other	\$ _____
Furniture/Fixtures	\$ _____	Total Current Liabilities (4)	\$ _____
Vehicles	\$ _____	Total Liabilities	\$ _____
Other	\$ _____	Owner's Equity	
Total Fixed Assets (2)	\$ _____	_____	
		Investment	\$ _____
		Other	\$ _____
		Total Owner's Equity	\$ _____
Total Assets (1+2)	\$ _____	Total Liabilities & Owner's Equity	\$ _____

Personal Financial Statement

This information must be submitted for **EACH** applicant.

Personal Net worth Statement

Assets List and Describe all assets-Schedules on next page	Liabilities List credit cards and other liabilities including alimony and child support.																																																																								
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Monthly Income and Expenses

Your gross monthly income:	Your monthly expenses:																																														
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Schedule A: Marketable Securities (Stocks/Bonds...)

Number of		In name of	Market Value	Where quoted	Total Market	Pledged as	
						Yes	No

Schedule B: Real Estate (1) Primary Residence (2) Other

1. Street Name & Number City Prov. Lot Plan TWP % of Ownership

Title in name of Date acquired Purchase Price Market Value Gross Annual Rental Income Annual Taxes, Misc. Exp

Name of Finance Company holding Mortgage Date Acquired Amount of Mortgage Monthly Mortgage Payments
_{1st} _{2nd} _{1st \$} _{2nd \$} _{1st \$} _{2nd \$}

2. Street Name & Number City Prov. Lot Plan TWP % of Ownership

Title in Name of Date Acquired Purchase Price Assessment Value Gross Annual Rental Income Annual Taxes, Misc. Exp

Name of Finance Company holding Mortgage Date Acquired Amount of Mortgage Monthly Mortgage Payments

Schedule C: Individual and Group Life Insurance: (Whole Life Only)

Insurance Company Beneficiary Face Amount Policy Loans Cash Surrender

Schedule D: Retirement Accounts (Tax Sheltered Investments)

Quantity	Name of Admin	Description	Name of Whom	Current Value/unit	Total Value

Schedule E: Business Interests

List Business	% Owned	Position/Title	Net Worth of	Type of business	Year Established

Schedule F: Bank Loans (Excluding Real Estate Loans)

Lender	Purpose	Date of Loan	Payment	Collateral	Original Amount	Amount Owning

Declaration and Waiver of Claim

I hereby authorize Community Futures Development Corporation of Boundary Area (Community Futures Boundary) to obtain credit information about me as required. I hereby acknowledge that Community Futures Boundary reports client's credit history to Equifax. In the event a loan is secured, I (we) confirm that I (we) will be responsible for payment for all charges relative to investigation, preparation, execution, and registration of loan documents as may be required by the Corporation and/or its solicitors. I hereby affirm that the information and representations submitted in connection with this application form are true and correct to the best of my knowledge, and that neither myself, the co-applicant nor the officers of the company are involved in any litigation which has not been disclosed herein. I also hereby acknowledge that Community Futures Boundary has advised me to retain independent solicitors and accountants advice on any financial transactions.

In consideration of Community Futures Boundary providing to THE UNDERSIGNED financial assistance and/or counselling services in connection with the organization and operation of the business of the Undersigned, the Undersigned, through and by his authorized representative(s), does hereby release and absolutely discharge Community Futures Boundary and each of its officers, agents and employees, arising in tort, contract and otherwise, in respect of any and all loss, damage, cost or expense arising out of any activities coordinated or carried out by Community Futures Boundary and whether or not any such loss, damage, cost or expense arises in whole or in part from the negligence or neglect of Community Futures Boundary, its officers, agents or employees or otherwise howsoever:

And the Undersigned hereby covenants and agrees to indemnify and save harmless Community Futures Boundary and each of its officers, agents and employees from and against any and all claims, actions, causes of action (including with limitation any claim, action or cause of action with respect to the operation or failure of the business of the Undersigned), demands, costs, charges or expenses in respect of any and all loss or damage suffered by or happening to the Undersigned arising out of or in any way attributable to the activities coordinated or carried out by Community Futures Boundary or its officers, agents, or employees or otherwise, howsoever.

The Undersigned hereby waives any all rights, which it now has or may in the future have to claim against Community Futures Boundary, its officers, agents or employees arising out of or in connection with any of the activities or services provided by Community Futures Boundary.

This Release and Indemnity shall be binding upon the Undersigned and his/her estate, heirs and successors.

Signature of Applicant: _____

Print Name: _____

Date: _____

Signature of Co-applicant: _____

Print Name: _____

Date: _____

Signature of Spouse: _____

Print Name: _____

Date: _____