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MAINTAINING AN EXISTING BUSINESS

DISASTER RECOVERY

LOAN APPLICATION FORM
Maintaining an Existing Business

Community Futures Sun Country

FOR OUR INFORMATION

APPLICANT INFORMATION – Each applicant must also fill out a "PERSONAL OVERVIEW"		
Name(s) of Applicant(s)	Name:	Contact Phone #: ( ) -
	Name:	Contact Phone #: ( ) -
	Name:	Contact Phone #: ( ) -
	Name:	Contact Phone #: ( ) -
	Name:	Contact Phone #: ( ) -

BUSINESS INFORMATION

Briefly describe what your business does: _____

_____

_____

_____

Briefly describe your business's current position; what is the purpose of this application?: _____

_____

_____

_____

What industry sector does your business fall into?

☐ Service ☐ Forestry ☐ Tourism ☐ Wholesale ☐ Retail ☐ Hospitality ☐ Manufacturing

☐ Other (Specify): _____

Name of Company/Business: _____

Business Number: _____

How is your business registered?

☐ Sole-Proprietorship ☐ Partnership ☐ Incorporation – type? _____

How long has this business been in operation?	What is your fiscal year-end?

Who are the principals of this business, and how are they involved?	Name: _____ Role: _____ Name: _____ Role: _____ Name: _____ Role: _____ Name: _____ Role: _____

Where is your business based? _____

Is this a home-based business? **Y N**

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

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Present Business Address ☐ own ☐ rent

Number of years at present address: _____

Street Number and Name: _____
Box #_____ Station #_____ RR#_____
City/Town _____
Postal Code: _____ _____

Business Phone #: (____) ____-____
Business Cell #: (____) ____-____
Business E-mail address: _____
Other contact information: _____

FINANCIAL SUMMARY

Summary of Income:

How much has the business earned in Sales in the past three years? (if it has been in business less than three years, enter the information as it applies).

1. date ____ - date ____	$	_____
2. date ____ - date ____	$	_____
3. date ____ - date ____	$	_____
Total	**$**	

Summary of Expenses:

What amount has gone to expenses in the past three years? (if it has been in business less than three years, enter the information as it applies).

1. date ____ - date ____	$	_____
2. date ____ - date ____	$	_____
3. date ____ - date ____	$	_____
Total	**$**	

Summary of Assets:

What assets does the business own? List the FAIR MARKET VALUE, or preferably the ASSESSED VALUE of the assets of the business

Cash in Business Account	$	_____
Buildings and Land	$	_____
Furniture and Fixtures	$	_____
Tools and Equipment	$	_____
Vehicles	$	_____
Investments	$	_____
Other *(describe)*:_____	$	_____

Summary of Liabilities:

How much does the business owe?

Business Bank Account Overdraft	$	_____
Line of Credit	$	_____
Credit Cards	$	_____
Owed to Vendors *(suppliers, utilities)*	$	_____
Business Loans	$	_____
Owed to Shareholders or Owners	$	_____
Owed to Federal Government	$	_____
Owed to Provincial Government	$	_____
Owed to Municipal Government	$	_____
Other *(describe)*:	$	

How much have the principals invested into the business to-date (cash and fair market value of any assets)?
$_____ Explanation: _____

LOAN INFORMATION

What will Financial Assistance be used for?

How is this "total estimated project cost" broken down?

Building	$	_____
Equipment	$	_____
Inventory	$	_____
Fees	$	_____
Working capital	$	_____

TOTAL EST. PROJECT COST = $ _____

SUMMARY EMERGENCY SITUATION

Financial & Service Request

Business Interrupted by Evacuation _____
Road Access Cut Off _____
Other: Specify _____
Estimated Revenue Loss _____

Emergency Program Financial Assistance Requested
$_____(Please enter your request up to $10,00.00)

LOAN APPLICATION FORM (1B)
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LOAN SECURITY OFFERED: List the collateral you would consider to offer towards the loan if necessary. If applicable, indicate the fair market value of the assets. Examples of security would include business assets, (including machinery and equipment), personal assets, property and loan guarantees. Attach a separate list if necessary.

Asset Description (indicate make, model, year, etc.)	Assets / Market Value	Liabilities Owed	Office Use Only
Total			

Date: Month / Day / Year

Applicant's Name _____ Applicant's Signature _____ Witness's Name _____ Witness's Signature _____

Date: Month / Day / Year

Applicant's Name _____ Applicant's Signature _____ Witness's Name _____ Witness's Signature _____

Date: Month / Day / Year

Applicant's Name _____ Applicant's Signature _____ Witness's Name _____ Witness's Signature _____

Date: Month / Day / Year

Applicant's Name _____ Applicant's Signature _____ Witness's Name _____ Witness's Signature _____

Date: Month / Day / Year

Applicant's Name _____ Applicant's Signature _____ Witness's Name _____ Witness's Signature _____