

COMMUNITY FUTURES DEVELOPMENT CORPORATION OF THE SUNSHINE COAST

Covid-19 relief loan application

Please note: If you are a current client, please contact Community Futures Sunshine Coast directly to apply for topping up your original loan.

BUSINESS INFORMATION		
Is this business be a start up?	Yes No	Is this an existing business? Yes No
This business has been operating full-time since _____ (if applicable)		
This business has been operating part-time since _____ (if applicable)		
This business is structured as a (check one):		
Sole Proprietorship	Partnership	Incorporation Non-Profit Co-op
Has your organization sought Covid-19 relief financing elsewhere? Yes No		
Have you received funds through any of these supports? If yes, please list type of support and how much?		
Business Number (if obtained):		
Incorporation Number (if applicable):		
Legal name of business:		
Physical address of business:		Mailing address of business:
List the name(s) and percentage of shares of all principal owner(s) of the business:		
Name	Phone/email	Percentage of shares
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

LOAN INFORMATION
The business requires \$ _____ for Covid-19 relief and recovery.
Please explain how this financing will help your organization. (150 words or less).

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CLIENT INFORMATION		
Name	Date of Birth	Social Insurance Number
Address		
Phone	Residence <input type="checkbox"/> Own <input type="checkbox"/> Rent <input type="checkbox"/> Other	How long at present address? _____ Years _____ Months
Occupation	Employer	How long with current employer? _____ Years _____ Months
Voluntary Disclosure <input type="checkbox"/> Female <input type="checkbox"/> Indigenous <input type="checkbox"/> Youth (under 30) <input type="checkbox"/> Living with a disability <i>We collect this information anonymously and are asked to include totals in these categories to our federal funders.</i>		
Spouse's Name*	Date of Birth	Social Insurance Number
Spouse's Phone	Spouse's Employer	How long with current employer? _____ Years _____ Months
<i>*Under Federal and Provincial law, your spouse may have a legal interest/obligation in your business dealings and may also have an interest in your personal assets.</i>		

GENERAL INFORMATION	
Have you ever had an asset repossessed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever declared bankruptcy? <input type="checkbox"/> Yes. Date _____ <input type="checkbox"/> No
Are you party to any claims or lawsuits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you owe taxes prior to the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide details if you answer is YES to any of the above.	

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FINANCIAL INFORMATION			
ASSETS		LIABILITIES	
Savings Account	\$		Balance Owing
Chequing Account	\$		Monthly Payment
Life Insurance Value	\$	Bank Loans	\$
		Rent	\$
Auto Make/Model/Year	\$	Mortgage(s)	\$
		Credit cards (list):	
Auto #2 Make/Model/Year	\$	1.	\$ \$
		2.	\$ \$
RRSPs	\$	3.	\$ \$
Stocks & Bonds Total Value (itemize in Schedule A page 3)	\$	Other obligations (list):	
Real Estate Total Value (itemize in Schedule B page 3)	\$		\$ \$
Other Assets Total Value	\$		\$ \$
TOTAL ASSETS (A)	\$	TOTAL MONTHLY PAYMENTS	
		TOTAL LIABILITIES (B)	\$
		TOTAL NET WORTH (A) – (B) = \$	

INCOME SOURCES		SUNDRY PERSONAL OBLIGATIONS	
Your Gross Monthly Income	\$	Are you providing your personal support for obligations not listed (i.e. cosigner, endorser, guarantor)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse's Gross Monthly Income	\$		
Net Monthly rental Income	\$		
Other Income	\$		

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TOTAL MONTHLY INCOME	\$	If yes, please provide details

SCHEDULE A – STOCKS AND BONDS					
Quality	Description	Where Quoted	Market Value	Pledged as Collateral	
			\$	Yes	No

SCHEDULE B – REAL ESTATE OWNED							
	Type of Property	Present Market Value	Amount of Mortgage Liens	Monthly Mortgage Payments	Gross Monthly Rent Income	Monthly Tax, Insur, Maint, etc.	Net Monthly Rental Income
Property Address:							
Name of Mortgage Holder(s):	First Mortgage:			Second Mortgage:			
Percentage Ownership:	Month/Year Acquired:			Purchase Price:			

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Property Address:							
Name of Mortgage Holder(s):	First Mortgage:	Second Mortgage:					
Percentage Ownership:	Month/Year Acquired:			Purchase Price:			

I hereby authorize Community Futures Development Corporation of the Sunshine Coast (CFDC-SC) to obtain credit information about myself as required now and throughout the term of my/our dealings with CFDC-SC. I hereby affirm that the information and representations submitted in connection with this application are true and correct to the best of my/our 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/we consent(s) to the CFDC-SC making any inquiries it deems necessary to reach a decision on this application, and consent(s) to the disclosure at any time of any credit information about me/us to any credit reporting agency or to anyone with whom I/we have financial dealings.

Date _____

Signature _____

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Signature _____

Please email your application to reception@communityfuture.org, or phone our office at 604-885-1959 to arrange drop off while someone is at the office. We will endeavor to contact you within five business days of your application.

Questions can be emailed to Mark Yellowley at mark.yellowley@communityfutures.org or Zarah at zarah.gale@communityfutures.org