



## APPLICATION FOR INDIGENOUS WOMEN ENTREPRENEURS MICRO-LOAN FINANCING

This application will enable (AFI) to determine your eligibility for funding.

### **Instructions for completing this Application:**

1. Telephone, email or come by the office if you have questions about the application process.
2. Complete all sections and use attachments if more space is required for certain items.
3. Attach all the required documentation (see documents checklist on Page 4 of application).
4. Ensure that your Application is signed and dated.
5. Submit the completed Application, including business planning guide and other attachments to:  
[AFI Contact] \_\_\_\_\_  
Retain a copy for your records.
6. Before completing the assessment of your Application, an Officer will review the information and contact you to discuss your Application in more detail.

Have you previously applied for or received financial assistance from AFI? YES  NO

*Please complete all sections or write "N/A" (if not applicable), use attachments as necessary.*

### **LOAN APPLICANT (write full legal name)**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_ Gender: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Aboriginal Ancestry: \_\_\_\_\_ First Nation/Métis Registry Number: \_\_\_\_\_  
Current Employer (if applicable): \_\_\_\_\_ Tel: \_\_\_\_\_

### **CO-APPLICANT – or – GUARANTOR (if applicable)**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ SIN: \_\_\_\_\_ Gender: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_  
Aboriginal Ancestry: \_\_\_\_\_ First Nation/Métis Registry Number: \_\_\_\_\_  
Current Employer (if applicable): \_\_\_\_\_ Tel: \_\_\_\_\_

## Indigenous Women's Micro-Loan Program

### 1. **BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Website: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business Structure:     Sole Proprietor     Partnership     Incorporated    Other

Registered:             YES             NO            Date of Registration: \_\_\_\_\_

Proposed Location: \_\_\_\_\_            Number of Employees:    Full Time: \_\_\_\_            Part Time: \_\_\_\_

This Application is to:     Start a Business     Expand Business     Purchase a Business

Date the business began operations or will commence: \_\_\_\_\_

**Principals (owners) and percentage of ownership:**

A. Name: \_\_\_\_\_ % of ownership: \_\_\_\_\_

B. Name: \_\_\_\_\_ % of ownership: \_\_\_\_\_

### 2. **FINANCIAL REQUIREMENTS: What funds do you require, for what purposes and what is source of other funds?**

Funds required for:	\$	Sources of funds:	\$
<b>Capital</b>		Applicant's Cash Equity	
Machinery/Equipment		Other Contributed Equity	
Office Equipment/Furniture		Loan	
Inventory (3 months)		Other financing	
Leasehold Improvements			
Other:			
<b>Operating</b>			
Insurance			
Utilities			
Lease Deposits			
Working Capital (3 months)			
<b>Marketing</b>			
<b>Business Support Services</b>			
<b>Total Project Cost</b>		<b>Total Project Financing</b>	

*Notes: Proof of commitments from other sources must be attached. Quotes should be obtained and attached. Applicant cash equity should consist of at least 5% of "Total Project Costs"*

**Indigenous Women's Micro-Loan Program**

**3. STATEMENT OF PERSONAL NET WORTH**

	Applicant \$	Co-Applicant / Guarantor \$
<b>ASSETS</b>		
Cash/Savings	_____	_____
Investments (RRSP, TFSA, Etc)	_____	_____
Vehicle	_____	_____
Real estate	_____	_____
Other Assets	_____	_____
<b>Total Assets</b>	_____	_____
<b>LIABILITIES</b>		
Mortgages	_____	_____
Personal Loans	_____	_____
Automobile Loans	_____	_____
Credit Cards	_____	_____
Other Debts	_____	_____
<b>Total Liabilities</b>	_____	_____
<b>Personal Net Worth</b> (Assets - Liabilities)	_____	

What is your proposed security/collateral for the loan? \_\_\_\_\_ Value (\$): \_\_\_\_\_

**PERSONAL BUDGET:**

<b>Total Monthly Income</b>	_____	_____
<b>Total Monthly Payments</b>	_____	_____
<b>Monthly Surplus/Deficit</b>	_____	_____

#### 4. OTHER INFORMATION

1. Have you ever declared bankruptcy? Yes  No
2. Have you ever had an asset repossessed? Yes  No
3. Are you involved in any claims/lawsuits? Yes  No

If you answered yes to any of the above questions please explain the circumstances:

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4. **Supporting Documents**: please provide

- Copy of Aboriginal Ancestry Card or Confirmation of Beneficiary;
- Evidence of Identity (copy of Driver's License or Birth certificate)
- Bank information and Evidence of available cash Equity (bank statement);
- Evidence of value of any contributed assets;
- Copies of any quotes for project costs over \$1,000;
- Copies of any business licenses and business insurance coverage;
- Copy of your resume and any applicable business training certificates in your field;
- For existing business provide most recent financial statements;
- Copy of partnership agreement or incorporation documents (if applicable);
- Copies of any marketing data and any contracts/letters of intent you have to support sales assumptions;
- Completed Indigenous Women Entrepreneurs Business Planning Guide and Cashflow template.

*Note: Failure to provide these documents with your Application may cause delays in assessing your project.*

**5. DECLARATION and CONSENT OF APPLICANT(S) and/or GUARANTOR**

I certify to the best of my knowledge and ability:

- a) That the information herein and the attachments hereto reflect an accurate description and estimate of costs regarding the intended project.
- b) That all relevant information that is material to the application has been fully disclosed to (AFI);

I hereby authorize duly appointed representatives of (AFI) to obtain information from, and share with, persons or organizations, public or private, any information necessary, including credit information about me from Employers, First Nations, Credit Bureaus, or any persons connected to my dealings, to complete assessment of my Application and the proposed project.

Signed at: \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Co-Applicant / Guarantor

\_\_\_\_\_  
Signature of Authorities for Corporation

\_\_\_\_\_  
Signature of Authorities for Corporation

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness