

Borrower's Name: _____

Telephone: _____



MICRO LOAN PROGRAM APPLICATION

BUSINESS INFORMATION

Will this business be a start up? Yes No

Is this an existing business? Yes No

This business have been operating full-time since _____ (if applicable)

This business has been operating part-time since _____ (if applicable)

This business will be a (check one):

- Proprietorship or Partnership
- Incorporation
- Non-Profit
- Limited Partnership
- Co-op

This business will be operating in the primary sector of (check one):

- Agriculture
- Forestry
- Manufacturing
- Retail
- Service
- Tourism
- Wholesale
- Other: _____

Business Number (if obtained) _____

Incorporation Number (if obtained) _____

Legal name of business is/will be: _____

Physical address of business: _____

City: _____ **Province:** _____ **Postal Code:** _____

Business Telephone: _____ **Business Fax:** _____

Email: _____

Website: _____

Mailing address of business (if different than above): _____

The business currently has _____ **full-time employees** _____ **part-time employees**

The loan dollars requested will create _____ **full-time employees** _____ **part-time employees**

List of names(s) and percentage of shares of all principal owner(s) of the business:

First Name	Last Name	Percentage of shares	Telephone
_____	_____	_____ %	_____
_____	_____	_____ %	_____
_____	_____	_____ %	_____



**HAITIAN
AMERICAN
CHAMBER OF
COMMERCE
OF FLORIDA**

LOAN INFORMATION

This business requires \$ _____ for its proposed project.

\$ _____ will come from the principal owners

\$ _____ will come from the sources (specify) _____

\$ _____ is requested from Haitian American Chamber of Commerce of Florida, Inc.

The purpose of the loan is for: Start-up Expansion Maintenance

The breakdown of the total project cost is (specify all which apply):

\$ _____ Equipment \$ _____ Leasehold Improvements

\$ _____ Inventory \$ _____ Debt Consolidation

\$ _____ Working Capital

Has the borrower/spouse/common law party ever had an asset repossessed? Yes No

Has the borrower/spouse/common law party ever declared bankruptcy? Yes No

Is the borrower/spouse/common law party to any claim or lawsuit? Yes No

Does the borrower/spouse/common law party owe any taxes prior to the current year? Yes No

If YES to any of the above, please provide details: _____

Does the borrower carry life insurance? Yes No If yes, amount: \$ _____

BUSINESS BANKING INFORMATION

Financial Institution #1:

Primary Banking Contact:

\$ _____ Authorized Amount \$ _____ Outstanding Amount \$ _____ Repayment

Secured? Yes No Details:

Financial Institution #2:

Primary Banking Contact:

\$ _____ Authorized Amount \$ _____ Outstanding Amount \$ _____ Repayment

Secured? Yes No Details:

Has the business ever had an asset repossessed? Yes No

Has the business ever declared bankruptcy? Yes No

Is the business party to any claim or lawsuit? Yes No

Does the business owe any taxes prior to the current year? Yes No

BORROWER'S INFORMATION

Last Name _____

First Name _____ Middle Name _____

Birth Date: MM ____ DD ____ YY ____ SIN #: _____ Driver's License #: _____

Home Telephone: _____ Cellular Phone: _____

Email: _____

Home Address: _____ Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Marital Status: Married Common Law Divorced Single No. of dependents _____

Previous address (if less than 3 years at current address): _____

Do you rent or own your home: Rent Own How long at this address? _____ years _____ months

If you own your home, please list names on the title:

Last Name

First Name

_____	_____
_____	_____

BORROWER'S EMPLOYMENT HISTORY

Current or most recent employer's name: _____

Employer's telephone: _____ Salary: _____

How long were you employed/have been employed here: _____

SPOUSE/COMMON LAW INFORMATION (if applicable)

Last Name _____

First Name _____ Middle Name _____

Birth Date: MM ____ DD ____ YY ____ SIN #: _____ Driver's License #: _____

Current or most recent employer's name: _____

Employer's telephone: _____ Salary: _____ Time employed here _____

PERSONAL FINANCIAL INFORMATION (HOUSEHOLD)				<i>(Continued)</i>
ASSETS		LIABILITIES		
Cash	\$	Mortgage(s)		\$
Term Deposits / GIC	\$	Property Taxes		\$
Mutual Funds	\$	Credit Cards		\$
Stocks	\$	Personal Line of Credit		\$
Canada Savings Bonds	\$	Department Stores		\$
RRSP's	\$	Loans		\$
Vehicle(s)	\$	Rent		\$
	\$	Support Payments		\$
	\$	Other (Specify)		\$
Real Estate	\$			\$
	\$			\$
Other	\$			\$
	\$			\$
TOTAL ASSETS		TOTAL LIABILITIES		\$
				\$
Net Worth (Total Assets less Total Liabilities)				\$
MONTHLY INCOME		MONTHLY PAYMENTS		
Gross Monthly Income	\$	Mortgage(s)		\$
Spouse's Monthly Income	\$	Loans		\$
Other Income (specify)	\$	Personal Line of Credit		\$
	\$	Credit Cards		\$
	\$	Department Stores		\$
	\$	Rent		\$
	\$	Support Payments		\$
	\$	Other (specify)		\$
TOTAL INCOME	\$	TOTAL PAYMENTS		\$

Notes:

PERSONAL FINANCIAL INFORMATION (HOUSEHOLD)

(Continued)

ASSETS

CASH HOLDINGS	Bank	Branch			Amount (\$)
OWNED REAL ESTATE	Physical Address	Year Purchased	Mortgage Holder	Purchase Price	Present Value
AUTOMOBILES	Year/Make/Model	Owner on Title		Purchase Price	Present Value
OTHER ASSETS (RV, BOAT, ETC)	Year/Make/Model	Owner on Title		Purchase Price	Present Value
TOTAL VALUE OF ASSETS					\$

LIABILITIES

BANK LOANS	Bank	Branch	Monthly Payment	Collateral Held by Bank	Interest Rate	Balance Owing
BALANCE ON MORTGAGES	Bank	Branch	Monthly Payment	Collateral Held by Bank	Interest Rate	Balance Owing
OTHER LIABILITIES (CREDIT or STORE CARDS, etc.)	Bank	Branch	Monthly Payment	Collateral Held by Bank	Interest Rate	Balance Owing
TOTAL VALUE OF LIABILITIES						\$

NET WORTH (ASSETS LESS LIABILITIES) \$

PERSONAL INFORMATION

The information below is primarily for statistical purposes. However, the Government of Canada and Province of British Columbia offer a number of programs and services designed to assist individuals and small business. The information below will be used to help determine your eligibility for these programs and services. The information that you provide is protected by law and by Haitian American Chamber of Commerce of Florida's confidentiality agreement and is not shared with any individuals or organization other than authorized representatives of specific government departments and agencies.

The *Personal Information Protection Act* (PIPA) sets out how B.C. organizations, including corporations, sole-proprietorships, partnerships and non-profit organizations, may collect, use and disclose personal information about individuals.

For more information on-line please go to the *Office of the Information and Privacy Commissioner for British Columbia's* website: http://www.oipcbc.org/sector_private/resources/index.htm.

You were referred to Haitian American Chamber of Commerce of Florida by (check one):

- | | |
|---|--|
| <input type="radio"/> Other lending institution | <input type="radio"/> Service Canada Centre |
| <input type="radio"/> Word of mouth | <input type="radio"/> Chamber of Commerce |
| <input type="radio"/> Self-Employment Program | <input type="radio"/> Current / past CFSN client |
| <input type="radio"/> Advertising | <input type="radio"/> Internet / CFSN Website |
| <input type="radio"/> Educational Institution | <input type="radio"/> Other (specify): _____ |

Are you First Nations? Yes No

If First Nations, please complete A-E:

- A. Treaty Number _____
- B. Band Affiliation (please specify) _____
- C. (Check one) Inuit Metis Non-Status Treaty
- D. (Check one) On reserve Off reserve
- E. (Check one) Urban Rural Remote



TERMS AND RELEASE STATEMENT

IMPORTANT: Read thoroughly before signing.

1. Are you related to any Director or Employee of Haitian American Chamber of Commerce of Florida ?
 Yes No
2. Are you or any closely related individual or company involved in ANY legal action or litigation either personally or through your business? Yes No
3. If your application is approved will you allow Haitian American Chamber of Commerce of Florida to make a public announcement regarding your business proposal? Yes No
 - The statements made herein are for the express purpose of obtaining financing from Haitian American Chamber of Commerce of Florida and are to the best of my/our knowledge and belief true and correct. The applicant understands that additional information, if required in support of this application, must be supplied to the Haitian American Chamber of Commerce of Florida before adequate consideration can be given to this applicant.
 - The applicant consents to Haitian American Chamber of Commerce of Florida making any inquiries of such persons, firms or corporations, as it deems necessary in order to reach a decision on this application.
 - The applicant agrees to reimburse Haitian American Chamber of Commerce of Florida any legal costs incurred in the registration of documents for loan security. Should the applicant withdraw his request for funds after legal documents have been registered and cost incurred, the applicant shall be responsible for these costs.

I, hereby agree that if financing is provided to me, for the purpose of the business project described herein, that:

- I shall follow the operation plan to be submitted.
- I shall use the funds received from Haitian American Chamber of Commerce of Florida for the purposes intended.
- I shall make changes or alterations to the plan only with written permission of Haitian American Chamber of Commerce of Florida.
- I shall maintain insurance as required by Haitian American Chamber of Commerce of Florida.

Waiver of Claims: Any information provided to Haitian American Chamber of Commerce of Florida, its agents, directors, volunteer, and other acting on its behalf is given without warranty or representation as to its accuracy. Haitian American Chamber of Commerce of Florida advises you to retain independent solicitors and accountants on any final transaction.

APPLICATION MUST BE SIGNED BEFORE IT CAN BE PROCESSED.

The foregoing information is submitted for the purpose of establishing or maintaining credit with Haitian American Chamber of Commerce of Florida and is a true, full and correct statement of my financial condition on the date shown. I hereby authorize Haitian American Chamber of Commerce of Florida to obtain any information it deems necessary about me, including but not confined to, reports from credit bureaus, retail credit companies, or any other source that Haitian American Chamber of Commerce of Florida deems appropriate.

I, the undersigned, declare that the statements made herein are for the purpose of obtaining business financing and are to the best of my knowledge complete and correct.

Borrower's Signature

Borrower's Name (Print)

Date

Borrower's Signature

Borrower's Name (Print)

Date

Witness Signature

Witness Name (Print)

Date