





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 5 of application).
- 4. Ensure that your application is signed and dated.
- 5. Before completing the assessment of your application, a Business Support Officer will review the information and contact you to discuss your application in more detail.
- 6. Submit the completed application, including business planning guide and other attachments to your AFI Contact.
- 7. Retain a copy for your records.

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 INFORMATION (Complete this section with full legal name)					
Surname:	Given Name:				
Street Address, PO Box or RR	City, Province		Postal Code		
Date of Birth	Gender		SIN		
Email	Phone Number		Cell Number		
Aboriginal Ancestry		First Nations/Metis Registration Number			
Current Employer (if applicable)		Phone Number			

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

CO-APPLICANT-or-GUARRANTOR INFORMATION (Complete this section with full legal name)								
Surname: Given N			Name:					
Street Address, PO Box or RR:			City				Postal Code	
Date of Birth	Pate of Birth Gender			er	SIN			
Email			Phone	Number			Cell Number	
Aboriginal Ancest	try				Firs	t Nations/Metis Regi	stration Number	
Current Employer (if applicable)			Phone Number					
BUSINESS INFO	BUSINESS INFORMATION							
Business Name			Addre	Address				
Business Phone Number			Business Fax Number			r	Website	e
BUSINESS STRUCTURE								
Sole Proprietor Partne		ership			Incorporated		Other	
If "Other" please explain								
Registered Yes No Date of R			Regist	tration				
Proposed location								
Number of Full-Time employees						Number of Part- Time Employees		

Date the business began operations or will commence operations				
A. Name	Percent of Ownership			
B. Name	Percent of Ownership			

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

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".

ASSETS	APPLICANT	STATEMENT OF PERSONAL
	\$	NET WORTH Co-Applicant-or-Guarantor \$
Cash/Savings		
Investments (RRSP, TFSA, Etc.)		
Vehicle		
Real estate		
Other Assets		
Total Assets		
LIABILITIES		
Personal Loans		
Automobile Loans		
Credit Cards		
Other Debts		
TOTAL LIABILITIES		
PERSONAL NET WORTH (Assets-Liabilities)		
What is your proposed security/collateral for the loan?	Value (\$)	Value (\$)
PERSONAL BUDGET		
Total Monthly Income		
Total Monthly Payments		
Monthly Surplus/Deficit		

OTHER INFORMATION			
Have you ever declared bankruptcy?	Yes	No	
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, please explain the	ne circumstance	S	

	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
l	Copy of your resume and any applicable business training certificates in your field
	For existing business provide most recent financial statements
l	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 assumption
_	Completed Indigenous Youth Entrepreneurs Business Planning Guide and Cashflow template

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

4. 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 <u>(AFI)</u> 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-Applican	t / Guarantor
Signature of Authorities for Corporation	-	Signature of Authorities	or Corporation
Witness	_	Witness	