



PO Box 1480, Ashcroft, BC V0K 1A0
Phone: (250) • 453-9165 • Fax: (250) 453-9500 • Toll Free 1-800-567-9911

PERSONAL OVERVIEW

WILDFIRE RESPONSE AND RECOVERY

FOR YOUR INFORMATION

COMMUNITY FUTURES SUN COUNTRY is a non-profit community economic development organization. We are committed to helping people in the Sun Country region who are either operating or are planning to start their own business.

OUR MISSION IS "...to plan and initiate development of our area through the promotion and facilitation of cooperative activities dedicated to the social, environmental and economic well being of our citizens and communities."

YOUR PRIVACY: Community Futures is committed to protecting your privacy and the confidentiality of your personal information. Our commitment to respecting and protecting the privacy and confidentiality of your personal information is addressed in our privacy policies. We adhere to these policies and the provisions of the BC *Personal Information Protection Act*. Statements are available at the office. Call 1-800-567-9911 or visit the Sun Country website: www.cfsun.ca

FOR OUR INFORMATION

Part A: PERSONAL INFORMATION

Last Name: _____ First Name: _____ Second Name: _____
 Home Phone#: _____ Personal E-Mail: _____
 Date of Birth (month/day/year): ____/____/____ Driver's License #: _____
 S.I.N.: _____ - _____ - _____ *(you are not obligated to provide your S.I.N., however it will facilitate the application process)*

Marital Status: Single Common Law Married Separated Divorced
 Widowed Number of Dependents (excluding spouse): ____

Present Address own rent

Number of years at present address: ____

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

Previous Address *(if less than 3 at present address)*

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

Part B: PERSONAL RESUME

EDUCATION

School Attended	Course Taken	Year Completed	Grades Completed/Degree, Certificate or Diploma Earned

EMPLOYMENT HISTORY (last employer first)

Current Employer: _____ Phone #: _____
 Length of Employment: _____ Monthly Salary: \$ _____

Employer: _____
 Address: _____
 Phone #: _____
 Supervisor: _____
 Dates: from _____ to _____
 Job Title: _____

Employer: _____
 Address: _____
 Phone #: _____
 Supervisor: _____
 Dates: from _____ to _____
 Job Title: _____

Employer: _____
 Address: _____
 Phone #: _____
 Supervisor: _____
 Dates: from _____ to _____
 Job Title: _____

Employer: _____
 Address: _____
 Phone #: _____
 Supervisor: _____
 Dates: from _____ to _____
 Job Title: _____

FAMILY CONTACT nearest relative not living with you

Name: _____ Relationship: _____
Address: _____ Phone #: _____

CHARACTER REFERENCES – EXCLUDING FAMILY MEMBERS OR RELATIVES

Name: _____ Relationship: _____ Address: _____ _____ _____ Phone #: _____	Name: _____ Relationship: _____ Address: _____ _____ _____ Phone #: _____
--	--

Part C: SPOUSE'S PERSONAL INFORMATION

Last Name: _____ First Name: _____ Second Name: _____
Date of Birth (month/day/year): ____/____/____ Driver's License #: _____
S.I.N.: _____ - _____ - _____ *(you are not obligated to provide your S.I.N., however it will facilitate the application process)*

SPOUSE'S EMPLOYMENT HISTORY (last employer first)

Current Employer: _____ Phone #: _____
Length of Employment: _____ Monthly Salary: \$ _____

Employer: _____ Address: _____ _____ Phone #: _____ Supervisor: _____ Dates: from _____ to _____ Job Title: _____	Employer: _____ Address: _____ _____ Phone #: _____ Supervisor: _____ Dates: from _____ to _____ Job Title: _____
---	---

Part D: PERSONAL FINANCIAL INFORMATION

PERSONAL NET WORTH STATEMENT

Summary of Personal Assets:

Personal Cash:

Bank/CU _____ \$ _____
Bank/CU _____ \$ _____

Real Estate:

Address (civic or legal description): _____

Date Purchased (month/day/year): ____/____/____

Purchased Price: \$ _____

Assessed Value) _____ \$ _____
(include copy of assessment)

Investments:

RRSP: _____ \$ _____
Stocks/Bonds/Mutual Funds \$ _____

Automobiles:

Make: _____ Model: _____ Year _____
Resale Value..... \$ _____

Make: _____ Model: _____ Year _____
Resale Value..... \$ _____

Make: _____ Model: _____ Year _____
Resale Value..... \$ _____

Recreational Vehicles:

Make: _____ Model: _____ Year _____
Resale Value..... \$ _____

Make: _____ Model: _____ Year _____
Resale Value..... \$ _____

Make: _____ Model: _____ Year _____
Resale Value..... \$ _____

Other Assets:

Personal/Household Effects \$ _____
Equity in Business \$ _____
Other: _____ \$ _____
Other: _____ \$ _____
Other: _____ \$ _____

Total Asset Value \$ _____ (A)

Summary of Personal Liabilities (debt):

Mortgages:

1st Mortgage: holder name _____
_____ %
\$ _____ Maturity Date Int. Rate
Current Balance

2nd Mortgage: holder name _____
_____ % \$ _____
Maturity Date Int. Rate **Current Balance**

Automobile Loans:

1. Lender name _____
_____ %
\$ _____ Maturity Date Int. Rate
Current Balance

2. Lender name _____
_____ %
\$ _____ Maturity Date Int. Rate
Current Balance

3. Lender name _____
_____ % \$ _____
Maturity Date Int. Rate **Current Balance**

Credit Cards:

Card Name	Int. Rate	Current Balance
1. _____	_____ %	\$ _____
2. _____	_____ %	\$ _____
3. _____	_____ %	\$ _____
4. _____	_____ %	\$ _____
5. _____	_____ %	\$ _____

Personal Loans:

Lender Name	Int. Rate	Current Balance
1. _____	_____ %	\$ _____
2. _____	_____ %	\$ _____
3. _____	_____ %	\$ _____
4. _____	_____ %	\$ _____
5. _____	_____ %	\$ _____

Other: _____ \$ _____
Other: _____ \$ _____
Other: _____ \$ _____

Total Personal Net Worth (A-B) = \$ _____

PERSONAL INCOME AND EXPENDITURES

Summary of Monthly Income:	Summary of Monthly Expenses:
Your Salaries, Wages, Income and Commissions (net/mo) \$ _____	Mortgage (taxes included) or Rent.....\$ _____
Spouse's Salaries, Wages Income and Commissions (net/mo) \$ _____	Household Insurance.....\$ _____
Rental Income\$ _____	Utilities\$ _____
Business or Professional Income...\$ _____	Phone, Fax, Internet.....\$ _____
Child Support/Alimony\$ _____	Vehicle Payments.....\$ _____
Child Tax Credit\$ _____	Vehicle Insurance.....\$ _____
Other.....\$ _____	Gas for Vehicle.....\$ _____
Other.....\$ _____	Credit Card Payments.....\$ _____
Other.....\$ _____	Child Support/Alimony.....\$ _____
	Health/Life Insurance.....\$ _____
	Child Care.....\$ _____
	Food.....\$ _____
	Other.....\$ _____
	Other.....\$ _____
Total Monthly Income.....\$ _____	Total Monthly Expenses\$ _____

Part E : QUESTIONNAIRE - Please provide details if you answer YES to any of the following questions:

1. Have you been a client of Community Futures Sun Country in the Past?
 No Yes: _____
2. Are you under 29 years of age?
 No Yes: _____
3. We have a special program for Entrepreneurs with Disabilities; would you like to know more about this?
 No Yes: _____
4. Do you have an assignable life insurance policy for the value of your loan request?
 No Yes: _____
5. If financial assistance is approved, would you allow us to make a public announcement regarding your project?
 No Yes: _____
6. Are you related to any Director or Employee of Community Futures Sun Country?
 No Yes: _____
7. Are you supporting other obligations as a Co-signer or Guarantor?
 No Yes: _____
8. Are you or any closely related individual or company involved in ANY legal action or litigation; either personal or business?
 No Yes: _____
9. Do you currently owe any taxes; personal, business, or otherwise?
 No Yes: _____
10. Have you ever had an asset repossessed?
 No Yes: _____
11. Have you ever filed for, and/or declared bankruptcy?
 No Yes: _____

*****IMPORTANT; PLEASE READ THOROUGHLY BEFORE SIGNING*****

DISCLOSURE AND RELEASE STATEMENT

- I hereby authorize Community Futures Sun Country to obtain any information it deems necessary about me/us, including but not confined to: (i) reports from credit bureaus, (ii) retail credit companies or (iii) any other source the corporation deems appropriate. I understand that additional information, if required, in support of this application must be supplied to the corporation before adequate consideration can be given to this application.
- I am aware of the risks and uncertainties associated with operating a business and feely accept and fully assume all such risks and uncertainties and the possibility of financial loss resulting there from, notwithstanding advice or funding that I receive from Community Futures Sun Country.
- In consideration of Community Futures Sun Country providing me with the aforementioned advice/funding, I hereby agree to waive any and all claims that I may have now, or in the future against Community Futures Sun Country, and its directors, officers, employees, representatives, successor to Community Futures Sun Country from any and all liability or loss, damage, expense or cost that I may suffer or incur in my proposed business venture, due to any cause whatsoever.

STATEMENT OF AGREEMENT

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

- I shall follow the operating plan submitted herewith, and use the funds received from COMMUNITY FUTURES SUN COUNTRY for the purpose intended, and that any changes or alterations in loans shall be made only with the written permission of the Corporation.
- I shall maintain insurance as required by the corporation.
- I shall provide the corporation with such reports and additional information that may be required from time-to-time.
- I will reimburse to the corporation and/or the law firm involved with all legal fees and disbursements incurred by the processing and preparation of loan security documents including all searches and investigations incurred after the "LETTER OF OFFER" endorsed by the applicant(s) has been received by the corporation and/or law firm involved, whether the applicant(s) proceed(s) to accept the funds from the corporation or not.
- I, the undersigned declare that the statements made herein are for the purposes of obtaining business financing and are to the best of my knowledge complete and correct.
- Should this application be approved, then the consent to make enquiries from any third parties and to obtain such information as the corporation deems necessary, shall remain in force until all amounts owing to the corporation are fully paid. The corporation is specifically authorized to make new enquiries from time to time, as it deems necessary in its sole discretion.

Please print full name and sign below (a witness is required for each signature)

Date (month/day/year): ____ / ____ / ____

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

Date (month/day/year): ____ / ____ / ____

Spouse's Name Spouse's Signature Witness's Name Witness's Signature