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PERSONAL INFORMATION

Full Legal Name:		Date of Birth: (DD/MM/YYYY)	Social Insurance Number:	Dependents:
Street/Mailing Address:		City:	Province:	Postal Code:
Phone: (250)	Fax: (250)	Cell/Pager: (250)		E-mail:
Employer:	Position:	How Long: (Years)	Annual Income: \$	
Full Legal Name of Spouse:		Date of Birth: (DD/MM/YYYY)	Social Insurance Number:	
Spouse's Employer:	Position:	How Long: (Years)	Annual Income: \$	
Where else have you tried to obtain the financing now requested? What was their response?			Other Income: \$	
Where did you hear about the services offered by Community Futures Central Island?				
1) Are you an endorser, guarantor, or co-signer for any obligations of others? 2) Are you a defendant in any claims or lawsuits? 3) Are any taxes (income, property, etc.) in arrears? 4) Have you declared personal bankruptcy in the last 7 years? 5) Have you been a principal/guarantor of a firm which filed for bankruptcy/defaulted on any debts?			Yes	No
If you have answered "Yes" to any of the above, please provide details below:			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

REFERENCES

Name of Financial Institution (Bank):				
Street/Mailing Address:	City:	Province:	Postal Code:	Phone:
Next of Kin: (Other than Spouse)		Relationship:		
Street/Mailing Address:	City:	Province:	Postal Code:	Phone:
Name: (Other Personal Reference)		Relationship:		
Street/Mailing Address:	City:	Province:	Postal Code:	Phone:

PERSONAL FINANCIAL SUMMARY

Full Legal Name:	Full Legal Name of Spouse:
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ASSETS (Provide details below)	Value	LIABILITIES (Provide details below)	Limit	Balance	Monthly Payment
Bank Balances (Financial Institution)	\$	Bank Overdraft (Financial Institution)		\$	\$
Investments (Financial Institution)		Bank Loans (Financial Institution)			
RRSP's (Financial Institution)		Auto Loan (Financial Institution)			
Auto (Year/Make/Model)		Line of Credit (Financial Institution)			
Auto (Year/Make/Model)		Visa (Financial Institution)			
Residence (Address) (owners)		Mastercard (Financial Institution)			
Other Property (Address) (owners)		Other Credit Cards (Description)			
Other Assets (Description)		Mortgage (Financial Institution)			
		Mortgage (Financial Institution)			
		Other Liabilities (Description)			
TOTAL ASSETS	\$	TOTAL LIABILITIES		\$	\$
		NET WORTH (Total Assets minus Total Liabilities)		\$	

CERTIFICATION AND AGREEMENT

By signing below you certify that the statements above and information provided are true and complete. The information is provided for the express purpose of obtaining financial and/or technical assistance from Community Futures Development Corporation – Central Island (the “Corporation”). The Corporation may from time to time give any credit and other information about you including any information on this form, to or receive such information from: (a) any credit or reporting agency; (b) any person with whom you may or propose to have financial dealings; and (c) any person if in connection with any dealings you have or propose to have with the Corporation. You agree that the Corporation may use that information to establish and maintain your relationship with the Corporation and to offer any services as permitted by law.

You understand that submission of this information to the Corporation does not obligate the Corporation to grant the assistance requested and that any offers of assistance that may be granted by the Corporation must be in writing and must be signed by the authorized representative of the Corporation.

Date

Signature

Date

Signature