

For CFMW Use Only

Application for Guarantor of Financing

Date Received _____

Application # _____

Business Information

Full Legal Name _____

Personal Information

Last Name	First Name	Middle	Date of Birth MM / DD / YYYY	Social Insurance #
Email		Cellular	Home Telephone	Fax
Home Address				
Previous Address (If less than 3 years at current address)				

The following collection of information is voluntary and solely for the purpose of determining eligibility for various programs

First Nation _____ Youth (18-29) Disability _____

Employment (if applicable)

Current Employer & Phone #	Occupation	Salary	Length of Employment
Previous Employer & Phone #	Occupation	Salary	Length of Employment

References

At least two should be about your business capability and not related to you.

Name	Company	Relationship	Contact Info

Marital Status _____

Spouse Information				
Last Name	First Name	Middle	Date of Birth MM / DD / YYYY	Social Insurance #
Occupation	Employer		Salary	How Long?

Required Documents

Principals

- Photocopy of your Identification (Driver's License or BCEID)
- Personal Information sheet for each principal

Is the guarantor/spouse/partner a Director, committee member or related to any Director, committee member or

- | | | | |
|--|-----------------------------|------------------------------|-------|
| Employee of Community Futures Mount Waddington? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Has the Guarantor/spouse/partner had an asset repossessed? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Has the guarantor/spouse/partner ever declared bankruptcy? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Is the guarantor/spouse/partner party to a claim or lawsuit? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Does the guarantor/spouse/partner owe any arrears taxes? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Does the guarantor carry life insurance? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Does the guarantor carry disability insurance? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |
| Are you providing support for obligations such as Cosigner, endorser, guarantor elsewhere? | <input type="checkbox"/> No | <input type="checkbox"/> Yes | _____ |

Disclosure and Release Statement

The statements made in this application are for the express purpose of obtaining financing from Community Futures Mount Waddington and are to the best of my/our knowledge true and correct.

The applicant(s) understand that additional information may be required in support of this application and must be supplied before adequate consideration can be given to this application.

The applicant(s) consent to Community Futures Mount Waddington making any inquiries of such persons, firms or corporations as it deems necessary in order to reach a decision of this application.

The applicant(s) agree to reimburse Community Futures Mount Waddington any legal costs incurred in the registration of documents for loan security. Should the applicant withdraw this request for funds after legal documents have been registered and cost incurred, the applicant(s) shall be responsible for these costs.

The applicant(s) understand that Community Futures Mount Waddington is not acting exclusively for me or my venture, and that it reserves the right to provide financial and non-financial assistance to individuals or corporations which could be seen as my direct or indirect competition without further notice to me, as it may decide in its unfettered discretion.

Under the *Privacy Act* and *Oath of Confidentiality* signed by all CFMW Directors, Committee Members and Employees, information collected and discussed will not be disclosed to any other party other than those required for the purpose of assisting and evaluating your business. By signing below, you understand our confidentiality policy and you consent to allow us to proceed on your behalf.

I/We, the undersigned, consent to CFMW making any inquiries it deems necessary to reach a decision on this application, including but not confined to, reports from credit bureaus, retail credit companies and other sources deemed necessary and consent to the disclosure at any time of any credit information about me/us to any credit reporting agency or to anyone with whom I/We have financial relations.

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.

Signature of Applicant/Guarantor	Name of Applicant/Guarantor	Date	SIN	Date of Birth
X				