



Black Creek Community Capacity Building

Inclusive & Collaborative



Black Creek Location:

Black Creek Micro Credit Program
 107 36 Marsh Grassway
 Toronto ON M3N 2X4
 416-747-5616

email: microlending@blackcreekcapacity.ca

website: www.blackcreekcapacity.ca/communityloanfund

Location for all other GTA applicants :

Access Community Capital Fund
 1775 Danforth Avenue
 Toronto ON M4C 1J1
 416-462-0496

email: LRC@accessccf.com

website: www.accessccf.com

This is the application form that must be submitted by all applicants seeking a loan from Access Community Capital Fund. From this form we try to establish the viability of your business initiative, as well as opportunities for us to help you in other ways, based on our network of resources throughout the Greater Toronto area.

In order for the Loan Review Committee to consider your application, all elements of this application must be completed. As well, we are only able to offer loans to **Ontario residents** who are either a **Permanent Resident** or **Citizen** of Canada. If you have any questions, please contact us.

Please note there are two sections to this form. The first section (Part 1) we request that you fill out and send by email. The second part of this document (Part 2) requires your signature, and also asks for some confidential information on your part. Therefore, please mail, courier or hand deliver Part 2.

ACCESS/BLACK CREEK MICRO CREDIT LOAN APPLICATION

PART 1 (TO BE EMAILED)

Are you applying for a loan through Black Creek Chapter? Yes _____ No _____

If you are a resident of the Black Creek community, defined as the area South of Steeles, West of Keele, North of Hwy 401, East of Hwy 400), please check "yes" and email to the Black Creek Location (above left). If you live outside the Black Creek area, please check "no" and email to the location for other GTA applicants (above right).

How did you hear about the microcredit program, or who referred you? _____

PERSONAL INFORMATION

Your Name		
Your Business Name		
Full Address		
Business Phone #		Website:
Home phone # or cell #		email:

FINANCIAL INFORMATION

Income Sources:	Average monthly amounts:
Full time employment	
Part time employment	
Social Assistance or WSIB	
CPP or other pensions	
Employment Insurance	
Spousal Support	
Child Tax Benefits	
Other (please indicate what)	
TOTAL monthly income=	

Expenses:	Average monthly amounts:
Housing	
Food	
Transport	
Children	
Other (please indicate what)	
TOTAL monthly expenses=	

Type of Debt	Owed to	Amount Owing	Monthly Payment
Mortgage			
Personal Loan			
Personal Loan			
Business Loan			
Student Loan			
Credit Card			
Credit Card			
Credit Card			
Credit Card			
Taxes			
Other			

1. BACKGROUND:

Are you launching a new business or requesting support for a current business?

Are you engaged in this business alone, or do you have a business partner(s)? (Please note your business partner will be required to co-sign a loan.)

2. BUSINESS DESCRIPTION:

Please provide a brief description of your business:

3. WHAT IS YOUR EXPERIENCE IN THIS BUSINESS/INDUSTRY?

4. LOAN REQUEST:

How much is the loan you are requesting? (Please note the maximum amount for a first loan is \$5,000)

What will be the use of this loan? Please be very specific (to buy goods, equipment, etc).

If required, is there someone who can serve as guarantor and/or collateral? Details:

5. INITIAL BUSINESS LAUNCH CAPITAL REQUIREMENTS?

Are you personally putting equity into this business? If so, how much?

Are there other sources of capital (eg, loans)?

BUSINESS PLAN

If you have a business plan, you may find that some of all of the following questions are covered in your plan, in which case, please email your business plan along with the application form, and for each question, refer us to the appropriate page in your business plan.

APPLICANTS MUST COMPLETE EACH QUESTION.

1. TIMING/LOCATION:

When do you hope to launch this business (if it is not currently in operation)?

Is it part time/full time/seasonal?

2. LOCATION:

Where will your business be located?

What are the strengths /weaknesses of this location?

Do you have a lease or rental agreement (if applicable)?

3. PRODUCT/SERVICE:

What is your product or service?

Who is your competition?

How is your product different from the competition?

What is the price of this product?

How does this price compare to the competition?

4. TARGET/CONSUMER:

Who will be buying your product or service?

How do you plan to reach your target group?

5. BUSINESS STRENGTHS/WEAKNESSES:

What are the strengths of your business?

What are the vulnerable areas of your business (eg, do you have a lot of competition, is it hard to find your consumer, are the margins very low, etc)?

6. CASH FLOW

Please provide a business cash flow. (a cash flow template is available at www.accessccf.com or you can submit your own cash flow). A cash flow must show:

- Gross sales, cost of goods, other costs (insurance, rent, equipment, loans, personal expenses if applicable, etc), and net profit.
- Sales should indicate units as well as dollar value.
- The cash flow should be broken down by month in order to evaluate both historic and projected profit.
- The cash flow must be submitted for the previous 12 months (if applicable) as well as the next 12 months.

IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED, IT MUST BE ACCOMPANIED BY:

FOR FIRST TIME APPLICATIONS OF A BRAND NEW BUSINESS:

- 3 references, including telephone # and if possible email address
- Photo ID
- Canada Revenue Agency notice of assessments for prior year
- Copy of the lease or rent agreement for the business (if applicable)

OR, FOR AN EXISTING BUSINESS:

- 3 references, including telephone number and, if possible, email address
- Photo ID
- Canada Revenue Agency (CRA) notice of assessments for prior year.
- Copy of the lease for the business (if applicable)
- Bank statements for last 3 months
- Canada Revenue Agency proof of business registration
- Government payments up to date (source: GST, WSIB, insurance)
- Insurance (if applicable)
- Copy of lease or rental agreement for the business (if applicable)
- Evidence of Receivables

OR, FOR SECOND TIME LOAN APPLICANTS

- Profit and loss statement
- Bank statements for last 3 months
- Canada Revenue Agency proof of business registration
- Government payments up to date (source: GST, WSIB, insurance)
- Insurance (if applicable)
- Copy of lease or rental agreement for the business (if applicable)
- Evidence of Receivables (Accounts Receivables, copies of confirmed orders, contracts)
- Income Tax Return including business schedule (T2125)

When you have each element outlined above, please email Part 1 of this application form (and, if possible, scans of the other documents outlined above) to the email address indicated at the top of Page 1.

Your application will be held in strictest confidence. Within a week someone from Access/Black Creek will be in touch with you to discuss next steps concerning your loan application.

We now request that you complete Part 2 of the application form, requiring your signature and some confidential information. Please drop it off, or mail it to the address noted on Page 1.

ACCESS COMMUNITY MICRO LOAN APPLICATION

PART 2 (TO BE MAILED – ORIGINAL COPY REQUIRED)

Name: _____
Date of birth: _____
Social Insurance number: _____

PERSONAL INFORMATION CONSENT FORM

Required by Canadian Bill C-6 Personal Information Protection and Electronic Documents Act

By signing below you are authorizing Access Community Capital Fund, as part of your loan application, to collect, use, or disclose your personal information that you provide to us for the identified purposes listed below. To achieve the identified purposes listed below, personal information may be shared with third parties such as government or industry agencies, insurers, financial products dealers and financial institutions. If you are providing to us personal information about another individual, such as a family member, or in the case of a commercial client, information about an employee, agent, or representative, then you confirm that you have obtained authorization from them to consent to the above on their behalf.

We collect, use and disclose your personal information to:

- Verify your identity
- Detect and prevent fraud
- Compile statistics, conduct market research and report to regulatory and industry agencies
- Comply with Canadian law and regulatory requirements
- Determine prices, fees and premiums
- Analyze the suitability of our products or services for you
- Investigate and settle claims
- Determine your eligibility for products and/or services that may be of an interest to you from various business partners with whom we have formed an association, and offering these products and services to you.
- Refer you to financial planning services; provide you with ongoing services; establish and maintain communications, and to respond to your inquiries.
- maintain communication ccccommunications, and to respond to your inquiries.

Personal information may be collected, used or disclosed for any of the identified proposes set out above. If your personal information is not needed for one of the identified purposes, we will not use or disclose it without obtaining additional consent from you. Please note that a service fee may be exchanged between financial service providers for the service work needed to provide your name and information provided to such third parties.

Please note that your consent is necessary for us to process your loan application. You may withdraw your consent at any time upon reasonable written notice, subject to legal or contractual restrictions. Please note that the withdrawal of consent will affect our ability to provide you with the products and services that you would like to receive.

Print Client Name	Date
Client's Signature	

APPLICANT'S WARRANT

I, _____ (applicant's name) am applying for this loan in good faith, and have answered the questions truthfully and to the best of my ability.

I commit to repaying the full amount of the loan and related interest charges regardless of the success or performance of my business. I recognize that Alterna Savings and ACCESS Community Capital Fund will take every reasonable measure to recover from me the full value of outstanding loan payments in the event of default. I also recognize that, in order to render a good decision, the ACCESS Community Capital Fund and members of the Loan Review Committee will undertake to verify the Information provided by me in this application.

On approval of the loan, I agree to pay an administration fee equal to 5% of the notional value of the loan to ACCESS Community Capital Fund for their guarantee of the loan.

I agree to permit Alterna Savings to obtain information about my credit rating and share the results with the Loan Review Committee of Access Community Capital Fund. I understand that all members of the Loan Review Committee have pledged to treat this information with the strictest confidence and will ensure that no person outside the ACCESS Community Capital Fund Loan Review Committee has access to it.

Name (applicant):

Name (Witness):

Signature:

Signature:

Date:

Date:

Please mail or drop off Part 2 (Personal Information Consent form and Applicant's Warrant) to the address appropriate for your location.

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Thank you.