

INSTRUCTIONS

The information you provide in this Application Form will be reviewed by your Micro Loan Coordinator. It is very important that you provide as much detail as possible so that a complete analysis and a fair decision can be made.

If you have any questions or if something is not clear to you, please call a Financial Services Officer at 668-6925 or 1-800-661-0448 or Email dnv@dananaye.com



Name:(First Name)	(Initial)		(Last Name)
(First Name)	(Initial)		(Last Name)
Business Name:			
Personal Address		Business Add	ress (*if different than personal)
Physical Address:		Physical Addr	ess:
Mailing Address:		Mailing Addr	ess:
City:		City:	
Postal Code:		Postal Code:	
Phone: ()		Phone: (
Fax: ()		Fax: ()	
Email:		Email:	
Personal Information:		Business Info	
Annual Income:		Business Type	e:
SIN:		Business Start	t Date:
Birth date:			(day / month / year)
Birth date:(day / month / year)		
Bank Information:			
Financial Institution:			
Address:			
Transit #:	Branch#:		Account #
Provide 3 References (can be	family or friends)		
Name:	A	ddress:	Phone:
1	_		
2.			
3.			
Please check mark, which ap	plies to you:		
<u>.</u>	First Nation:		Rural Yukon:
Low Income:	Social Assistan	nce.	Disabled:
	500141 1 15515141.		
BUSINESS DESCRI	DTION		

Market

- 1. Describe your business product or service in detail.
- 2. What is unique about your business?



3. Do you meet the standa	rds required to operate your busines	
4. Who are you main custo	omers? Please describe their charact	eristics in detail.
	ners established at this time? If yes, poses. If you do not, please provide	
Customer	Length of Time as	Contact Phone #
 Who are your main comincluding your own. 	npetitors? Indicate the strengths and	weaknesses of each business,
	126.4.00	1.5
Name of Business Your Business	Main Strengths	Main Weaknesses
Competitor #1 Name:		
Competitor #2 Name:		
Competitor #3 Name:		
Competitor #4 Name:		
7. Why would a customer	choose your product/ service instea	ad of your competitor's?



Marketing

1.	How do you advertise and	or promote your pr	oduct or se	ervice?		
2.	What is your advertising bu	adget for this year?	\$	/ month	\$	/ year
3.	Where do you sell your pro	oduct/ service (i.e. r	etail stores	, home, trad	e shows)?	
4.	How do you see your busin	ness growingin the	e next 6 m	onths?:		
i	n the next year?					
5.	What are your long term	m (3-5 years) goals	fir your bu	siness?		
Ma	anagement					
1	Is the business start up or e	xisting? Sta	art Up		Existing	
2.	Form of Business Ownersh	ip:				
	☐ Sole Proprietorship: ☐ Partnership:	Names of Partners	i:		/	
3.	Will business be:	☐ Full time		art time	□ Sea	asonal
4.	What training, experience of	or skills do you have	e that is rel	evant to run	ning this busi	ness?
5.	Do you have reliable suppl	iers established for s			etails. Reason for So	election
6.	What are the challenges y crease these challenges?	our business is faci	ng now?	How do you	think you c	an solve



Financial

	What does it cost you to produce one unit of your producterials (including shipping and taxes) and labor]	duct or	service?	[raw
2.	What price do you charge for your product/ service?			
3.	Is your pricing adequate to cover your costs and make a profit?			
4.	What size of loan are you requesting?	\$_		
5.	For what term?	_	(Mon	ths)
6.	Estimated monthly Micro Loan payment.	\$_		A
	What was your total business income last year? use best estimate for new business)	\$_		_ В
8.	What was your average Monthly business income last year? B divided by 12	\$_	(B/12)	_ C
9.	What are your Monthly business expenses ? (use best estimate for a new business)			
	raw materials/ inventory	\$_		
	office supplies	\$ _		
	advertising	\$ -		
	rent/ space rental fees utilities (phone, heat, electricity) materials	\$ \$		
	employee wages	\$ -		
	owner's salary	\$ -		
	bank charges	\$ _		
	insurance	\$_		
	vehicle (fuel & maintenance)	\$ _		
	other (\$ _		
		\$_		
	TOTAL MONTHLY BUSINESS EXPENS	ES \$_		_ D
6.	What is your average monthly business profit ?	\$_	(C – D)	E
7.	What assets does your business have? Please list with replacement v	alue.	(C – D)	
_	\$	¢.		10
	\$ TOTAL ASSETS	\$_		F
_	\$ TOTAL LIABILITIE	S \$_		_ G
_	\$ \$BUSINESS NET WOI	рти¢		Н
	φ BUSHNEDS NET WOL	×111 Φ	(F – G)	11



USE OF FUNDS

•	32 31 1 31 33					
1.	How do you plan to use th	is loan?				
2.	List any items / services th	at you plan to pur	chase:			
	a		-	Cost		
	b			Cost		
	c		-	Cost Cost		
	d		Total C		Ψ	
3.	Explain how this loan wil	l help you earn ac	lditional income	in your bus	iness?	
Re	epayment Profile					
	Have you had any credit payes, when and why?	roblems in the pas	st? Yes	No		
	<i>y y</i> ··· · · · · · · · <i>y</i> ·					
If	yes, what steps are you taki	ng to correct thes	e credit problems	s?		
2.	Do you presently have any If the answer is yes to question payments?					No ou make
	Payment to:	Δ	mount Outstandi	in a	Monthly I	Daymont
	1 dyntent 10.	\$	mouni Ouisianai	ng	\$	иутет
					\$	
		\$			\$	
		\$			\$	
		\$			\$	
3.	List all sources of income	(monthly average	take home):			
	Source	(,g			<u>Amount</u>	
	Business				\$	(E)
	Salaried Employment	Part Time/Full	Time		\$	_
	Pension				\$	
	Assistance	EI			\$	
	0 10	SA			\$	
	Spousal Support		TPOTE AT 1		\$	
			TOTAL	INCOME	\$	I



4.	What are your average monthly household expenses?	•	
	rent or mortgage taxes utility (phone,hydro,cable,water) car loan car & house insurance groceries child care vehicle (fuel & maintenance) loan payments credit card payments other ()	\$ \$ \$ \$ \$ \$ \$	
	TOTAL	\$	(J)
5.	What is your average monthly disposable income?	\$	(K)
6.	How much can you afford to pay each month?	\$	
7.	Number of people dependent on this income		
8.	Is monthly disposable income (K) going to cover the estimated mon Yes No	thly loan payme	ent (A)?
	How do you plan to repay the loan if your business runs into problem	ms?	
to	vertify that all the information supplied in this application is true the best of my knowledge. I understand that this information wi termine my financial capacity to repay a Micro Loan.		
ĀP	PLICANTS SIGNATURE DATE		

 $Promotional\ materials, letters\ of\ reference,\ resume\ or\ other\ relevant\ materials\ may\ be\ attached.$



	Name:			1
	Address:			
	City:	Post	tal Code	1
	Phone:	•		1
	SIN:			
	Birthdate:			1
ENQUIRI APPLICA' CREDIT I	ES IT DEEMS TION AND CONS INFORMATION AI	NECESSARY TO REENTS TO THE DISC	TÄYE VENTURES MAKI REACH A DECISION O CLOSURE AT ANYTIME REDIT REPORTING AGE RELATIONS.	ON THE OF ANY
SIGNATU	JRE		DATE	