

Commercial _____

Agriculture _____

AYBI _____

LOAN APPLICATION

Client Legal Name _____

Client Number _____
(Filled by us after we receive your application)

Band _____



Saskatchewan Indian Equity Foundation Inc.

Statement of Client:

I hereby apply for financial assistance and declare that I am/will be the proprietor of the enterprise described within this application. To the best of my knowledge the information contained in this application is complete and correct.

In accordance with the laws and regulations outlined by *The Privacy Act*, any personal information collected will be used for the purposes of my loan application and will not be disclosed to outside sources unless specifically authorized to do so by myself through a written acknowledgement of same.

In the event of the approval of the loan, I hereby:

- 1) Undertake to use the proceeds for the purpose specified in this application and for no other purpose;
- 2) Undertake not to encumber or dispose of any equipment purchased with the proceeds of the loan or pledged as security for a loan while I am indebted to you under a loan without your consent in writing;
- 3) Authorize you, in the event of default in the payment of this loan or payment of any interest thereon, to sell by public or private sale of any of the security given for this loan the proceeds of each sale less the expenses thereof to be applied on account of my indebtedness and my liability for any deficiency shall not be affected thereby to any extent.
- 4) Any non-disclosure or intentional misrepresentation of information pertinent to the application will result in an immediate rejection of the application.

I hereby, consent to a personal investigation of my credit worthiness, which could include credit updates, credit bureau searches, Canada Customs, Revenue Agency Accounts, Saskatchewan Government Insurance vehicle registrations and other general credit investigations.

Date

Signature

SECTION I - BACKGROUND INFORMATION

Full Name:	Common Name:	DOB:
First Nation:	Tribal Council:	Treaty #:
SIN:	Driver's Licence:	Health Card:
Home Number:	Work/Cell Number:	FAX Number:
Full Mailing Address		
Directions to Residence from Band Office:		
# of Dependents	Next of Kin:	Contact Number:
Marital Status	Spouse's Name:	DOB:
	SIN:	Treaty #:
Applicant's Highest Education:		
Applicant's Employment:		
Salary:	How long?	Contact Number:
Applicant's Previous Employment (if less than two years at current employment)		
Salary:	How long?	Contact Number:
Spouse's Employment:		
Salary:	How long?	Contact Number:
Applicant's Previous Employment (if less than two years at current employment)		
Salary:	How long?	Contact Number:

*For application to be complete, please provide your resume and 2 pieces of government issued identification.

Have you ever had a financial judgement against you?

Have you ever had claimed bankruptcy?

Explain

Project Description: (include any contributed assets that you will use towards your project and any other work you have done to date on this project. Please note: a business plan will be required as well. If you need more room, please attach a separate letter outlining your project.)

Proposed Financing:

Project Costs	\$ Amount	Contributions	%	\$ Amount
Capital Cost:		ABC Contribution		
Working Capital:		FNMR Contribution		
Other:		Other Grant:		
Fees:		Client Equity:		
Life Insurance:		SIEF Loan:		
Total:		Total		

Household Net worth Statement

ASSETS	AMOUNT	LIABILITIES	AMOUNT
Cash		Bank Loans (Schedule 3)	
Stock and Bonds (Schedule I)		Other Financial Institutions (Schedule 3)	
Life Insurance – Net C.S.V. (Schedule 2)		Real Estate Loans (Schedule 5)	
Real Estate (Schedule 5)		Income Tax Unpaid – Current Year	
Vehicles (Schedule 4)		Income Tax Unpaid – Prior Years	
Other Assets (Schedule 6)		Real Estate Taxes Unpaid	
		Other Liabilities (Schedule 3)	
		Total Liabilities	
		Net Worth	
Total Assets		Total	
GROSS ANNUAL HOUSEHOLD INCOME		ANNUAL EXPENDITURES	
Salary, Wages, Commissions		Property Taxes and Assessments	
Dividends and Interest		Real Estate Loan Payments or Rent	
Rental Income		Income Taxes	
Business or Professional Income		Payments on Loans, Credit Cards, etc	
Other Income (Specify)		Insurance Premiums	
		Estimated Living Expenses	
		Other (Specify)	
		Total Expenditures	
Total Gross Income		Net Disposable Income	

SCHEDULE 1 – STOCKS AND BONDS				SCHEDULE 2 – LIFE INSURANCE			
Shares or Par Value of Bonds	Description	Registered in Name of	Market Value	Face Amount	Company	Beneficiary	Net C.S.V.
			\$	\$			\$
Total		\$		Total		\$	

SCHEDULE 3 – LIABILITIES					SCHEDULE 4 – VEHICLES (Cars, Trucks, Skidoos, Boats, etc.)				
To Whom Payable	Account Number	Monthly Payment	Amount Outstanding	Security	Year	Make and Model	Market Value	Monthly Payment	Amount Outstanding
Total		\$	\$		Total			\$	\$

SCHEDULE 5 – REAL ESTATE								
Location/Description	Registered Owner	Date Purchased	Cost	Market Value	Mortgagee	Monthly Payment	Amount Outstanding	Security
			\$	\$				
Total				\$	Total			\$

SCHEDULE 6 – OTHER ASSETS				SUNDRY INFORMATION	
Description	Amount	Description	Amount		
				1. Are you liable as co-signer or guarantor? Yes ___ No ___	
				2. Are there any suits or judgments against you? Yes ___ No ___	
				3. Have you previously borrowed from other banks? Yes ___ No ___	
				4. Are you now or have you ever been bankrupt? Yes ___ No ___	
Total		\$	Total		\$

If yes to any of the above, give full details on separate sheet.