"ASSISTING CLIENTS IN ALIGNING PREPARATION WITH OPPORTUNITY"

MÉTIS APPLICATION FORM FOR





MÉTIS ENTREPRENEUR ASSISTANCE PROGRAM

Apeetogosan (Métis) Development Inc. (AMDI) #302, 12308 – 111 Avenue Edmotre AB T5M 2N4

EMAIL: office@apeetogosan.ab.ca PHONE: (780) 452-7951 FAX: (780) 454-5997



MÉTIS APPLICATION FORM FOR FINANCING

Apeetogosan (Métis) Development Inc. (AMDI)

#302, 12308 – 111 Avenue Edmonton AB T5M 2N4 EMAIL: office@apeetogosan.ab.ca PHONE: (780) 452-7951

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INSTRUCTIONS TO APPLICANT | Office Use Only

Office Use Only Demand#

MEAP#

- Please answer all questions as completely as possible and provide attachments if space is insufficient.
- Should you require additional information or assistance in completing your application please contact us directly at 452-7951, or where applicable on our toll free line, 1-800-252-7963.

PERSONAL INFORMATION				
Name (Last Name, First Name, Initial)		Date of Birth (dd/mm/yr)	Social Insurance Number	
Street Address		City	Postal Code	
Home Phone	Cell Phone	Fax Number	Business Phone	
()	()	()	()	
Residence: check one Ow	n Rent Other	How long at this address?	Email Address:	
		Years Months		
Occupation		Current Employer:	Employer's Phone	
How long with employer?	Marital Status (please circle):	1	Number of dependants	
Years Months	Married □ Single □ Sep	parated □ Common-law □		
Previous Employer	Married Single Sep	drated - Common-law -	1	
Name:	Address Tele		ephone	
Closest Relative Not Living with You				
Name:	Address:		Telephone	
Where did you hear about us? i.e. MNA, Newspaper, Google, Website (please specify) Other				
1. Aboriginal Ancestry	Métis	Non-Status Indian	Inuit	

2. Briefly describe the project, the services to be provided and/or the products to be sold/produced. Indicate if the project is to establish a new business or to expand, modernize, or acquire an existing one.

3. Indicate the skills, education and experience of key personnel. (Attach a résumé(s).)			
4. Location of project (address) and the primary market your	business will be serving.		
IDENTIFICATION OF PROJECT			
5. Identify your competition. i.e. Provide the names of other s	similar businesses operating	g in the area.	
6. Ownership percentage of business Attach financial statements for existing business for past 3 fiscal years with		Aboriginal (A) Non-Aboriginal (NA)	%
7. Estimated Costs of the Project:	8. Financing of the Proje	ect:	
Land (not eligible for grant) Buildings (not eligible for grant) Equipment Other (specify)	a) Applicants' investm (Must be a minimum 10% of total project costs) b) Métis Entrepreneurs Assistance Program Contribution (30% if you total is \$20,000)	m of t \$ s over \$	
	c) Other contributions	<u>\$</u>	
	d) Loan Amount reque from Apeetogosan		
TOTAL	TOTA	1.0	
Attach details/quotes where applicable	(Should equal total of item	#1)	

9. Identify the financial institution where you currently	conduct your banking.
Financial Institution:	Address:
Contact Person:	Telephone:
Account Number:	
10. List three other <u>credit</u> references i.e. VISA, other loans	
Name & Telephone # Origi	
1.	
2.	
3.	
11. References: Provide the name, title, address and telephone n should be familiar with your financial standing. The other	number of at least 3 people whom we may contact. One of these ers should be familiar with your skills and business expertise.
1.	
2.	
2	
3.	
12. WCB number, if applicable:	
13. INCOME TAXES	
Last year filed: DATE	Taxes up to date? Yes No
Do you owe any taxes prior to the current year? Yes (Includes Personal, Property or Business)	No
If YES Amount Owing:	

14. BANKRUPTCY Have you ever declared Bankruptcy or filed a Consumer Proposal? Yes _____ No ____ Date(s): _____ Are you Discharged / Fully Performed? Yes _____ No ____ Date(s): _____ PERSONAL DATA ON YOUR SPOUSE (Under Canadian Law your spouse may have a legal interest or obligation arising from your business dealings and may also have an interest in your personal assets.) Spouse's Name Spouse's Occupation Spouse currently employed by How long with employer: Spouse's cell phone Years ____ Months Net income per month Date of Birth Social Insurance Number CORPORATE OR BUSINESS INFO **SOLE PROPRIATOR** (Skip following section.) Legal Entity: Partnership Corporation Legal Business Name: _____ Registered Trade Name: Corporate Year End: Last Year Taxes Filed: Primary Phone # Percentage of Ownership Name & Address Signature OR Shares Held (if partner, list all partners for total of 100%) Business Address (Physical Location): Registered Mailing Address:

Business Phone Number:______ Business Email Address:_____

Fax Number: Website Address: _____

PERSONAL FINANCIAI	L INFORMATION (Family)
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AS AT		, 20	
	DAY	MONTH	

ASSETS		LIABILITIES		
List and describe all assets: Attach details / schedule where space provided is insufficient		List credit cards, open lines of credit, and other liabilities (including alimony and child support)		lities
•	VALUE		BALANCE OWING	MONTHLY PAYMENTS
TOTAL CHEQUING	\$	BANK LOANS	\$	\$
TOTAL SAVING				
AUTOMOBILE(S)		Mortgages on real estate owned		
Make/yr.				
Make/yr.				
Make/yr.		VEHICLE LOANS		
Make/yr.				
STOCKS & BONDS		CREDIT CARDS (Please itemize)		
REAL ESTATE (Provide legal description)		1		
		2		
		3		
RETIREMENT ACCOUNTS		OTHER OBLIGATIONS (Itemize)		
OTHER ASSETS (Please itemize)		1		
1		2		
2		3		
3		TOTAL MONTHLY PAYMENTS		\$
TOTAL ASSETS (I)	\$	TOTAL LIABILITIES (II)	\$	
INCOME SOURCES Income from alimony, child support or separate maintenance does not have to be stated unless you want it considered.		NET WORTH (I – II)	\$	
YOUR NET MONTHLY SALARY	\$	SUNDRY PERSONAL OBLIG below if you answer Yes to the following		provide details
YOUR SPOUSE'S NET MONTHLY SALARY		Are you providing your personal suppo (i.e. consignor, endorser, guarantor)?		ot listed above
OTHER INCOME (Please itemize)		1	YES NO _	
1		Details of any of the above		
1				
TOTAL	\$			

ADDITIONAL INFORMATION

	ou own or have previously owned, re ar Assistance Program)? If yes, pleas	eceived financial assistance from the Ce describe.	Government of Canada Yes No	
		istance for this project? If yes, please If yes, please indicate to which depar		
		f yes, please list amount(s). Note: Any he Métis Entrepreneur Assistance Pro		
Note: To be eligible for support, the app generating service or activities of the bu	siness.	pposed business in a management capacity & F F APPLICANT FOR	nas the skills to undertake the revenue	
		LOAN FINANCING		
The undersigned hereby declare(s) that all the information provided herein and on the accompanying statements is to the best of my/our knowledge true, complete and correct and understand it will be used by AMDI to determine credit worthiness. The proceeds of the loan applied for will be used for business purposes and not for personal, family or household purposes.		The undersigned hereby declare(s) that all the information provided herein an on the accompanying statements is to the best of my/our knowledge truc complete and correct and understand it will be used by AMDI to determine credit worthiness. The proceeds of the loan applied for will be used for business purposes and not for personal, family or household purposes.		
SIGNATURE	Date	SIGNATURE	Date	
Note: Each applicant must sign and date To Apeetogosan Métis Development I	REPRENEURS ASSISTA this Business Proposal. nc.:	F APPLICANT FOR ANCE PROGRAM CON'	TRIBUTION	
I (We) authorize duly appointed represer	ntatives of Apeetogosan Métis Development Ir	nc. to obtain from and share with persons or org	anizations, public or private, any	
7	sessment of the project outlined in this Busine iginal ancestry and/or represent a company that	1		
I (We) consent to the Métis Entrepreneur required to safeguard the handling of this	· Assistance Program sharing my (our) name(s	s), phone number, and e-mail address with third Protection and Electronic Documents Act (PIPE		
Signature		Date		
Signature		Date		