



**COMMUNITY FUTURES DEVELOPMENT  
CORPORATION OF CARIBOO-CHILCOTIN**

266 Oliver Street  
Williams Lake, BC V2G 1M1  
Phone: (250) 392-3626 Fax: (250) 392-4814:  
Toll Free 1-888-879-5399

# **SELF EMPLOYMENT PROGRAM**

## **PHASE I APPLICATION**

*Before completing this application package please ensure that you have attended an orientation session with CFDC and had an appointment with Your Employment Counsellor*

*This Application is to be completed by the applicant and returned to Community Futures in Williams Lake either in Person, Mail or Fax. You will be notified of a decision within three working days.*

***Applicant***

\_\_\_\_\_

***Business***

\_\_\_\_\_

***Date***

\_\_\_\_\_





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266 Oliver Street  
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Phone: (250) 392-3626 Fax: (250) 392-4813  
Toll Free 1-888-579-5399

I \_\_\_\_\_ authorize the following agencies to release and share

APPLICANTS NAME

information contained in this application for the purposed of determining my suitability for the SEEB and EAS Programs. I understand that this information includes my name, address, social insurance number and other information pertinent to my file.

**Please  
Initial**

\_\_\_\_\_ Community Employment Services (**100 MILE CLIENTS ONLY**)

\_\_\_\_\_ ESP Consulting/Partners In Employment (**WILLIAMS LAKE ONLY**)

\_\_\_\_\_ The Career Center (**BELLA COOLA CLIENTS ONLY**)

\_\_\_\_\_ Service Canada

\_\_\_\_\_ Community Futures Development Corporation

\_\_\_\_\_ Other: \_\_\_\_\_

START: \_\_\_\_\_  
(Today's Date)

END: \_\_\_\_\_  
(2 Years from Today)

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SE Coordinator Signature: \_\_\_\_\_



# THIS APPLICATION IS FOR THE SELF-EMPLOYMENT PROGRAM ONLY.

**IMPORTANT:** If you are applying for a **Loan** through the C.F.D.C., you can download a "**Loan Application**" from the C.F.D.C. Website [www.cfdccariboo.com](http://www.cfdccariboo.com) or pick up one at C.F.D.C. (Williams Lake)

PERSONAL INFORMATION			
<b>Name:</b>			
<b>Mailing Address:</b>			
<b>City:</b>		<b>Postal Code:</b>	
<b>Phone Number:</b>	( )	<b>Fax:</b>	( )
<b>E-Mail Address:</b>	<b>Web Address:</b>		
<b>SIN #:</b>	<b>Birth Date:</b>		
			Month / Day / Year
1. Are you a First Nations member? Yes <input type="checkbox"/> No <input type="checkbox"/> Band # _____ 2. Marital Status? Single <input type="checkbox"/> Married/Equivalent <input type="checkbox"/> Other <input type="checkbox"/> 3. How many adults are there in your household? _____ Relationship _____ 4. Are you the primary wage earner in your household? Yes <input type="checkbox"/> No <input type="checkbox"/> 5. Do you have children in your household? Yes <input type="checkbox"/> No <input type="checkbox"/> 6. If yes, how many? _____ Ages? _____ 7. Language Preference: English <input type="checkbox"/> French <input type="checkbox"/> Other <input type="checkbox"/> 8. Do you have a driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> What class _____ 9. Do you have access to transportation? Yes <input type="checkbox"/> No <input type="checkbox"/> 10. Do you have any outstanding student loans Yes <input type="checkbox"/> No <input type="checkbox"/> Balance \$ _____ 11. Are you involved with Family Maintenance Enforcement Program? Yes <input type="checkbox"/> No <input type="checkbox"/> 12. How did you find out about the Self Employment Program? 13. Are you able to invest a minimum of \$4500 in cash and/or equipment and/or loans toward your business? Yes <input type="checkbox"/> No <input type="checkbox"/>			



## EDUCATION

School	Last Level Completed	Year
1.		
2.		
3.		

Other Training or Certification	Year
1.	
2.	
3.	

## EMPLOYMENT

(Last Employer first, attach a resume with further details)

Name & Address	Duties	Dates Employed m/y	Reason for leaving
1.			
2.			
3.			

## REFERENCES

(Family / Friends not living with you, List Three!)

Name	Address	Contact Phone Number
1.		
2.		
3.		

<b>MONTHLY HOME EXPENSES:</b>	
	\$
	\$
	\$
	\$
<b>Total Living Expenses</b>	\$
<b>Total Family Income (Include EI)</b>	\$
	\$
<b>Total Family Income – Total Living Expenses (Difference)</b>	

### OWNER’S INVESTMENT

List below the assets you propose to offer towards the business. If applicable, indicate the fair market value of the assets. Examples would include, cash, vehicle, machinery and equipment). Attach a separate list if necessary.

Asset Description (Indicate make, model, year, etc.)	Assets	Liabilities Owed
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Total \$	\$ _____	\$ _____

**\*\* A requirement of the program is the client must invest a minimum of 25% of the total SEB monies received while on the program this usually equals \$4500.\*\***

**Tell us in your own words why you are applying for the Self Employment Benefit Program and why you believe that you require the financial support given under the program.**

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## LOCATION & BUILDINGS

- 1). Address at which the business will be located. \_\_\_\_\_
- 2). Describe the size and type of building/land required. \_\_\_\_\_  
\_\_\_\_\_
- 3). Is the property to be:      (a)      Purchased      [   ]  
   (b)      Leased            [   ]  
   (c)      Rented            [   ]
- 4). Have you checked out the zoning regulations, business licenses and applicable legalities with local authorities? Please provide information. You will need a City License to operate within City Limits. You will need to cheque zoning regulations with the Cariboo Regional District if you are located outside City limits.  
\_\_\_\_\_  
\_\_\_\_\_
- 5). Indicate whether the project will cause air, water, soil, or noise pollution and if so; describe the preventative measures to be employed.  
\_\_\_\_\_  
\_\_\_\_\_
- 6). What region or area will you operate your business and what is the population?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7). Potential Customers – Please supply a list of customers that you may already have, or ones you will be contacting in the future. (Attach list if necessary)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8). List your competitors. (Attach list if necessary)

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9). What will your company do that is better than your competition?

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The following information will help us to determine your current personal financial strengths & weaknesses when starting your business and give our financial counselors an opportunity to help you.

<u>ASSETS</u>	<u>VALUE</u>	<u>LIABILITIES</u>	<u>OUTSTANDING BALANCES</u>
Cash	\$ _____	Loans	\$ _____
RRSP'S	\$ _____	Mortgages	\$ _____
Stocks, Bonds, Etc.	\$ _____	Income Tax	\$ _____
Real Estate	\$ _____	Credit Cards	\$ _____
Automobiles	\$ _____	Student Loans	\$ _____
Recreation Vehicles	\$ _____	Other	\$ _____
Personal Effects	\$ _____		\$ _____
Other	\$ _____		\$ _____
<b>TOTAL ASSETS</b>	<b>\$ _____</b>	<b>TOTAL LIABILITIES</b>	<b>\$ _____</b>



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✕ I hereby confirm that all information contained within this application is, to the best of my ability, true and correct. Also, I understand that to be eligible for the Self Employment Program I must operate my business full-time (min. 35 hr/week), year round and the business must be located in the CFDC service region.

I am aware of the risks and uncertainties associated with operating a business and freely accept and fully assume all such risks and uncertainties and the possibility of financial loss resulting there from, notwithstanding, advice or funding that I may receive from CFDC.

*I hereby authorize CFDC to obtain any information it deems necessary about me, including but not confined to information from Service Canada personal references, past employers or any other source the corporation deems appropriate. The applicant understands that additional information, if required in support of this application must be supplied to the Corporation before adequate consideration can be given to this application.*

*I am aware of the risks and uncertainties associated with operating a business and freely accept and fully assume all such risks and uncertainties and the possibility of financial loss resulting there from, notwithstanding, advice or funding that I may receive from CFDC.*

*In consideration of CFDC providing with the aforementioned advise/funding, I hereby agree to waive any and all claims that I may have now or in the future against CFDC, and its directors, officers, employees, representatives, successors to the CFDC from any and all liability or loss, damage, expense or cost that I may suffer or incur in my proposed business venture due to any cause whatsoever. **Please print full name and sign below (a witness is required for your signature)***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Witness Name (Printed)

\_\_\_\_\_  
Witness Signature

✕