



**COMMUNITY FUTURES  
OF CARIBOO-CHILCOTIN**

266 Oliver Street  
Williams Lake, BC V2G 1M1  
Phone: (250) 392-3626 Fax: (250) 392-4813  
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 CF and had an appointment with Your Employment Counselor*

*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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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 SEB Program. 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
- \_\_\_\_\_ Other: \_\_\_\_\_

START: \_\_\_\_\_ END: \_\_\_\_\_  
(Today's Date) (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 Community Futures, you can download a "Loan Application" from the Community Futures. Website [www.cfdccariboo.com](http://www.cfdccariboo.com) or pick up one at Community Futures (Williams Lake)

<b>PERSONAL INFORMATION</b>			
<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>SIN #:</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 _____			
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 <b>minimum of \$5500</b> in cash and/or equipment and/or loans toward your business?    Yes <input type="checkbox"/> No <input type="checkbox"/>			

## BACKGROUND INFORMATION

1. Have you attended an SE Orientation Session?  
( If NO – Please contact Community Futures immediately to arrange one.) Yes  No
2. Have you seen a counselor at ESP Consulting in Williams Lake, Community Employment Center in 100 Mile House or the Career Center in Bella Coola? Yes  No
3. Are you employed at present? Yes  No  Hours per week \_\_\_\_\_
4. Are you currently receiving Employment Insurance or have you applied for EI in the past few weeks? Yes  No
5. (If question 4 is No) Have you had an EI claim in the past 3 years? Yes  No
6. Have you had a maternity EI claim within the past 5 years? Yes  No
7. (If question 6 is Yes) Have you worked since then? Yes  No
8. Are you currently on a Medical EI claim? Yes  No
9. Are you currently receiving Social Assistance Yes  No
10. Are you currently working in your proposed business or have you already started your business? Explain on an attached Sheet. Yes  No
11. Have you ever participated in a Self-Employment Incentive, Self-Employment Assistance or Self-Employment Program or any other EI or government sponsored program in the past?  
If yes when? \_\_\_\_\_  
Yes  No
12. Have you ever owned your own business? Yes  No  When? \_\_\_\_\_  
What type of business? \_\_\_\_\_
13. Why did you close the business? \_\_\_\_\_
14. Have you ever claimed bankruptcy? Yes  No  If yes, when? \_\_\_\_\_

**(Answering Yes to #14 does NOT stop you from participation in the SEB program)**

## 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 (Mandatory)

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

Name	Address	Contact Phone Number
1.		
2.		
3.		

<b>TOTAL MONTHLY HOME EXPENSES:</b>	
	\$
	\$
	\$
	\$
<b>Total Living Expenses</b>	\$
<b>Total Family Income From ALL Sources (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 \$5500.\*\***

**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.  
***Please include all family assets and liabilities.***

<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 Community Futures 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 Community Futures.

*I hereby authorize Community Futures 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.*

*In consideration of Community Futures 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 Community Futures, 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

✘