

***“ASSISTING CLIENTS IN ALIGNING  
PREPARATION WITH OPPORTUNITY”***

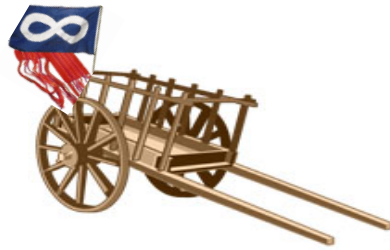
**MÉTIS APPLICATION FORM FOR**



**APEETOGOŠAN**

**LOAN FINANCING**

**&**



**MÉTIS  
ENTREPRENEUR  
ASSISTANCE  
PROGRAM**

**Apeetogosan (Métis) Development Inc.**

**(AMDI)**

**#302, 12308 – 111 Avenue**

**Edmonton AB T5M 2N4**

**EMAIL: [office@apeetogosan.ab.ca](mailto:office@apeetogosan.ab.ca)**

**PHONE: (780) 452-7951**

**FAX: (780) 454-5997**



# MÉTIS APPLICATION FORM FOR FINANCING

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 (AMDI)  
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 Edmonton AB T5M 2N4  
 EMAIL: office@apeetogosan.ab.ca  
 PHONE: (780) 452-7951  
 FAX: (780) 454-5997

**INSTRUCTIONS TO APPLICANT**

**| 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 Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>		How long at this address? _____/_____ Years Months	Email Address:
Occupation		Current Employer:	Employer's Phone ( )
How long with employer? Years Months	Marital Status (please circle): Married <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Common-law <input type="checkbox"/>		Number of dependants
Previous Employer			
Name:		Address	Telephone
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. (If available, please 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 similar businesses operating in the area.

6. Ownership percentage of business	Aboriginal (A)	
Name(s)	None-Aboriginal (NA)	%
<p><b>Attach financial statements for existing business for past 3 fiscal years where applicable / available.</b></p>		

7. Estimated Costs of the Project:

Land (not eligible for grant) \$ \_\_\_\_\_

Buildings (not eligible for grant) \_\_\_\_\_

Equipment \_\_\_\_\_

Other (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL** \_\_\_\_\_

8. Financing of the Project:

a) Applicants' investment (Must be a minimum of 10% of total project costs) \$ \_\_\_\_\_

b) Métis Entrepreneurs Assistance Program Contribution (30% if you total is over \$20,000) \$ \_\_\_\_\_

c) Other contributions \$ \_\_\_\_\_

d) Loan Amount requested from Apeetogosan \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

Attach details where applicable

(Should equal total of item #7)

8. Identify the financial institution where you currently conduct your banking.

Financial Institution:	Address:
Contact Person:	Telephone:

Account Number:

9. List three other **credit** references i.e. VISA, other loans

Name & Telephone #	Original Amount	Balance Owing	Monthly Payment	Purpose of loan
1. _____				
2. _____				
3. _____				

10. References: Provide the name, title, address and telephone number of at least 3 people whom we may contact. One of these should be familiar with your financial standing. The others should be familiar with your skills and business expertise.

1. _____
2. _____
3. _____

11. WCB number, if applicable:

12. INCOME TAXES

Last year filed: \_\_\_\_\_ DATE Taxes up to date? Yes \_\_\_ No \_\_\_

Do you owe any taxes prior to the current year? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Includes Personal, Property or Business)

If YES Amount Owing: \_\_\_\_\_

13. BANKRUPTCY

Have you ever declared Bankruptcy or filed a Consumer Proposal?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date(s): \_\_\_\_\_

Are you Discharged / Fully Performed?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date(s): \_\_\_\_\_

<b>PERSONAL DATA ON YOUR SPOUSE</b>			(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: _____ Years _____ Months	Spouse's work phone	
Net income per month	Date of Birth	Social Insurance Number	

**CORPORATE OR BUSINESS INFO**

**SOLE PROPRIATOR**  (Skip following section.)

Legal Entity: Partnership <input type="checkbox"/> Corporation <input type="checkbox"/>			
Legal Business Name: _____			
Registered Trade Name: _____			
Corporate Year End:		Last Year Taxes Filed:	
Percentage of Ownership OR Shares Held <small>(if partner, list all partners for total of 100%)</small>	Name & Address	Primary Phone #	Signature

Business Address (Physical Location):

\_\_\_\_\_

Registered Mailing Address:

\_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Business Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Website Address: \_\_\_\_\_

**PERSONAL FINANCIAL INFORMATION (Family)**

AS AT \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_\_  
 DAY MONTH

<b>ASSETS</b>		<b>LIABILITIES</b>		
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)		
	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)	\$	
<b>INCOME SOURCES</b> 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 OBLIGATIONS Please provide details below if you answer Yes to the following question.		
YOUR SPOUSE'S NET MONTHLY SALARY		Are you providing your personal support for obligations not listed above (i.e. consignor, endorser, guarantor)?		
OTHER INCOME (Please itemize)		YES ____ NO ____		
1. _____		Details of any of the above		
2. _____				
<b>TOTAL</b>	\$			

**ADDITIONAL INFORMATION**

Have you, or any business that you own or have previously owned, received financial assistance from the Government of Canada (including the Metis Entrepreneur Assistance Program)? If yes, please describe. Yes \_\_\_\_\_ No \_\_\_\_\_

Are you applying to any other government programs for financial assistance for this project? If yes, please describe. Yes No  
Do you, or your business, owe money to the Government of Canada? If yes, please indicate to which department or agency and list amount(s). Yes \_\_\_\_\_ No \_\_\_\_\_

Have you already made any financial commitments for the project? If yes, please list amount(s). Note: Any costs for which you have made a legal commitment prior to project approval will not be eligible for the Metis Entrepreneur Assistance Program's support. Yes \_\_\_\_\_ No \_\_\_\_\_

Note: *To be eligible for support, the applicant should be involved full time with the proposed business in a management capacity.*

**DECLARATION OF APPLICANT FOR  
MÉTIS ENTREPRENEURS ASSISTANCE PROGRAM CONTRIBUTION**

Note: Each applicant must sign and date this Business Proposal.

To Apeetogosan Metis Development Inc.:

The statements herein and the attachments hereto reflect an accurate description and estimate of costs regarding the intended project.

I (We) authorize duly appointed representatives of Apeetogosan Metis Development Inc. to obtain from and share with persons or organizations, public or private, any information necessary to complete the assessment of the project outlined in this Business Proposal.

I (We) certify that I am (we are) of Aboriginal ancestry and/or represent a company that is majority-Aboriginal owned.

I (We) consent to the Metis Entrepreneur Assistance Program sharing my (our) name(s), phone number, and e-mail address with third party service providers (who are required to safeguard the handling of this information under the Personal Information Protection and Electronic Documents Act (PIPEDA) and/or the Privacy Act) for statistical, research and evaluation purposes for the Metis Entrepreneur Assistance Program.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**DECLARATION OF APPLICANT FOR  
APEETOGOSAN 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 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.

SIGNATURE

SIGNATURE

Signed at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_