

MicroSkills-Women's Enterprise And Resource Centre

APPLICATION PROCESS

Applicant's eligibility for a loan is based on the following:

1. Applicants must successfully complete the Business Skills Development component of MicroSkills Self-Employment training program.
2. Completed Application Form
3. Completed Business Plan
4. Proof of Business Registration (if applicable)

Once application is completed:

Submit application with supporting documentation to MicroSkills-Women's Enterprise and Resource Centre

1. MicroSkills staff will process applications and forward to the Loan Fund Committee with recommendations
2. Loan Fund Committee will review and communicate with MicroSkills staff
3. Applicants are notified of decision
4. If application is successful, loan agreement is signed
5. Loan administered

TYPES OF LOAN

Start-Up Loan (\$500 to \$1,500)

Business Expansion Loan (up to \$5,000) – ***Applicable to those who have successfully completed the Start-Up Loan phase (see above).***



A United Way
Member Agency

BUSINESS LOAN APPLICATION
MicroSkills-Women's Enterprise And Resource Centre
7 Vulcan Street
Toronto, Ontario
M9W 1L3
(416) 247-7181

DATE SUBMITTED _____

NAME _____

HOME ADDRESS _____

HOME TELEPHONE # _____

BUSINESS ADDRESS _____

BUSINESS TELEPHONE # _____ **FAX#** _____

EMAIL _____

BUSINESS REGISTRATION # _____

BUSINESSS OWNER: 1 person 2 or more persons

DATE OF BUSINESS START UP _____

Are you currently operating the business? Yes No

FULL TIME **PART TIME**

Have you generated an income since you started the business?

Estimate \$ _____

Are you currently employed? Yes No

FULL TIME **PART TIME**

If not employed, source of income: _____

Type of Loan Requested: Business Start-Up Business Expansion

AMOUNT REQUESTED \$ _____

PURPOSE OF LOAN (Please be specific)

REFERENCES

PLEASE PROVIDE US WITH NAMES, ADDRESSES AND TELEPHONE NUMBERS OF THREE REFERENCES. **These may be business, employment or personal references.**

NAME	ADDRESS	TELEPHONE #
1.		
2.		
3.		

This certifies that the information provided in this application and in all accompanying document are true, accurate and complete to the best of my knowledge and I will notify MicroSkills of any material changes to such information.

Signed: _____

Print: _____

Date: _____

FOR OFFICE USE ONLY

APPLICANT'S NAME: _____

Checklist

Requirements for Loan	Yes	No
Completed Business Skills Development Training		
Completed Application Form		
Comprehensive Business Plan with Financial Forecast		
Business Registration		
References Checked		

Recommendation (Staff):

Loan Fund Committee Comments:

Approved

Denied

Amount Approved: \$ _____

Payment Schedule: _____

Date Client Notified: _____