

UWD Loan Request FORM

Send this completed form to your Provincial CoordinatorPlease state all figures in U.S dollars.

Please also send a LETTER that answers the following questions:

1. Please describe the project you want to use the loan for. Tell us all you can!

2. What business experience or training do you or group members have? Please be specific.

3. Do you need training before you start your business in order to succeed? Do you need help finding training? Do you know anyone with a similar business who can help you?

Applicant Information

Loan Application for:	An Individual:	A Lending Circle:
Name of Applicant(s): NOTE: If there are multiple applicants, attach a separate sheet with Applicant Information for each applicant.		
Address of Primary Applicant/Contact:		
E-Mail Address:		
WHATS APP Number		
Province:		
Applicant Signature: The information in this form is accurate and complete.		
Date of Application:		

Business Information

Type of Business:	
Location of Business:	
New Business or Expansion:	New: Expansion:
If expansion, describe how the loan will benefit the business:	
Number of Persons Involved in Business:	



Number of Persons to be Employed (including Applicant/s):	
Who Will be Served by this Business:	

Loan Information

Amount Requested from UWD:			
Desired Date of Loan:			
Amount of Money Invested by Applicant(s)			
Other Sources of Investment Money:			
Plan for Loan Repayment:	Choose one payment opti	ion and specify th	e payment amount.
(Repayment must begin	Monthly	\$	_ per payment
within 1 year of receipt of loan and be completed	2 Payments / Year	\$	_ per payment
within 5 years.)	1 Payment / Year	\$	_ per payment
	The first payment must be	egin 1 year from c	late of loan.
Purpose of Loan:			
List the specific items to be paid for with this loan (equipment, materials, supplies, labor, rent, etc.).			
Attach more sheets if needed.			



Budget for First Year of Business

Startup Expenses-(All costs – not just what you are asking UWD for)

Equipment & Tools:	
Startup Supplies:	
Purchase of Business Site (if not rental):	
Other: (please specify)	
Total Startup Expenses:	

Monthly Expenses

Supplies:	
Salaries:	
Permit or License: (provide type and cost)	
Rental of Business Site (if not purchased):	
Utilities:	
Advertising:	
Other: (please specify)	
Total Monthly Expenses:	

Total Projected Income and Expenses for First Year

Monthly Income:	
First Year Income:	
First Year Expenses:	



Budget for Years 2-5

Monthly Expenses

Equipment & Tools:	
Supplies:	
Salaries:	
Permit or License: (provide type and cost)	
Rental of Business Site (if not purchased):	
Utilities:	
Advertising:	
Other: (please specify)	
Total Monthly Expenses:	

Estimated Income

Monthly Income:	
Annual Income – year 2	
Annual Income – year 3	
Annual Income – year 4	
Annual Income – year 5	

Additional Information

Provide any additional information you think would be helpful in evaluating your request:	
PROVINCIAL COORDINATOR Signature	

