

U.S. DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
APPLICATION FOR LOAN CANCELLATION

O.M.B. NO. 1660-0082
 Expires September 30, 2006

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 1 hour per response. The burden estimate includes the time for reviewing instructions and searching existing data sources, gathering and maintaining the data needed and completing, and submitting the form. You are not required to respond to this collection of information unless a valid OMB control number appears in the upper right corner of this form. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, U. S. Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC 20472, Paperwork Reduction Project (1660-0082). **NOTE: Do not send your completed form to this address.**

1. NAME AND ADDRESS OF APPLICANT		FOR FEDERAL GOVERNMENT USE ONLY	
		LOAN NUMBER	
		CDL _____	
		DISASTER DECLARATION DATE	
2. TOTAL AMOUNT OF LOAN ALREADY RECEIVED \$ _____	3. DATE LOAN APPROVED _____	4. TERM OF LOAN _____	5. INTEREST RATE _____

SUMMARY OF CANCELLATION INFORMATION (Schedule A is supporting Schedule)

	FISCAL YEAR PRECEDING DISASTER (Information)	FISCAL YEAR OF DISASTER (Information)	FIRST POST DISASTER YEAR (a)	SECOND POST DISASTER YEAR (b)	THIRD POST DISASTER YEAR (c)	TOTAL (a) + (b) + (c) = (d)
6. ANNUAL OPERATING BUDGET						
7. TOTAL ACTUAL REVENUE CDL PROCEEDS (lines 12)						
8. NORMAL ACTUAL EXPENDITURES						
9. DISASTER RELATED EXPENSE						
10. TOTAL ACTUAL EXPENDITURES (line 8 + line 9)						
11. NET REVENUE (Expense) (line 7 - line 10)						
12. CDL LOAN FUNDS RECEIVED (disbursed from Treasury)						
13. CANCELLATION REQUEST (total of line 11, deficit, up to amount of CDL, line 12)						

Based on the information contained in the Application for the Community Disaster Loan, the Promissory Note executed _____ 20 _____ and the information furnished above and in Schedule A (reverse) I apply for loan cancellation in the amount of \$ _____ in connection with the loan already made as a result of the loss caused by a major disaster declaration on _____

SIGNATURE OF APPLICANT	DATE
------------------------	------

FORWARDED

NAME AND TITLE OF APPROVAL OFFICIAL (Governor's Authorized Representative)	SIGNATURE	DATE
--	-----------	------

FOR FEMA USE ONLY

RECOMMENDATION: APPROVAL DISAPPROVAL

NAME AND TITLE OF APPROVAL OFFICIAL (EP&RD Regional Director)	SIGNATURE	DATE
---	-----------	------

PRINCIPAL CANCELLATION IN THE AMOUNT OF \$ _____ PLUS RELATED INTEREST IS HEREBY

APPROVED DISAPPROVED

NAME AND TITLE OF APPROVAL OFFICIAL	SIGNATURE	DATE
-------------------------------------	-----------	------

Attach schedule explaining any difference between figures from the local government's financial reports shown in Schedule A and the figures in the Summary of Cancellation Information shown on the front of this form.

SCHEDULE A (Financial Data)

FINANCIAL SUMMARY

	FY PRECEDING DISASTER	FY OF DISASTER	SUCCEEDING THREE FISCAL YEARS		
	FY _____	FY _____	FY _____	FY _____	FY _____
A. OPERATING STATEMENT (FY)					
1. Tax Revenue					
2. Other Revenue					
3. Total Revenue (1 + 2)					
4. Normal Expenditures					
5. Unreimb. Disaster Related					
6. Total Expenditures (4 + 5)					
7. Net Revenue (Expense) (3-6)					
B. BALANCE SHEET (EFY)					
8. Cash and Investments					
9. Other Assets					
10. Total Assets (8 + 9)					
11. Current Liabilities					
12. Other Liabilities					
13. Total Liabilities (11 + 12)					
14. Fund Balance (19)					
15. Liab. and Fund Bal. (13 + 14)					
C. CHANGE IN FUND BALANCE					
16. Fund Balance (BFY)					
17. Net Revenue (Expense)					
18. Net Fund Transfers					
19. Fund Bal. (EFY) (16 + 18)					
D. FUND STATUS (EFY)					
20. General Fund 21. Utility Funds					
22. Other Funds					
23. Total Funds (20 + 21 + 22)					

SCHEDULE B (Tax Data)

REAL PROPERTY TAXES	FY PRECEDING DISASTER	FY OF DISASTER	SUCCEEDING THREE FISCAL YEARS		
	FY _____	FY _____	FY _____	FY _____	FY _____
(1) MARKET VALUE OF TAX BASE (\$)					
(2) ASSESSMENT RATIO (%)					
(3) ASSESSED VALUATION (\$)					
(4) TAX LEVY RATE (\$/base)					
(5) TAXES LEVIED (\$)					
(6) TAXES COLLECTED (\$)					

Refer to EP&RD/FEMA Regulations 44 CFR 206.366 and the FEMA Community Disaster Loan Handbook, DAP-5, for guidelines in completing application.