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**U.S. Small Business Administration** 

OMB No. 3245-0084

1. NAME OF PROSPECTIVE APPLICANT Legal name  Trade name  2. SSN OF APPLICANT:  3. FEMA REGISTRATION NUMBER:  4. MAILING ADDRESS number street city county state zip  5. BUSINESS LOCATION, if different number street city county state zip  6. TELEPHONE at place of business area code number Name area code number  8. TYPE OF BUSINESS ACTIVITY  9. TYPE OF ORGANIZATION Sole proprietorship Partnership Corporation Other:  10. INQUIRER Name If not applicant, relationship to applicant mailing address, if different from applicant's  11. APPLICATION ISSUED type:   playsical   EIDL	DISASTER BUSINESS LOAN INQUIRY RECORD						
2. SSN OF APPLICANT:  4. MAILING ADDRESS  number street city county state zip  5. BUSINESS LOCATION, if different number street city county state zip  6. TELEPHONE at place of business area code number  8. TYPE OF BUSINESS ACTIVITY  9. TYPE OF ORGANIZATION  9. TYPE OF ORGANIZATION  10. INQUIRER  Name  If not applicant, relationship to applicant to mailing address, if different from applicant's telephone number, if different from applicant telephone number, if differen		PLICANT		_			
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A. MAILING ADDRESS  number street city county state zip  5. BUSINESS LOCATION, if different  number street city county state zip  6. TELEPHONE at place of business area code number area code area code number area code area code number area code area	Trade name						
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number street city county state zip  6. TELEPHONE at place of business area code number  7. TELEPHONE OF ALTERNATIVE CONTACT Name area code number  9. TYPE OF BUSINESS ACTIVITY  9. TYPE OF ORGANIZATION  Other:  10. INQUIRER Name  If not applicant, relationship to applicant mailing address, if different from applicant's telephone number, if different from applicant's telephone number, if different from applicant's by telephone interview by telephone interview by mail on individual in-person interview by mail on (date)	number street	city	county	state	zip		
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12. APPLICATION ISSUED         type:       physical       EIDL         method:       in-person on (date)       by mail on (date)	11. APPLICATION REQUESTED						
type:	in individual in-person interview	in group in-person	interview	ephone interview	☐ by mail		
method:  in-person on (date) by mail on (date)	_						
	_ ' '						
13. COMMENTS		<del></del>	☐ by mail on	(date)			
	13. COMMENTS						
14. INTERVIEWER		-					
Signature printed name title date	Signature	printed name		title	date		
	Location	1		declaration number			
	Location	ı		declaration number	1		

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## U.S. Small Business Administration

OMB No. 3245-0084

DISASTER	<b>HOME L</b>	_OAN	INQUIRY	RECORD
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<ol> <li>NAME OF PROSPECTIVE APPLICANT (if Inquirer is not applicant, state inquirer's relationship to "A" in comments section.)</li> </ol> 2. HOME TELEPHONE							
Last	first		mi	area cod	e number		
3. SSN OF APPLICANT:		4. FEM	A REGISTR	ATION NUMBI	ER:		
5. MAILING ADDRESS							
number street	city		county	sta	ate zip		
6. DAMAGED PROPERTY ADDI	RESS (If different f	rom mailing a	ddress)				
number street	city		county	sta	ate zip		
7. MARITAL STATUS OF PROS	PECTIVE APPL	ICANT	8. SPOUSE	'S NAME			
☐married ☐ separated ☐ unmarri	ed (single, divorced	or widowed)			Will spouse be a joint applicant?		
9. DEPENDENTS			10. INSUR	ANCE COVER	AGE FOR THIS LOSS?		
total number in family				$\square$ yes	□ no		
	nony, child support or nt for this loan request		enance payments	need not be disclose	d if not a basis for		
Applicant Gross salary		income, gross	(IIICIUUC	Week Source	e of OTHER income		
□ Mo	nth	joint applican	t, if any)	Month			
\$ yea				year			
12. DEBTSOTHER OBLIGAT name and address of creditor	monthly pmt		pport, real estate		nce, etc. monthly pmt		
mortgage or rent	\$	name a	iliu audiess oi ci	reditor	\$		
	\$				\$		
	\$				\$		
	\$						
13. SIGNATURE OF APPLICANT			Total   \$ 14. SIGNATURE OF JOINT APPLICANT				
2012 In district of Court At Liouville							
15. TYPE OF INTERVIEW	Individual 🗌 Group	☐ Telephone	1	8. SBA Use Onl	ly		
16. APPLICATION GIVEN?	es on (date)	No, prov	ide comments				
17. COMMENTS				Recommending Official (sign & print name)			
				Concurring Official	l (sign & print name)		
				Form 1363 given on date			
10 INTEDVIEWED							
19. INTERVIEWER signature	printed name		tit	tle	date		
o.g.m.div	Printed nume				ditto		
location			de	declaration number			