

PLEASE NOTE: The public reporting burden for this collection of information is estimated to average 15 minutes per response, including gathering and maintaining the data needed, and completing and reviewing the collection of information. You are not required to respond to any collection of information unless it displays a currently valid OMB Approval number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to: Chief, AIB, Room 5000, U.S. Small Business Administration, Washington, DC 20416; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

U.S. Small Business Administration

OMB No. 3245-0084

DISASTER BUSINESS LOAN INQUIRY RECORD

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		7. TELEPHONE OF ALTERNATIVE CONTACT	
area code	number	Name	area code number
8. TYPE OF BUSINESS ACTIVITY			
9. TYPE OF ORGANIZATION			
<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____			
10. INQUIRER			
Name			
If not applicant, relationship to applicant			
mailing address, if different from applicant's			
telephone number, if different from applicant's			
11. APPLICATION REQUESTED			
<input type="checkbox"/> in individual in-person interview <input type="checkbox"/> in group in-person interview <input type="checkbox"/> by telephone interview <input type="checkbox"/> by mail			
12. APPLICATION ISSUED			
type: <input type="checkbox"/> physical <input type="checkbox"/> EIDL method: <input type="checkbox"/> in-person on (date) _____ <input type="checkbox"/> by mail on (date) _____			
13. COMMENTS			
14. INTERVIEWER			
Signature	printed name	title	date
Location		declaration number	

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DISASTER HOME LOAN INQUIRY RECORD

1. NAME OF PROSPECTIVE APPLICANT (if Inquirer is not applicant, state inquirer's relationship to "A" in comments section.)			2. HOME TELEPHONE	
Last	first	mi	area code	number
3. SSN OF APPLICANT:			4. FEMA REGISTRATION NUMBER:	
5. MAILING ADDRESS				
number	street	city	county	state zip
6. DAMAGED PROPERTY ADDRESS (If different from mailing address)				
number	street	city	county	state zip
7. MARITAL STATUS OF PROSPECTIVE APPLICANT			8. SPOUSE'S NAME	
<input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> unmarried (single, divorced or widowed)			Will spouse be a joint applicant? <input type="checkbox"/> yes <input type="checkbox"/> no	
9. DEPENDENTS			10. INSURANCE COVERAGE FOR THIS LOSS?	
total number in family			<input type="checkbox"/> yes <input type="checkbox"/> no	
11. GROSS INCOME (NOTE: Alimony, child support or separate maintenance payments need not be disclosed if not a basis for repayment for this loan request.)				
Applicant Gross salary	<input type="checkbox"/> Week	OTHER income, gross (include joint applicant, if any)	<input type="checkbox"/> Week	Source of OTHER income
\$	<input type="checkbox"/> Month	\$	<input type="checkbox"/> Month	
	<input type="checkbox"/> year		<input type="checkbox"/> year	
12. DEBTS ---OTHER OBLIGATIONS: Include alimony, child support, real estate taxes and insurance, etc.				
name and address of creditor	monthly pmt	name and address of creditor	monthly pmt	
mortgage or rent	\$		\$	
	\$		\$	
	\$		\$	
	\$	Total	\$	
13. SIGNATURE OF APPLICANT		DATE	14. SIGNATURE OF JOINT APPLICANT	
15. TYPE OF INTERVIEW			18. SBA Use Only	
<input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Telephone				
16. APPLICATION GIVEN?				
<input type="checkbox"/> Yes on (date) _____ <input type="checkbox"/> No, provide comments				
17. COMMENTS				
			_____ Recommending Official (sign & print name)	
			_____ Concurring Official (sign & print name)	
			Form 1363 given on date _____	
19. INTERVIEWER				
signature	printed name		title	date
location			declaration number	

