



U.S. Small Business Administration
DISASTER HOME LOAN APPLICATION

OMB Control No. 3245-0018

--FOR SBA INTERNAL USE ONLY--

Declaration Information Label

Date Received Stamp

FILING REQUIREMENTS

We want to provide as much help as possible toward your recovery from the disaster. The information we ask you for is necessary if we are to provide as much assistance as possible, as quickly as possible. **FOR THIS REASON, WE ASK YOU TO CONTACT AN SBA DISASTER REPRESENTATIVE AT ONCE IF YOU HAVE ANY PROBLEMS PROVIDING THE INFORMATION LISTED BELOW.** Disaster loans must comply with the laws passed by Congress, and therefore we may not always be able to do all that you ask.

For your protection, if you use a contractor, we urge you to consider one that is bonded.

ALL LOANS

- ➔ Complete and sign this application form (SBA Form 5C).
- ➔ Complete and sign the Tax Information Authorization (IRS Form 8821) enclosed with this application. This income information, obtained from the IRS, will help us determine your repayment ability. If we need additional income information, you may be asked to provide copies of your income tax returns including all schedules.
- ➔ If you have changed employment within the past 2 years, attach a copy of a current (within 1 month of the application date) pay stub.
- ➔ If you have insurance and your claim has been settled, attach a copy of your settlement sheet or adjuster's proof of loss. If your claim has not been settled, attach a copy of the schedule of coverage from your insurance policy. This information is needed because the law only allows us to loan the difference between your disaster losses and any insurance or other recoveries.
- ➔ If you have any questions about this application, you may call us at 1-800-659-2955. If you decide to pay someone (an attorney, accountant, friend, etc.) to help fill out this application, that person must read and sign Item 9 in Section F.

**NOTE: IF YOUR APPLICATION IS APPROVED
THE FOLLOWING ITEMS MAY BE NEEDED**

- ➔ If you OWN your residence, a legible copy of the COMPLETE deed, including the legal description of the property.
- ➔ If you RENT your residence, a copy of your complete rental or lease agreement, or letter from your landlord describing the terms of your lease, or a copy of a utility bill that shows your place of residence at the time of the disaster. This enables us to establish your eligibility for a disaster loan.
- ➔ If you had damage to a mobile home, a copy of the title to the mobile home being claimed. If you own the lot where the mobile home is located, a copy of the COMPLETE deed to the lot, including the legal description.
- ➔ If you have damage to an automobile, a copy of the current registration to any damaged automobile or other vehicles you have included in your losses.

A	INFORMATION ABOUT THE APPLICANT			
1	Name and Information			
First Name		Middle	Last Name	
Social Security Number		Birth Date	Family Size	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)				SBA Employee <input type="checkbox"/> YES <input type="checkbox"/> NO
Email Address (Optional)			Self-Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	
2	Mailing Address			
Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Business <input type="checkbox"/> Relative <input type="checkbox"/> Vacation <input type="checkbox"/> Temporary <input type="checkbox"/> Other				
Address				
City		County	State	Zip
3	Damaged Address <input type="checkbox"/> SAME AS MAILING ADDRESS			
<i>IS THIS YOUR PRIMARY RESIDENCE?</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
Address				<input type="checkbox"/> Own Home <input type="checkbox"/> Rent
City		County	State	Zip
4	Phone Numbers			
Home Number		Work Number	Alternate	
5	Closest Relative Not Living With You			
Name		Address	Phone Number	
6	Employment			
Employer			Years	Months
Address		City	State	Zip
7	Gross Income			
NOTE: Do not include the income of your spouse here. If your spouse's income is to be considered, complete Section B.				
<u>Employment income, including self-employment income BEFORE deductions of any kind for income taxes, social security, state and local taxes, retirement, insurance, etc.</u>			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	
Title		Occupation	Supervisor's Name	
8	Other Income			
Examples of OTHER income are regular part-time work, social security, retirement, disability, stock dividends, interest income, commissions, living allowance, transportation allowance, and similar items. Payments from alimony, child support and/or separate maintenance should also be included as OTHER income if the income will be used to help repay this loan.				
Sources of OTHER Income (describe)			Amount of Other Income	
			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	
			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	
			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	
			\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year	
9	I own 20 % or more of a corporation, partnership, limited partnership, or LLC <input type="checkbox"/> YES <input type="checkbox"/> NO			

B	INFORMATION ABOUT THE JOINT APPLICANT
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Note: If Not Applicable, Proceed To Section "C"

1	Name and Information
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First Name	Middle	Last Name	
Social Security Number	Birth Date	Family Size	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Unmarried (Single, Divorced, Widowed)		SBA Employee <input type="checkbox"/> YES <input type="checkbox"/> NO	
Email Address (Optional)		Self-Employed <input type="checkbox"/> YES <input type="checkbox"/> NO	

2	Mailing Address <input type="checkbox"/> Same as Applicant
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Type: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Business <input type="checkbox"/> Relative <input type="checkbox"/> Vacation <input type="checkbox"/> Temporary <input type="checkbox"/> Other			
Address			
City	County	State	Zip

3	Phone Numbers
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Home Number	Work Number	Alternate
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4	Closest Relative Not Living With You
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Name	Address	Phone Number
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5	Employment
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Employer	Years	Months
Address	City	State Zip

6	Gross Income
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NOTE: Do not include any income shown in Section A.

<u>Employment income, including self-employment income BEFORE deductions of any kind for income taxes, social security, state and local taxes, retirement, insurance, etc.</u>	\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
Title	Occupation Supervisor's Name

7	Other Income
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Examples of OTHER income are regular part-time work, social security, retirement, disability, stock dividends, interest income, commissions, living allowance, transportation allowance, and similar items. Payments from alimony, child support and/or separate maintenance should also be included as OTHER income if the income will be used to help repay this loan.

Sources of OTHER Income (describe)	Amount of Other Income
	\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
	\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
	\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year
	\$ _____ per <input type="checkbox"/> week <input type="checkbox"/> month <input type="checkbox"/> year

8	I own 20 % or more of a corporation, partnership, limited partnership, or LLC <input type="checkbox"/> YES <input type="checkbox"/> NO
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C FINANCIAL INFORMATION FOR APPLICANT AND JOINT APPLICANT

1 MONTHLY HOUSING COST

IF you RENT your residence, please complete the line below

Landlord (name/address/phone no.)	Monthly rent \$	Renter's insurance \$ per <input type="checkbox"/> month or <input type="checkbox"/> year
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OR

IF you OWN your residence, please complete the remainder of this section

Name and address of mortgage holder (if any)	Monthly payment \$	Balance owed \$
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Name and address of second mortgage holder (if any)	Monthly payment \$	Balance owed \$
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If NOT included in payment(s) above, OR if residence is paid for, please provide (as applicable):

Total real estate taxes \$ per <input type="checkbox"/> month or <input type="checkbox"/> year	Hazard insurance \$ per <input type="checkbox"/> month or <input type="checkbox"/> year	Condo/association fee \$ per <input type="checkbox"/> month or <input type="checkbox"/> year
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2 DEBTS AND CREDIT REFERENCES List all types of debts, including loans, credit cards, charge accounts, delinquent taxes, etc. Include loan payments, real estate taxes and insurance for any real estate other than primary residence (in Item 1 above). List all debts even if payments are not currently due.
Use the back page (G) if more space is needed.

Name of Creditor(s)	Type of Debt	Monthly Payment	Balance Owed	How Secured (If by real estate, give address)
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

TOTALS <i>Include any total from the last page.</i>	Total Amount \$	Total Amount \$
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3 EXTRAORDINARY EXPENSES (REQUIRED AND CONTINUING) Examples of Extraordinary Expenses are: unusually high and long-term medical costs, child care, child support, alimony, tuition for schools, required by medical disability, etc., that are expected to continue for 10 months or more.
NOTE: DO NOT include normal living expenses

Amount Per Month	Description of expense (please be specific)
\$	
\$	
\$	
\$	

D STATEMENT OF ASSETS

If this application is for an individual, list only your assets.

If this is a JOINT application, include the assets of both the APPLICANT and JOINT APPLICANT.

Note: If any of the assets listed in this section were damaged by the disaster, please value them at their REPAIRED value.

1	Cash and Bank Accounts Include Certificates of Deposit but do not include IRA's, Keogh's, or similar restricted retirement accounts. Do not include insurance proceeds.	Total Amount \$
2	IRA's, Keogh's and other similar restricted retirement accounts	Total Amount \$
3	Market value of stocks, bonds and other securities	Total Amount \$
4	Resale value of furnishings, household goods and appliances	Total Amount \$
5	Resale value of ALL real estate (land and buildings) including residence(s)	

Note: Be sure all mortgage, tax, and insurance payments on these properties are listed in Items 1 or 2 of Section C.

Property and Location (address)	Year Purchased	Purchase Price	Year Mortgage Pays Off	Current Resale Value
Primary residence, address		\$		\$
Other property, type*, and address		\$		\$
Other property, type*, and address		\$		\$
Other property, type*, and address		\$		\$

* Such as vacation home, rental property, vacant land, etc.

6	Resale value of other assets (vehicle(s), boat, recreational vehicle, other assets)		
		Make and year	Total amount \$
		Make and year	Total amount \$
		Description	Total amount \$
		Description	Total amount \$
		Description	Total amount \$

E DISASTER INFORMATION

Note: SBA disaster loans are available for the amount of the disaster-related damages, LESS any insurance recoveries and assistance from other disaster relief agencies.

1 ESTIMATE OF THE COST TO REPAIR/REPLACE THE DISASTER-DAMAGED PROPERTY

If unknown at this time, just place a question mark in the space provided.

Real Estate
\$ _____

Personal Property, including auto(s)
\$ _____

2 INSURANCE INFORMATION

CHECK the correct block(s) below to show the status of your insurance.

NO INSURANCE coverage of any kind (flood or other) was in force for this loss.

(IF this block is checked, skip to Item 3 below.)

FLOOD INSURANCE for this loss:

<input type="checkbox"/> Settled for	\$ _____
<input type="checkbox"/> Pending	\$ _____
<input type="checkbox"/> Other (explain)	\$ _____

Name and address of insurance agent or company

Area code/telephone no.

Policy no.

OTHER INSURANCE for this loss:

___ Homeowners

___ Auto

___ Other (e.g., earthquake, windstorm)

<input type="checkbox"/> Settled for	\$ _____
<input type="checkbox"/> Pending	\$ _____
<input type="checkbox"/> Other (explain)	\$ _____

Name and address of insurance agent or company

Area code/telephone no.

Policy no.

Name and address of insurance agent or company

Area code/telephone no.

Policy no.

Note: It is not necessary that you settle with your insurance company before you apply for an SBA disaster loan. If your claim is questioned or otherwise delayed, we can loan the full amount of the damages so you can begin repairs. The insurance settlement is then assigned to us to reduce the loan once the settlement is received.

3 INFORMATION ABOUT OTHER DISASTER ASSISTANCE

CHECK the correct box to show the status of aid from other disaster relief agencies.

NO AID was received or is expected from any Federal, state, local, or private relief agencies.

AID WAS received or is expected from Federal, state, local, or private agencies, as follows:

Name of agency	Amount received/expected
	\$ _____
Name of agency	Amount received/expected
	\$ _____

F	OTHER INFORMATION
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Note: This information also applies to Joint Applicant, if any. If more space is needed, use back page (G).

1	I have never had an SBA loan or an SBA guaranteed loan, Except:	SBA office location account (loan) number
2	I have never had any other Federal loans or Federally guaranteed loans, except:	Agency name, office location account (loan) number
3	I am not delinquent on any Federal taxes, direct or guaranteed loans (FHA, VA, student, etc.), contracts, grants, or any child support payments, except:	Agency name, office location account (loan) number
4	I have never been bankrupt, except:	Provide complete details such as dates, location and current status
5	I have no judgments or lawsuits pending against me, except:	Provide complete details such as dates, parties involved and current status
6	I have never been convicted of a felony committed in connection with a riot or civil disorder, nor am I engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction. except:	Provide complete details

7 ARE YOU A U.S. CITIZEN? YES No *If you are not a U.S. Citizen, please provide complete details in Section "G".*

8 If my loan is approved, I may be eligible for additional funds to cover the cost of safeguarding my property from similar damages as caused by this disaster. It is not necessary for me to submit the description and cost estimates with the application. SBA approval of these safeguarding measures will be required before any loan increase. By checking this box, I am interested in having SBA consider this increase.

9 I have not paid a representative (attorney, accountant, etc.) to assist me with this application, except:

Name and address of representative (please print)	Fee charged or agreed upon
	\$

If anyone completed this application on my behalf, whether there is any charge or not, that person must sign in this space below:

Signature of representative	Date signed

10 I authorize my insurance company, bank, financial institution, or other creditors to release to SBA all records and information necessary to process this application.

11 SBA has my permission, as required by the Privacy Act, to release information to state, local or private disaster relief services (Red Cross, Salvation Army, Mennonite Disaster Services, etc.).

12 If my loan is approved, additional information may be required prior to loan closing. I will be advised in writing what documents will be needed to obtain my loan funds.

13 I have received and read a copy of the "STATEMENTS REQUIRED BY LAWS AND EXECUTIVE ORDERS" which was attached to this application.

14 All the information on this application and any attachments is true to the best of my knowledge and you may rely on it to provide disaster loan assistance. All damages claimed are a direct result of the declared disaster. I understand that I could lose my benefits and could be prosecuted by the U.S. Attorney for making false statements.

Reference 18 U.S.C. 1001 and/or 15 U.S.C. 645.

SIGNATURES: Be sure to Sign and date the application in INK. If there is a JOINT APPLICANT, the joint applicant must also Sign and date in INK in the space provided.

Signature of APPLICANT	Date signed	Signature of JOINT APPLICANT	Date signed

PLEASE CHECK THE "FILING REQUIREMENTS" INSTRUCTIONS ON THE FRONT OF THIS FORM TO SEE THAT YOU HAVE INCLUDED THE NECESSARY SUPPORTING DOCUMENTS.

RETURN THE COMPLETED APPLICATION PACKAGE TO SBA PRIOR TO THE FILING DEADLINE SHOWN ON THE FRONT OF THIS FORM.

G

ADDITIONAL INFORMATION

Please refer to Section and Item Number

**NOTE: PLEASE READ, DETACH AND KEEP FOR YOUR RECORDS
STATEMENTS REQUIRED BY LAWS AND EXECUTIVE ORDERS**

To comply with legislation passed by the Congress and Executive Orders issued by the President, Federal executive agencies, including the Small Business Administration (SBA), must notify you of certain information. You can find the regulations and policies implementing these laws and Executive Orders in Title 13, Code of Federal Regulations (CFR), Chapter 1, or our Standard Operating Procedures (SOPs). In order to provide the required notices, the following is a brief summary of the various laws and Executive Orders that affect SBA's Disaster Loan Programs.

FREEDOM OF INFORMATION ACT (5 U.S.C. § 552)

This law provides, with some exceptions, that we must make records or portions of records contained in our files available to persons requesting them. This generally includes aggregate statistical information on our disaster loan programs and other information such as names of borrowers (and their officers, directors, stockholders or partners), loan amounts at maturity, the collateral pledged, and the general purpose of loans. We do not routinely make available to third parties your proprietary data without first doing pre-notification, as required by Executive Order #12600, or information that would cause competitive harm or constitute a clearly unwarranted invasion of personal privacy.

Send a request under this Act to the SBA office maintaining the records requested and identify it as a Freedom of Information Act (FOIA) request. The request must describe the specific records you want. For information about the FOIA, contact the Chief, FOI/PA Office, 409 3rd Street, SW, Suite 5900, Washington, DC 20416, or by e-mail at foia@sba.gov.

PRIVACY ACT (5 U.S.C. § 552a)

You can request to see or get copies of any personal information that we have in your file, when that file is retrieved by individual identifiers, such as name or social security numbers. Requests for information about another party may be denied unless we have the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act. This form contains written permission for us to disclose the information resulting from this collection with state, local or private disaster relief services.

Under the provisions of the Privacy Act, you are not required to provide social security numbers. However, we use social security numbers to distinguish between people with a similar or the same name. Failure to provide this number may not affect any right, benefit or privilege to which you are entitled by law, but having the number makes it easier for us to more accurately identify to whom adverse credit information applies and to keep accurate loan records.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use for SBA's loan system of records is that when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature, SBA may refer it to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use of personal information is to assist in obtaining credit bureau reports, on the Disaster Loan Applicants and guarantors for purposes of originating, servicing, and liquidating Disaster loans. See, 69 F.R. 58598, 58617 (and as amended from time to time) for additional background and other routine uses.

Note: Any person concerned with the collection, use and disclosure of information under the Privacy Act may contact the Chief, FOI/PA Office, 409 3rd Street, SW, Suite 5900, Washington, DC 20416 or by e-mail at foia@sba.gov for information about the Agency's procedures relating to the Privacy Act and the Freedom of Information Act.

RIGHT TO FINANCIAL PRIVACY ACT OF 1978 (12 U.S.C. § 3401 et seq.)

This notifies you, as required by the Right to Financial Privacy Act of 1978 (Act), of our right to access financial records held by financial institutions that were or are doing business with you or your business. This includes financial institutions participating in loans or loan guarantees.

The law provides that we may access your financial records when considering or administering Government loan or loan guaranty assistance to you. We must give a financial institution a certificate of our compliance with the Act when we first request access to your financial records. No other certification is required for later access. Our access rights continue for the term of any approved loan or loan guaranty. We do not have to give you any additional notice of our access rights during the term of the loan or loan guaranty.

We may transfer to another Government authority any financial records included in a loan application or about an approved loan or loan guaranty as necessary to process, service, liquidate, or foreclose a loan or loan guaranty. We will not permit any transfer of your financial records to another Government authority except as required or permitted by law.

CONSUMER CREDIT PROTECTION ACT (15 U.S.C. 1601 et seq.)

This legislation gives an applicant who is refused credit because of adverse information about the applicant's credit, reputation, character or mode of living an opportunity to refute or challenge the accuracy of such reports. Therefore, if we decline your loan in whole or in part because of adverse information in a credit report, you will be given the name and address of the reporting agency so you can seek to have that agency correct its report, if inaccurate. If we decline your loan in whole or in part because of adverse information received from a source other than a credit reporting agency, you will be given information but not the source of the report.

Within 3 days after the consummation of the transaction, any recipient of an SBA loan which is secured in whole or in part by a lien on the recipient's residence or household contents may rescind such a loan in accordance with "Regulation Z" of the Federal Reserve Board.

DEBT COLLECTION ACT OF 1982 AND DEFICIT REDUCTION ACT OF 1984 (31 U.S.C. § 3701 et seq. and other titles)

These laws require us to aggressively collect any delinquent loan payments. You must give your taxpayer identification number to us when you apply for a loan. If you receive a loan and do not make payments when they become due, we may take one or more of the following actions (this list may not be exhaustive):

- *Report the delinquency to credit reporting bureaus.
- *Offset your income tax refunds or other amounts due you from the Federal Government.
- *Refer the account to a private collection agency or other agency operating a debt collection center.
- *Suspend or debar you from doing business with the Federal Government.
- *Refer your loan to the Department of Justice.
- *Foreclose on collateral or take other actions permitted in the loan instruments.
- *Garnish wages.
- *Sell the debt.
- *Litigate or foreclose.

PLEASE NOTE: The estimated burden for completing this form is 1.5 hours. Your responses to the requested information are required in order to obtain a benefit under our Disaster Home Loan Program. However, you are not required to respond to any collection of information unless it displays a currently valid OMB approval number. If you have questions or comments concerning any aspects of this information collection, please contact the U.S. Small Business Administration Information Branch, 409 3rd Street, SW, Washington, DC 20416 and Desk Officer for SBA, Office of Management and Budget, Office of Information and Regulatory Affairs, 725 17th Street, NW, Washington, DC 20503. (3245-0018) **PLEASE DO NOT SEND FORMS TO OMB.**