



U. S. Small Business Administration DISASTER BUSINESS LOAN APPLICATION

OMB No. 3245-0017
Exp XX-XXXX

FOR SBA INTERNAL USE ONLY

Physical Declaration Number	<input type="text"/>	Filing Deadline Date	<input type="text"/>
Economic Injury Declaration Number	<input type="text"/>	Filing Deadline Date	<input type="text"/>
FEMA Registration Number (if known)	<input type="text"/>	SBA Application Number	<input type="text"/>

1. ARE YOU APPLYING FOR:

<input type="checkbox"/> Physical Damage -- <i>Indicate type of damage</i>	<input type="checkbox"/> Military Reservist EIDL (MREIDL) <i>(complete the following)</i>
<input type="checkbox"/> Real Property <input type="checkbox"/> Business Contents	* Name of Essential Employee _____
<input type="checkbox"/> Economic Injury (EIDL)	* Employee's Social Security Number ____ - ____ - ____

PLEASE PROVIDE ALL INFORMATION OR DOCUMENTATION REQUESTED IN THE ATTACHED FILING REQUIREMENTS.

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

2. ORGANIZATION TYPE

<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Entity
<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Organization	<input type="checkbox"/> Trust	<input type="checkbox"/> Other: _____

3. APPLICANT'S LEGAL NAME	4. FEDERAL E.I.N. (if applicable)
<input type="text"/>	<input type="text"/>

5. TRADE NAME (if different from legal name)	6. BUSINESS PHONE NUMBER (including area code)
<input type="text"/>	<input type="text"/>

7. MAILING ADDRESS Business Home Temp Other _____

Number, Street, and/or Post Office Box	City	County	State	Zip
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8. DAMAGED PROPERTY ADDRESS(ES)
(If you need more space, attach additional sheets.) Same as mailing address

Number and Street Name	City	County	State	Zip
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9. PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CONTACT FOR:

<input type="checkbox"/> Loss Verification Inspection	<input type="checkbox"/> Information necessary to process the Application
Name	Name
Telephone Number	Telephone Number

10. ALTERNATE WAY TO CONTACT YOU (ie., cell #, fax #, e-mail, etc.)

Cell # <input type="checkbox"/>	Fax # <input type="checkbox"/>	E-mail <input type="checkbox"/>	Other <input type="checkbox"/>	Cell # <input type="checkbox"/>	Fax # <input type="checkbox"/>	E-mail <input type="checkbox"/>	Other <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. TYPE OF BUSINESS: <input type="text"/>	12. DATE BUSINESS ESTABLISHED: <input type="text"/>
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13. UNDER CURRENT MANAGEMENT SINCE: <input type="text"/>	14. BUSINESS PROPERTY IS: <input type="checkbox"/> Owned <input type="checkbox"/> Leased
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15. AMOUNT OF ESTIMATED LOSS: <small>If unknown, enter a question mark</small> <input type="text"/>	16. NUMBER OF EMPLOYEES: <input type="text"/>
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17. IF YOU ARE A SOLE PROPRIETOR, ARE YOU A U.S. CITIZEN? YES NO

18. IF YOU HAVE ANY TYPE OF INSURANCE, PLEASE COMPLETE THE FOLLOWING:

Name of Insurance Company and Agent	
Phone Number of Insurance Agent	Policy Number

19. OWNERS (If you need more space attach additional sheets.) Complete for each: 1) proprietor, or 2) limited partner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock.

Name				Title/Office	% Owned	E-mail Address	
SSN/EIN*	Marital Status	Date of Birth*	Place of Birth*		Telephone Number (including area code)		
Mailing Address				City	State	Zip	

Name				Title/Office	% Owned	E-mail Address	
SSN/EIN*	Marital Status	Date of Birth*	Place of Birth*		Telephone Number (including area code)		
Mailing Address				City	State	Zip	

* For information about these questions, see the attached Statements Required by Laws and Executive Orders.

20. For the applicant business and each owner listed in item 19, please respond to the following questions, providing dates and details on any question answered YES. (Attach an additional sheet for detailed responses.)

a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against them?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
c. Has the business or a listed owner ever been convicted of a criminal offense committed during and in connection with a riot or civil disorder or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, FHA, VA, student, etc.), Federal contracts, Federal grants, or any child support payments?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, ACE, or Advisory Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

21. Is the applicant or any of the individuals listed in Item 19 currently, or have they ever been:

a) under indictment, on parole or probation; b) charged with or arrested for any criminal offense other than a minor motor vehicle violation, including offenses which have been dismissed, discharged, or not prosecuted; or c) convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor motor vehicle violation?

Yes No If yes, Name _____

22. PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real property improvements or devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase.

By checking this box, I am interested in having SBA consider this increase.

23. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must print and sign their name in the space below.

Name and Address of representative (please include the individual name and their company)

(Signature of Individual)	(Print Individual Name)
(Name of Company)	Phone Number (include Area Code)
Street Address, City, State, Zip	Fee Charged or Agreed Upon

Unless the NO box is checked, I give permission for SBA to discuss any portion of this application with the representative listed above. NO

AGREEMENTS AND CERTIFICATIONS

On behalf of the undersigned individually and for the applicant business:

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

I give my permission to release information in connection with this application to Federal, state, local, or private organizations that provide relief for disaster related purposes.

I will not exclude from participating in, or deny the benefits of, or otherwise subject to discrimination under, any program or activity for which I receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, marital status, national origin, race, religion, or sex.

I will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers, in return for compensation of any kind, to help get this loan approved. I have not paid anyone connected with the Federal government for help in getting this loan.

All information in and submitted with this application is true and correct to the best of my knowledge. All financial statements submitted with this application fully and accurately present the financial position of the business. I have not omitted any disclosures in these financial statements. This certification also applies to any financial statements or other information submitted after this date. I understand that false statements may result in the forfeiture of benefits and possible prosecution by the U.S. Attorney General (reference 18 U.S.C. 1001 and/or 15 U.S.C. 645).

SIGNATURE	TITLE	DATE
Sign in Ink		