

**U.S. Small Business Administration
Electronic Disaster Loan Application**



**Federal Disaster Loans for Homeowners,
Renters, and Businesses of all Sizes**

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What is the SBA Disaster Loan Program?

In the wake of hurricanes, floods, earthquakes, wildfires, tornadoes and other disasters, the SBA is the primary source of money from the Federal government for long-term recovery assistance. For disaster damage to private property owned by individuals, families and businesses not fully covered by insurance, the basic form of Federal assistance is low-interest, long-term disaster loans from the SBA.

Property owners usually have some insurance coverage, but often it does not cover all losses or even the type of hazard, which caused the damage. This leaves individuals and businesses with significant uninsured costs.

Most people cannot afford to pay for expensive disaster repairs out-of-pocket. SBA disaster loans make recovery possible for the majority of borrowers.



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Welcome - TermsOfUse (Accept) ← →

Terms of Use

I acknowledge that making materially false statements in this application is a crime under federal law, punishable by fines of up to \$250,000 and up to 30 years in prison, under the following statutes: 18 U.S.C. § 1040 (30 years), 18 U.S.C. § 1001 (5 years), and 15 U.S.C. § 645(2 years). I further acknowledge that if my loan is approved, at the closing, I will be asked to sign a copy of this application certifying under penalty of criminal prosecution that all information and documentation that I have pro

I Accept
 I Do Not Accept

Are you a registered user of the SBA Disaster Assistance Account Site?

Yes, I am a registered user on the SBA Disaster Assistance Account Site.
 No, I'm a new user.

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Welcome - TermsOfUse (Do Not Accept) ← →				
Terms of Use				
<p>I acknowledge that making materially false statements in this application is a crime under federal law, punishable by fines of up to \$250,000 and up to 30 years in prison, under the following statues: 18 U.S.C. § 1040 (30 years), 18 U.S.C. § 1001 (5 years), and 15 U.S.C. § 645(2 years). I further acknowledge that if my loan is approved, at the closing, I will be asked to sign an copy of this application certifying under penalty of criminal prosecution that all information and documentation that I have pro</p>				
<input type="radio"/> I Accept <input checked="" type="radio"/> I Do Not Accept				
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Welcome	Applicants	Damages	Financial	Final Steps
Welcome -Info Needed (Home) ← →				
<input checked="" type="radio"/> Home/Personal Property Loan Application <input type="radio"/> Business Loan Application				
Filing Requirements - Home				
<input type="checkbox"/>	Identity Information -Social Security Number for you and for all co-applicants -FEMA Registration Number, <i>if available</i> *			
<input type="checkbox"/>	Deed or Lease Information, if available -Copy of your deed -Mortgage holder's name, address, telephone number -Landlord's name, address and telephone number -Copy of the title to your damaged mobile home, if available -Copy of the current registration to any damaged automobile or other vehicle, if available			
<input type="checkbox"/>	Insurance Information - Coverage for This Loss, if available -Insurance policy (declaration page) -Settlement information -If you do not have your insurance policy or settlement information, you may be asked to provide the name, address and telephone number of your insurance agent			
<input type="checkbox"/>	Financial Information -Copies of your (and your spouse's, if you are married) most recently filed Federal Income Tax Return, <i>if available</i> -If you have changed employment within the past 2 years, a copy of a current (within 1 month of the application date) pay stub -If you are self-employed, current profit and loss statement and balance sheet, <i>if available</i> -Your current bank statements, investment mortgage information, business and farm records, stocks and bonds, and other investment records -Creditors' names (include all mortgages, credit cards, installment loans, personal loans, vehicle loans) -Monthly payments -Balances owed			
<input type="checkbox"/>	Miscellaneous Information, if available -Account information on existing direct or guaranteed Federal and SBA loans -Details on delinquent taxes -Details on bankruptcies, <i>if available</i> -Details on any outstanding judgments and pending lawsuits			
<p>*In a disaster declared by the President, all disaster victims should register with FEMA by calling (800) 621-3362 , or (800) 462-7585 for people with speech or hearing disabilities.</p> <p>Based on the information you provide, we will generate a list of additional filing requirements necessary for us to process your application.</p> <p style="text-align: center;">Print This Page</p>				
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Welcome - Reg (Street Address) ← →

Website Registration * Indicates Required Field

* **First Name** **MI** * **Last Name** **Suffix**

* **Social Security Number** ###-##-#### * **Date of Birth** MM/DD/YYYY

* **Address of Record**
 Street Post Office Box

* **Street #** * **Street Name** * **Street Type** **Unit/Suite/Number**

Address Line 2

* **City** * **State** * **Zip Code**

Phone Number (landline) **Cell Phone Number** **E-Mail Address**

YOU MUST ENTER A PHONE NUMBER ABOVE FOR THE AUTHENTICATION METHOD YOU HAVE SELECTED!

Please select an authentication method below. Authentication methods are how we make sure that no one else is using your identity to access your account. We will send you a pass code - a special code you enter to gain access.

* **Pass Code Delivery Method**

- Text message Delivery to Cell Phone**
We will send a pass code to your cell phone. (Your cell phone must support SMS text messaging)
- Voice Delivery to Home Phone**
The system will call you on your landline telephone and read a pass code to you.
- Voice Delivery to Cell Phone**
The system will call you on your cell phone and read a pass code to you.

* **Create Your User Name** (Must be at least 6 characters)
 Your User Name does not meet the requirements for User Name format. Please try again.

* **Create Your Password** (Must be at least 8 characters and must contain at least three of the following items: one uppercase letter, one lower case letter, one number, one special character from this list: {}[]<>:;?|\~!@ \$^&* _ - + = .)

* **Confirm Password** **Your password does not meet the requirements for password format. Please try again.**

 Your passwords must match **Your passwords do not match. Please try again.**


* **Security Question 1** * **Security Question 3**
 What school did you attend for sixth grade? What was the make and model of your first car?

* **Security Answer 1** * **Security Answer 3**

* **Security Question 2** * **Security Question 4**
 On what street was your first house? What is the last name of your favorite teacher?

* **Security Answer 2** * **Security Answer 4**

* Please type the text appearing in the image below:
 Note: If you cannot view the image below, contact our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities.
Your entry does not match the image. Please try again.





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Website Registration * Indicates Required Field

* First Name MI * Last Name Suffix

* Social Security Number * Date of Birth

 ###-##-#### MM/DD/YYYY

* Address of Record

Street Post Office Box

* Postal Type * Box Number

Address Line 2

* City * State * Zip Code

Phone Number (landline) Cell Phone Number E-Mail Address

YOU MUST ENTER A PHONE NUMBER ABOVE FOR THE AUTHENTICATION METHOD YOU HAVE SELECTED!

Please select an authentication method below. Authentication methods are how we make sure that no one else is using your identity to access your account. We will send you a pass code - a special code you enter to gain access.

* Pass Code Delivery Method

Text message Delivery to Cell Phone
We will send a pass code to your cell phone. (Your cell phone must support SMS text messaging)

Voice Delivery to Home Phone
The system will call you on your landline telephone and read a pass code to you.

Voice Delivery to Cell Phone
The system will call you on your cell phone and read a pass code to you.

* Create Your User Name (Must be at least 6 characters)

 Your User Name does not meet the requirements for User Name format. Please try again.

* Create Your Password (Must be at least 8 characters and must contain at least three of the following items: one uppercase letter, one lower case letter, one number, one special character from this list: { } [] < > : ? \ ~ ! @ \$ ^ & * _ - + = .)

* Confirm Password Your password does not meet the requirements for password format. Please try again.

 Your passwords must match Your passwords do not match. Please try again.

* Security Question 1 * Security Question 3

What school did you attend for sixth grade? What was the make and model of your first car?

* Security Answer 1 * Security Answer 3

* Security Question 2 * Security Question 4

On what street was your first house? What is the last name of your favorite teacher?

* Security Answer 2 * Security Answer 4

* Please type the text appearing in the image below:
Note: If you cannot view the image below, contact our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities.





Your entry does not match the image. Please try again.

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Welcome - Identity Confirmation				 
<p>In order to confirm your identity, please answer the following questions:</p> <p><i>Authentication Question 1</i></p> <ul style="list-style-type: none"><input type="radio"/> <i>Authentication Answer 1</i><input type="radio"/> <i>Authentication Answer 2</i><input type="radio"/> <i>Authentication Answer 3</i><input type="radio"/> <i>Authentication Answer 4</i> <p><i>Authentication Question 2</i></p> <ul style="list-style-type: none"><input type="radio"/> <i>Authentication Answer 1</i><input type="radio"/> <i>Authentication Answer 2</i><input type="radio"/> <i>Authentication Answer 3</i><input type="radio"/> <i>Authentication Answer 4</i>				
				 



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Welcome - Auth Failure

We cannot confirm your identity. Please contact our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities.



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Welcome - Login ← →				
<h2>Please enter your User Name and Password</h2>				
* User Name <input type="text"/>				
* Password <input type="password"/>				
Don't remember your Password?				
<p>If you do not remember your User Name, please contact our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities.</p>				
			<input type="button" value="Previous"/>	<input type="button" value="Next"/>



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Welcome	Applicants	Damages	Financial	Final Steps
Welcome - Login		← →		
Invalid User Name or Password. Please try again.				
* User Name <input type="text"/>				
* Password <input type="password"/>				
Don't remember your Password?				
 If you do not remember your User Name, please contact our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities.				
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Welcome - Password Reset				
← →				
<p>If you do not remember your password please answer the following question:</p> <p>* User Name <input type="text"/></p> <p>Secret Question System randomly generated</p> <p>* Secret Answer <input type="text"/></p> <p>Your password will be e-mailed to you once you click the Next button.</p> <p>If you did not provide us with an e-mail address, please call our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities.</p>				
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Welcome - Splash Screen

U.S. Small Business Administration Disaster Loan Application



Federal Disaster Loans for Homeowners, Renters, and Businesses of all Sizes

- Apply for a Home / Personal Property Loan
- Apply for a Business / Rental Property Loan
- Continue An Existing Application



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Welcome - Existing Applications
← →

Select the application you would like to complete

Select	Reference Number	Loan Type	Applicant Name	Date Last Updated
<input type="radio"/>	9000000000	<i>Home</i>	<i>Doe, John J</i>	<i>Last Update Date 1</i>
<input type="radio"/>	9000000001	<i>Business</i>	<i>Doe, Randy L</i>	<i>Last Update Date 2</i>

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Other

Welcome - Type Home (Own & Primary Res)



Home/Personal Property Losses

Do you own or rent the address where your damages occurred?

- Own
- Rent

Was the address your primary residence at the time of the disaster?

- Yes
- No

What type of damage did you suffer? (check all that apply)

- Real Estate
- Personal Property (Clothing, Appliances, Furniture, etc.)
- Auto

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Other

Welcome - Type Home (Own & Secondary)



Home/Personal Property Losses

Do you own or rent the address where your damages occurred?

- Own
- Rent

Was the address your primary residence at the time of the disaster?

- Yes
- No

It is a **secondary home**

Vacation homes or secondary homes, and their contents, are not eligible for SBA disaster loans. However, if you rent them, they may be eligible as a rental property (as defined by IRS) under the business disaster loan program.

It is a **rental property**

Rental properties are eligible for assistance as a Business application if the property was rented prior to the disaster or was in the process of being rented. You will now be directed to a business application.

Extended family members or other individual(s) are living there rent free

If a family member lived at the residence rent free prior to the disaster you, may be eligible to apply for a loan.

What type of damage did you suffer? (check all that apply)

- Real Estate
- Personal Property (Clothing, Appliances, Furniture, etc.)
- Auto

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Welcome - Type Home (Rent & Primary Res)



Home/Personal Property Losses

Do you own or rent the address where your damages occurred?

- Own
- Rent

Was the address your primary residence at the time of the disaster?

- Yes
- No

What type of damage did you suffer? (check all that apply)

- Real Estate
- Personal Property (Clothing, Appliances, Furniture, etc.)
- Auto

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Welcome - Type Home (Rent & Secondary)



Home/Personal Property Losses

Do you own or rent the address where your damages occurred?

- Own
- Rent

Was the address your primary residence at the time of the disaster?

- Yes
- No

What type of damage did you suffer? (check all that apply)

- Real Estate
- Personal Property (Clothing, Appliances, Furniture, etc.)
- Auto

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You are requesting the following assistance

Real Estate

Personal Property (Clothing, Appliances, Furniture, etc.)

Auto

Is this correct?

- Yes
- No

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Welcome - State ← →

Enter your FEMA Registration Number, if you have one.

If you do not have a FEMA Registration Number please select the state where the disaster occurred.

State

ALASKA, HAWAII, U.S. TERRITORIES, & POSSESSIONS (NON-CONTIGUOUS)

FOREIGN PER DIEM RATES (OCONUS)



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Welcome - State Reg Not On Server

We have not received your information from FEMA. You can continue by selecting the state where the disaster occurred.

State

ALASKA, HAWAII, U.S. TERRITORIES, & POSSESSIONS (NON-CONTIGUOUS)

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Welcome - Selection ← →

Select the disaster that affected you

State - [State](#) * County County where the damage occurred.

*** Active Disaster Declarations**

Select	Disaster Name	Disaster Description	Disaster Date
<input type="radio"/>	Disaster Name 1	Disaster Description 1	Incident Start Date 1
<input type="radio"/>	Disaster Name 2	Disaster Description 2	Incident Start Date 1

If you do not see the disaster that affected you, you may change the county where the disaster damage occurred or please contact our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities.

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Welcome - Selection				<input type="button" value="←"/> <input type="button" value="→"/>
<p>The FEMA registration number you entered is associated with the declaration listed below.</p>				
State	County	Disaster Description	Disaster Date	
<i>California</i>	<i>Orange</i>	<i>Tornado, Severe Storms</i>	<i>05/20/2008</i>	
<p>Is this correct? <input type="radio"/> Yes</p> <p> <input type="radio"/> No</p>				
			<input type="button" value="Previous"/> <input type="button" value="Next"/>	



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Welcome - Statements and Exec
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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)

I accept

I do not accept

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Applicants - Main (Home)				← →
In this section we ask you about the applicant(s)				
To complete this section, you will need the following information				
-Social Security Number for you and for all co-applicants -FEMA Registration Number, <i>if available</i>				
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Applicants - Applicants Summary
← →

Applicant(s) Summary

Primary Applicant
Doe, John J Edit

Co-Applicant(s) Add
Doe, John J Edit Delete

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Applicants - Applicant Information (Street Address)				<input type="button" value="←"/> <input type="button" value="→"/>	
Please enter the following information about yourself					
Prefix	<i>*Indicates Required Field</i>				
<input type="text"/>					
*First Name	*Last Name	MI	Suffix		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
*Social Security Number	<input type="text"/>				
*Current Mailing Address					
<input checked="" type="radio"/> Street <input type="radio"/> Post Office Box					
* Street #	* Street Name	* Street Type	Unit/Suite/Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address Line 2					
<input type="text"/>					
*City	*State	*Zip Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
* Home Phone Number	Alternate Phone Number	E-Mail Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
FEMA Registration Number					
<input type="text"/>					
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Applicants - Applicant Information (PO Address) ← →

Please enter the following information about yourself

Prefix **Indicates Required Field*

*First Name *Last Name MI Suffix

*Social Security Number

*Current Mailing Address
 Street Post Office Box

Postal Type * Box Number

Address Line 2

*City *State *Zip Code

* Home Phone Number Alternate Phone Number E-Mail Address

FEMA Registration Number



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Applicants - About You (Own Business Yes)
← →

Please tell us more about yourself

* **Date of Birth** (MM/DD/YYYY)

* **Marital Status**

* **Household Size** (Including yourself)

Closest relative not living with you

Name

Phone Number

Do you own 20% or more of a corporation, partnership, limited partnership, or LLC?

Yes

No

Business Name	EIN	Type	% Owned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

City
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Zip Code
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Applicants - About You (Own Business No) ← →

Please tell us more about yourself

* **Date of Birth** (MM/DD/YYYY)

* **Marital Status**

* **Household Size** (Including yourself)

Closest relative not living with you

Name

Phone Number

Do you own 20% or more of a corporation, partnership, limited partnership, or LLC?

Yes

No



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Applicants - AddCoAp (Street Address)				←	→
Please enter the following for the co-applicant					
Relationship	Prefix				
<input type="text"/>	<input type="text"/>				
*First Name	*Last Name	MI	Suffix		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Social Security Number *					
<input type="text"/>					
Current Mailing Address * <input type="checkbox"/> Same as Applicant					
<input checked="" type="radio"/> Street <input type="radio"/> Post Office Box					
Street # *	Street Name *	Street Type *	Unit/Suite/Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Address Line 2					
<input type="text"/>					
*City	*State	*Zip Code			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
Home Phone Number	Alternate Phone Number	E-Mail Address			
<input type="text"/>	<input type="text"/>	<input type="text"/>			
		<input type="button" value="Previous"/> <input type="button" value="Next"/>			



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Applicants - AddCoAp (PO Address) ← →

Please enter the following for the co-applicant

Relationship Prefix

*First Name *Last Name MI Suffix

Social Security Number *

Current Mailing Address * Same as Applicant

Street Post Office Box

Postal Type Box Number *

Address Line 2

*City *State *Zip Code

Home Phone Number Alternate Phone Number E-Mail Address



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Applicants - About You CoApp (Own Business Yes)
← →

Please tell us more about your co-applicant

* **Date of Birth** (MM/DD/YYYY)

* **Marital Status**

Closest relative not living with you Same as [Applicant](#)

Name

Phone Number

Does this co-applicant own 20% or more of a corporation, partnership, limited partnership, or LLC?

Yes

No

Business Name	EIN	Type	% Owned
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

City
State
Zip Code



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Applicants - About You CoApp (Own Business No) ← →

Please tell us more about your co-applicant

* Date of Birth (MM/DD/YYYY)

* Marital Status

Closest relative not living with you Same as [Applicant](#)

Name

Phone Number

Does this co-applicant own 20% or more of a corporation, partnership, limited partnership, or LLC?

Yes

No



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Disaster - Main (Home) ← →

In this section we ask you about your damages and recoveries

To complete this section, you will need the following information

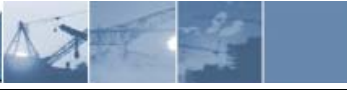
Copy of your deed, *if available*

Insurance policy (declaration page), *if available*

Claim settlement information, *if available*

If you do not have your insurance policy or settlement information, you may be asked to provide the name, address and telephone number of your insurance agent

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



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Disaster - Home Summary ← →

Disaster Damaged Property Summary

Select "Add" next to the topic you want to visit to begin entering information regarding your disaster damaged property. When you are finished entering all of the information, select "Next" to continue. If you did suffer other damages, you may add them to your application here.

Real Estate

1923 Your Street, Dallas, TX 75248

Edit

Insurance Add

Allstate Insurance - Flood

Edit

Allstate Insurance - Homeowners

Edit

Personal Property Add

1923 Your Street, Dallas, TX 75248

Edit

Delete

Insurance Add

Allstate Insurance - Homeowners

Edit

4453 Woodland Drive, Dallas, TX 75248

Edit

Delete

Insurance Add

Nationwide - Flood

Edit

Auto Add

1923 Your Street, Dallas, TX 75248

Edit

Delete

Insurance Add

Allstate Insurance - Auto

Edit

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Disaster - Property (Without owners question)

Please provide the address of the disaster damaged real estate

Same as Mailing Address

* Street #	* Street Name	* Street Type	Unit/Suite/Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address Line 2

* City	* State	* Zip Code	* County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Disaster - Property (With owners question) ← →

Please provide the address of the disaster damaged real estate

Same as Mailing Address

* Street #	* Street Name	* Street Type	Unit/Suite/Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address Line 2

* City	* State	* Zip Code	* County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list the legal owner(s) of the disaster damaged property

*** Owner(s)**



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Disaster - EstimatedRE				← →
<h2>Please estimate the cost to repair or replace your disaster damaged real estate</h2>				
<p><input type="radio"/> 0 - \$10,000</p> <p><input type="radio"/> \$10,001 - \$100,000</p> <p><input type="radio"/> Greater than \$100,000</p> <p><input type="radio"/> Unknown</p>				
			Previous	Next



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Disaster - Other Aid



Please provide details of the financial aid you received or expect to receive from any other disaster relief agencies (FEMA, American Red Cross, etc.) for your disaster damaged property

No Aid Received

Name of Agency	Amount Received/Expected
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Name of Agency	Amount Received/Expected
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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Disaster - Insurance RE (Insurance Selected)			←	→
<p>Select the type of insurance coverage in force for your disaster damaged property</p> <p><input checked="" type="checkbox"/> Flood * Insurance Company <input type="text"/></p> <p><input checked="" type="checkbox"/> Homeowners/Other * Insurance Company <input type="text"/></p> <p><input type="checkbox"/> None</p> <p>If you are unsure, please check all that may apply.</p>				
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Disaster - Insurance RE (No Insurance)				← →
Select the type of insurance coverage in force for your disaster damaged property				
<input type="checkbox"/> Flood				
<input type="checkbox"/> Homeowners/Other				
<input checked="" type="checkbox"/> None				
If you are unsure, please check all that may apply.				
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Disaster - Home Ins Flood (Street Addr Excluded)
← →

Insurance Policy Information - Flood

*** Insurance Company**

Agent

Agent's Phone Number

Insurance Company Address

Street Post Office Box

Street #	Street Name	Street Type	Unit/Suite/Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address Line 2

City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Policy Number

Claim Number (if any)

Real Estate

Policy Limit	<input style="width: 100%;" type="text"/>	
Deductible	<input style="width: 100%;" type="text"/>	
Settlement Amount	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Pending
Amount Received	<input style="width: 100%;" type="text"/>	

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Disaster - Home Ins Flood (PO Addr Excluded)				← →
Insurance Policy Information - Flood				
* Insurance Company		<input type="text"/>		
Agent		<input type="text"/>		
Agent's Phone Number		<input type="text"/>		
Insurance Company Address				
<input type="radio"/> Street		<input checked="" type="radio"/> Post Office Box		
Postal Type	Box Number			
<input type="text"/>	<input type="text"/>			
Address Line 2				
<input type="text"/>				
City	State	Zip Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Policy Number		<input type="text"/>		
Claim Number (if any)		<input type="text"/>		
Real Estate				
Policy Limit	<input type="text"/>			
Deductible	<input type="text"/>			
Settlement Amount	<input type="text"/>	<input type="checkbox"/> Pending		
Amount Received	<input type="text"/>			
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Disaster - Home Ins Homeowners (Street Addr Excluded)
← →

Insurance Policy Information - Homeowners

*** Insurance Company**

Agent

Agent's Phone Number

Insurance Company Address

Street Post Office Box

Street #	Street Name	Street Type	Unit/Suite/Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address Line 2

City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Policy Number

Claim Number (if any)

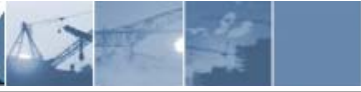
Real Estate

Policy Limit

Deductible

Settlement Amount Pending

Amount Received



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Disaster - Home Ins Homeowners (PO Addr Excluded)
← →

Insurance Policy Information - Homeowners

*** Insurance Company**

Agent

Agent's Phone Number

Insurance Company Address

Street Post Office Box

Postal Type **Box Number**

Address Line 2

City **State** **Zip Code**

Policy Number

Claim Number (if any)

Real Estate

Policy Limit

Deductible

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Disaster - PP

←
→

At the time of the disaster, where was your damaged personal property located?

[Address 1](#)
 Other

* Street #	* Street Name	* Street Type	Unit/Suite/Number
<input type="text"/>	<input type="text"/>	<input style="border-bottom: 1px solid black; border-right: 1px solid black; border-left: 1px solid black; border-top: 1px solid black; width: 50px;" type="text"/>	<input type="text"/>

Address Line 2

* City	* State	* Zip Code	* County
<input type="text"/>	<input style="border-bottom: 1px solid black; border-right: 1px solid black; border-left: 1px solid black; border-top: 1px solid black; width: 50px;" type="text"/>	<input type="text"/>	<input type="text"/>

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Disaster - PP Location



At the time of the disaster, where was your damaged personal property located?

Same as Mailing Address

* Street #	* Street Name	* Street	Unit/Suite/Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address Line 2

* City	* State	* Zip Code	* County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Disaster - PP Insurance (Same as RE)
← →

Select the type of insurance in force for your disaster damaged personal property

Same as Real Estate Damages

Flood * Insurance Company

Homeowners/Other * Insurance Company

None

If you are unsure, please check all that may apply.



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Disaster - PP Insurance (Ins Selected)
← →

Select the type of insurance in force for your disaster damaged personal property

- Same as Real Estate Damages
- Flood * Insurance Company
- Homeowners/Other * Insurance Company
- None

If you are unsure, please check all that may apply.



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Disaster - PP Insurance (No Ins)				← →
<h2>Select the type of insurance in force for your disaster damaged personal property</h2>				
<input type="checkbox"/> Same as Real Estate Damages				
<input type="checkbox"/> Flood * Insurance Company <input type="text"/>				
<input type="checkbox"/> Homeowners/Other * Insurance Company <input type="text"/>				
<input checked="" type="checkbox"/> None				
<p>If you are unsure, please check all that may apply.</p>				
			<input type="button" value="Previous"/>	<input type="button" value="Next"/>



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Disaster - PP Ins Flood (Street Addr Excluded)
← →

Insurance Policy Information - Flood

*** Insurance Company**

Agent

Agent's Phone Number

Insurance Company Address

Street Post Office Box

Street #	Street Name	Street Type	Unit/Suite/Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address Line 2

City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Policy Number

Claim Number (if any)

Contents

Policy Limit

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Disaster - PP Ins Flood (PO Addr Excluded)
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Insurance Policy Information - Flood

*** Insurance Company**

Agent

Agent's Phone Number

Insurance Company Address

Street Post Office Box

Postal Type **Box Number**

Address Line 2

City **State** **Zip Code**

Policy Number

Claim Number (if any)

Contents

Policy Limit

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Disaster - PP Ins Homeowners (Street Addr Excluded)
← →

Insurance Policy Information - Homeowners

*** Insurance Company**

Agent

Agent's Phone Number

Insurance Company Address

Street Post Office Box

Street #	Street Name	Street Type	Unit/Suite/Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address Line 2

City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Policy Number

Claim Number (if any)

Contents

Policy Limit	<input style="width: 100%;" type="text"/>	
Deductible	<input style="width: 100%;" type="text"/>	
Settlement Amount	<input style="width: 100%;" type="text"/>	<input type="checkbox"/> Pending
Amount Received	<input style="width: 100%;" type="text"/>	

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Disaster - PP Ins Homeowners (PO Addr Excluded)
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Insurance Policy Information - Homeowners

*** Insurance Company**

Agent

Agent's Phone Number

Insurance Company Address

Street Post Office Box

Postal Type **Box Number**

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City **State** **Zip Code**

Policy Number

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Disaster - Auto ← →

Please provide the address where the auto was damaged

Address 1

Other (enter address below)

* **Street #** * **Street Name** * **Street Type** **Unit/Suite/Number**

Address Line 2

* **City** * **State** * **Zip Code** * **County**

Auto

* **Make**

* **Model**

* **Year (YYYY)**



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Disaster - Auto Location
← →

Please provide the address where the auto was damaged

Same as Mailing Address

* Street #	* Street Name	* Street Type	Unit/Suite/Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address Line 2

* City	* State	* Zip Code	* County
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Auto

*** Make**

*** Model**

*** Year (YYYY)**

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Disaster - Auto Insurance (Ins Selected)



Did you have insurance coverage for your disaster damaged **year, make, model?**

Yes

* Insurance Company

No

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Disaster - Auto Insurance (No Ins) ← →

Did you have insurance coverage for your disaster damaged *year, make, model?*

Yes

No

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Disaster - Auto Insurance Type (Street Addr Excluded) ← →

Insurance coverage for disaster damaged **year, make, model**

*** Insurance Company**

Agent

Agent's Phone Number

Insurance Company Address

Street Post Office Box

Street #	Street Name	Street Type	Unit/Suite/Number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Address Line 2

City	State	Zip Code
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Policy Number

Claim Number (if any)

Policy Limit

Deductible

Settlement Amount Pending

Amount Received

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Disaster - Auto Insurance Type (PO Addr Excluded)				<input type="button" value="←"/> <input type="button" value="→"/>
Insurance coverage for disaster damaged year, make, model				
* Insurance Company		<input type="text"/>		
Agent		<input type="text"/>		
Agent's Phone Number		<input type="text"/>		
Insurance Company Address				
<input type="radio"/> Street <input checked="" type="radio"/> Post Office Box				
Postal Type	Box Number			
<input type="text"/>	<input type="text"/>			
Address Line 2				
<input type="text"/>				
City	State	Zip Code		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Policy Number	<input type="text"/>			
Claim Number (if any)	<input type="text"/>			
	Auto			
Policy Limit	<input type="text"/>			
Deductible	<input type="text"/>			
Settlement Amount	<input type="text"/>	<input type="checkbox"/> Pending		
Amount Received	<input type="text"/>			
		<input type="button" value="Previous"/> <input type="button" value="Next"/>		



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Note Regarding Insurance

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

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.



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Financial - Main (Home) ← →

In this section we ask you about your financial information

To complete this section, you will need the following information

Copies of your (and your spouse's, if you are married) most recently filed Federal Income Tax Return, *if available*

If you have changed employment within the past 2 years, a copy of a current (within 1 month of the application date) pay stub

If you are self-employed, current profit and loss statement and balance sheet, *if available*

Mortgage holder's name, address and telephone number

Your current bank statements, investment mortgage information, business and farm records, stocks and bonds, and other investment records

Landlord's name, address and telephone number

Creditors' names (include all mortgages, credit cards, installment loans, personal loans, vehicle loans), monthly payments and balances owed



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Financial - IncomeSources

←
→

Gross Income (Pre-Disaster)

Please check all sources of income for **Applicant/Principal**

<input type="checkbox"/> Wages/Salary <input type="checkbox"/> Trust <input type="checkbox"/> Pension <input type="checkbox"/> Social Security/Disability <input type="checkbox"/> Interest/Dividends <input type="checkbox"/> Distributions From Retirement Accounts <input type="checkbox"/> Other (Examples of OTHER income are regular part-time work, commissions, living allowance, transportation allowance, and similar items.)	<input type="checkbox"/> Alimony <input type="checkbox"/> Child Support <input type="checkbox"/> Schedule C Business <input type="checkbox"/> Schedule E Business <input type="checkbox"/> Schedule F Business
---	--

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Financial - Wages (Street Addr) ← →

Wages/Salary

***Employer's Name**

Address
 Street Post Office Box

Street #	Street Name	Street Type	Unit/Suite/Number
<input type="text"/>	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>

Address Line 2

City	State	Zip Code
<input type="text"/>	<input type="text" value=""/>	<input type="text"/>

*** Phone Number**

*** Length of Employment** **Years** **Months**

*** Title** *** Occupation**

*** Supervisor's Name**

*** Gross Income \$** *** Frequency** (pre-disaster)



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Welcome Applicants Damages **Financial** Final Steps

Financial - Wages (PO Addr) ← →

Wages/Salary

***Employer's Name**

Address
 Street Post Office Box

Postal Type **Box Number**

Address Line 2

City **State** **Zip Code**

*** Phone Number**

*** Length of Employment** **Years** **Months**

*** Title** *** Occupation**

*** Supervisor's Name**

*** Gross Income \$** *** Frequency** (pre-disaster)



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Financial - Other Income
← →

Other Income

	Amount *	Frequency *
Pension	<input type="text"/>	<input style="border: 1px solid #ccc;" type="text"/>
Social Security/Disability	<input type="text"/>	<input style="border: 1px solid #ccc;" type="text"/>
Interest / Dividends	<input type="text"/>	<input style="border: 1px solid #ccc;" type="text"/>
Distributions From Retirement	<input type="text"/>	<input style="border: 1px solid #ccc;" type="text"/>
Alimony	<input type="text"/>	<input style="border: 1px solid #ccc;" type="text"/>
Child Support	<input type="text"/>	<input style="border: 1px solid #ccc;" type="text"/>
Trust	<input type="text"/>	<input style="border: 1px solid #ccc;" type="text"/>
Other - <i>Description from Financial - Income Sources</i>	<input type="text"/>	<input style="border: 1px solid #ccc;" type="text"/>



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Schedule C Self Employment

Name of Business

Business Trade Name

Type of Business

* Business Annual Gross Revenue

- Less than \$100,000
- \$100,001 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- Greater than \$5,000,000

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Schedule E Self Employment

Name of Business

Business Trade Name

Type of Business

* Business Annual Gross Revenue

- Less than \$100,000
- \$100,001 - \$500,000
- \$500,001 - \$1,000,000
- \$1,000,001 - \$5,000,000
- Greater than \$5,000,000

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Financial - F Scheduled Income				← →
<h2>Schedule F Self Employment</h2>				
Name of Business		Business Trade Name		
<input type="text"/>		<input type="text"/>		
Type of Business				
<input type="text"/>				
* Business Annual Gross Revenue				
<input type="radio"/> Less than \$100,000				
<input type="radio"/> \$100,001 - \$500,000				
<input type="radio"/> \$500,001 - \$1,000,000				
<input type="radio"/> \$1,000,001 - \$5,000,000				
<input type="radio"/> Greater than \$5,000,000				
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This screen will guide you to enter your income from all sources.

Smith, John J	Income Source <input type="button" value="Add"/>	<input type="checkbox"/> No Income	
	Wages - Johnson Manufacturing - \$50,000		<input type="button" value="Edit"/> <input type="button" value="Delete"/>
	Schedule C - Johns Lawn Care - less than\$100,000		<input type="button" value="Edit"/> <input type="button" value="Delete"/>
Smith, Mary J	Income Source <input type="button" value="Add"/>	<input type="checkbox"/> No Income	
	Wages - Wal-Mart - \$25,000		<input type="button" value="Edit"/> <input type="button" value="Delete"/>
Johnson, Harry	Income Source <input type="button" value="Add"/>	<input type="checkbox"/> No Income	
	Wages - Wal-Mart - \$25,000		<input type="button" value="Edit"/> <input type="button" value="Delete"/>
	Schedule E - ABC Corporation - less than\$100,000		<input type="button" value="Edit"/> <input type="button" value="Delete"/>
		<input type="button" value="Previous"/>	<input type="button" value="Next"/>



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Financial Individuals Asset & Debt Summary

This screen will guide you through listing your assets and debts.

Smith, John J

Real Estate No Real Estate

1234 My Street, Dallas, TX 75248 - \$250,000

Mortgage No Mortgage

Bank of America - \$175,000

Association/Co-Op No Association

Wood Park Association - \$400

Personal Assets No Personal Assets

• Personal Assets entered

Extraordinary Expenses No Extraordinary Expenses

• Extraordinary Expenses entered

Debts No Debts

• Debts entered

Leased Property No Leased Property

928 Your Street, Herndon, VA 20171

Landlord - John Smith



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Financial - RE ← →

Real Estate

Address

* Street #	* Street Name	* Street Type	Unit/Suite/Number
<input type="text"/>	<input type="text"/>	<input style="border-bottom: 1px solid black; border-right: 1px solid black; border-left: 1px solid black; border-top: 1px solid black; width: 50px;" type="text"/>	<input type="text"/>

Address Line 2

* City	* State	* Zip Code	* County
<input type="text"/>	<input style="border-bottom: 1px solid black; border-right: 1px solid black; border-left: 1px solid black; border-top: 1px solid black; width: 50px;" type="text"/>	<input type="text"/>	<input type="text"/>

*** Year Purchased (YYYY)**

*** Purchase Price**

*** Current Resale Value**

*** Property Type**



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Financial - Assoc-Co-Op (Street Addr) ← →

Association/Co-Op Contact Information

Name of Organization
 Phone Number
 Contact Name
 * Association Fee * Frequency
 Association Address
 Street Post Office Box

Street #	Street Name	Street Type	Unit/Suite/Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

 Address Line 2

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>



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Financial - Assoc-Co-Op (PO Addr)
← →

Association/Co-Op Contact Information

Name of Organization

Phone Number

Contact Name

* Association Fee * Frequency

Association Address

Street Post Office Box

Postal Type Box Number

Address Line 2

City State Zip Code



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Financial - Mortgage (LOC &Tax Incl) ← →

Real Estate Mortgage

Address

* Name of Mortgage Holder

* Monthly Payment

* Balanced Owed

Is this a line of credit?
 Yes
 No

Maximum Credit Line

Are there any real estate taxes, insurance premiums included in your monthly mortgage payment?
 Yes No



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Financial - Mortgage (LOC &Tax Not Incl)
← →

Real Estate Mortgage

Address

* Name of Mortgage Holder

* Monthly Payment

* Balanced Owed

Is this a line of credit?

Yes
 No

Maximum Credit Line

Are there any real estate taxes, insurance premiums included in your monthly mortgage payment?

Yes No

	Amount	Frequency
Real Estate Taxes	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Hazard Insurance	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>



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Financial - Mortgage (No LOC and Tax Incl)				← →
<h2>Real Estate Mortgage</h2>				
<i>Address</i>				
* Name of Mortgage Holder	<input type="text"/>			
* Monthly Payment	<input type="text"/>			
* Balanced Owed	<input type="text"/>			
Is this a line of credit?				
<input type="radio"/> Yes				
<input checked="" type="radio"/> No				
 Are there any real estate taxes, insurance premiums included in your monthly mortgage payment?				
<input checked="" type="radio"/> Yes <input type="radio"/> No				
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Financial - Mortgage (No LOC and Tax Not Incl)

←
→

Real Estate Mortgage

Address

* Name of Mortgage Holder

* Monthly Payment

* Balanced Owed

Is this a line of credit?

Yes

No

Are there any real estate taxes, insurance premiums included in your monthly mortgage payment?

Yes No

	Amount	Frequency
Real Estate Taxes	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Hazard Insurance	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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Financial - Personal Assets
← →

Please list other assets you own

Description	Total Amount
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.)	
IRA's, Keogh's, and other similar restricted retirement accounts	
Market value of stocks, bonds and other securities	
Resale value of furnishings, household goods and appliances	
Resale value of other assets (vehicle(s), boat, recreational vehicle, other assets)	

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Financial - Extraordinary



Extraordinary Expenses

***Are you required to pay child care, child support or alimony?**

- Yes (Indicate the amount per month)
- No

***Do you pay tuition for schools required by medical disability, etc?**

- Yes (Indicate the amount per month)
- No

***Do you pay unusually high and long-term medical costs?**

- Yes (Indicate the amount per month)
- No

***Note: Include expenses that are expected to continue for 10 months or more. DO NOT include normal living expenses.**

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Financial - Debts
← →

Please provide information about your debts excluding mortgages, rent, and extraordinary expenses.

Name of Creditor	Type of Debt*	Payment Amount *	Frequency *	Balance Owed	How Secured
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
	▼		▼		
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Financial - Lease Information
← →

Rent/Lease Information

Property Address

* Street #	* Street Name	* Street Type	Unit/Suite/Number
<input type="text"/>	<input type="text"/>	<input type="text" value=""/>	<input type="text"/>

Address Line 2

* City	* State	* Zip Code	* County
<input type="text"/>	<input type="text" value=""/>	<input type="text"/>	<input type="text"/>

Landlord

*** Name**

Address

Phone Number

*** Rent/Lease Amount** *** Frequency**

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Financial - Business Entity Financial Summary ← →

This screen will guide you through entry of your financial information. If you click "Online" you will be taken to the appropriate screen. If you click "Off Line", you will be given information on the various options available to you for delivery of the financial document.

ABC Corporation

Profit and Loss Statement	Edit	Delete
Balance Sheet	Online	Off Line
Schedule of Liabilities	Online	Off Line
Monthly Sales Figures	Edit	Delete

Johnson Wax, LTD

Profit and Loss Statement	Online	Off Line
Balance Sheet	Online	Off Line
Schedule of Liabilities	Online	Off Line
Monthly Sales Figures	Online	Off Line

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In this section we ask you other relevant questions					
<table border="1"> <tr> <td> <p>To complete this section, you will need the following information</p> <p>Account information on existing direct or guaranteed Federal and SBA loans, <i>if available</i></p> <p>Details on delinquent taxes, <i>if available</i></p> <p>Details on bankruptcies, <i>if available</i></p> <p>Details on any outstanding judgments and pending lawsuits, <i>if available</i></p> <p>Your alien registration or permanent residence card (if you are not a U.S. citizen)</p> </td> </tr> </table>					<p>To complete this section, you will need the following information</p> <p>Account information on existing direct or guaranteed Federal and SBA loans, <i>if available</i></p> <p>Details on delinquent taxes, <i>if available</i></p> <p>Details on bankruptcies, <i>if available</i></p> <p>Details on any outstanding judgments and pending lawsuits, <i>if available</i></p> <p>Your alien registration or permanent residence card (if you are not a U.S. citizen)</p>
<p>To complete this section, you will need the following information</p> <p>Account information on existing direct or guaranteed Federal and SBA loans, <i>if available</i></p> <p>Details on delinquent taxes, <i>if available</i></p> <p>Details on bankruptcies, <i>if available</i></p> <p>Details on any outstanding judgments and pending lawsuits, <i>if available</i></p> <p>Your alien registration or permanent residence card (if you are not a U.S. citizen)</p>					
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Final - Mitigation (Home)				← →
<h2>Hazard Mitigation</h2> <p>If your loan is approved, you may be eligible for additional funds to cover the cost of safeguarding your property from similar damages as caused by this disaster. It is not necessary for you to submit the description and cost estimates with the application. SBA approval of these safeguarding measures will be required before any loan increase.</p> <p>By checking this box, you are interested in having SBA consider this increase.</p> <p><input type="checkbox"/> I am interested in Hazard Mitigation</p> <p>Previous Next</p>				



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Final - Critical Questions Home (Yes)				← →
<p>If you answer yes to any of the questions, please provide the requested information.</p> <p>Has the applicant/co-applicant ever had an SBA loan or an SBA guaranteed loan?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>* Name(s) <input type="text"/></p> <p>SBA Office Location <input type="text"/></p> <p>Account Number <input type="text"/></p> <p>Has the applicant/co-applicant ever had any other Federal loan or a Federally guaranteed loan?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>* Borrowers Name(s) <input type="text"/></p> <p>Agency Name <input type="text"/> Office Location <input type="text"/></p> <p>Account Number <input type="text"/></p> <p style="text-align: right;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> </p>				



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Final - Critical Questions Home (No)				← →
<p>If you answer yes to any of the questions, please provide the requested information.</p> <p>Has the applicant/co-applicant ever had an SBA loan or an SBA guaranteed loan?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>Has the applicant/co-applicant ever had any other Federal loan or a Federally guaranteed loan?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>				
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Final - Critical Questions				Cont Home (Yes)
				<input type="button" value="←"/> <input type="button" value="→"/>
<p>Is the applicant/co-applicant delinquent on any Federal taxes, direct or guaranteed loans (FHA, VA, student, etc.), contracts, grants, or any child support payments?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>				
<p>* Debtor's Name(s) <input style="width: 150px;" type="text"/></p>				
Agency Name <input style="width: 150px;" type="text"/>		Office Location <input style="width: 150px;" type="text"/>		
Account Number <input style="width: 150px;" type="text"/>				
<p>Has the applicant/co-applicant ever been bankrupt?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>				
* Debtor's Name(s) <input style="width: 150px;" type="text"/>		Description/Current Status		
Type of bankruptcy <input style="width: 150px;" type="text"/>		<input style="width: 100%; height: 100%;" type="text"/>		
Discharged? <input type="radio"/> Yes <input type="radio"/> No				
Year Discharged (YYYY) <input style="width: 100px;" type="text"/>				
				<input type="button" value="Previous"/> <input type="button" value="Next"/>



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Final - Critical Questions				Cont Home (No)  
<p>Is the applicant/co-applicant delinquent on any Federal taxes, direct or guaranteed loans (FHA, VA, student, etc.), contracts, grants, or any child support payments?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>				
<p>Has the applicant/co-applicant ever been bankrupt?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>				
				



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Final - Critical QuestionsCont2 Home (Yes)				<input type="button" value="←"/> <input type="button" value="→"/>
<p>Does the applicant/co-applicant have any judgments or lawsuits pending against them?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>* Name(s) <input style="width: 100%;" type="text"/></p> <p>Date (MM/DD/YYYY) <input style="width: 20%;" type="text"/></p> <p>Description <input style="width: 100%; height: 40px;" type="text"/></p> <p>Has the applicant/co-applicant been convicted of a felony committed in connection with a riot or civil disorder or ever engaged in the production or distribution of any product or service, that has been determined to be obscene by a court of competent jurisdiction?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>* Name <input style="width: 100%;" type="text"/></p> <p>Description <input style="width: 100%; height: 40px;" type="text"/></p> <p style="text-align: right;"> <input type="button" value="Previous"/> <input type="button" value="Next"/> </p>				



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Final - Critical QuestionsCont2 Home (No)				<input type="button" value="←"/> <input type="button" value="→"/>
<p>Does the applicant/co-applicant have any judgments or lawsuits pending against them?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>				
<p>Has the applicant/co-applicant been convicted of a felony committed in connection with a riot or civil disorder or ever engaged in the production or distribution of any product or service, that has been determined to be obscene by a court of competent jurisdiction?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>				
				<input type="button" value="Previous"/> <input type="button" value="Next"/>



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Final - Critical QuestionsCont3 Home (Release 2) ← →

Is the applicant/co-applicant currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?

Yes No

Description

Is the applicant/co-applicant currently, or have they ever been:

- under indictment, on parole or probation;
- 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
- 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

*** Name**

Description



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Final - SBA Empl (Home Yes)



Is the applicant/co-applicant an SBA employee?

Yes

No

* Name

Name

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Final - SBA Empl (Home No)



Is the applicant/co-applicant an SBA employee?

- Yes
- No

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Final - Agencies ← →

Agreement and Certification

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

- Yes
- No

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Final - Representative				← →
<h2>Loan Representative Information</h2>				
<p>Did anyone other than an SBA representative assist you in completing this application, whether you paid a fee for this service or not?</p>				
<p><input type="radio"/> Yes</p>				
<p><input type="radio"/> No</p>				
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Final - RepDetails (Street Addr)				<input type="button" value="←"/> <input type="button" value="→"/>
Loan Representative Information				
* Name <input style="width: 150px;" type="text"/>		Company <input style="width: 150px;" type="text"/>		
Contact Phone Number		<input style="width: 100px;" type="text"/>		
Current Mailing Address				
<input checked="" type="radio"/> Street <input type="radio"/> Post Office Box				
Street #	Street Name	Street Type	Unit/Suite/Number	
<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/> ▼	<input style="width: 100px;" type="text"/>	
Address Line 2				
<input style="width: 100%; height: 20px;" type="text"/>				
City	State	Zip Code		
<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/> ▼	<input style="width: 100px;" type="text"/>		
Fee Charged				
<input style="width: 150px;" type="text"/>				
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Final - RepDetails (PO Addr)				
<input type="button" value="←"/> <input type="button" value="→"/>				
<h2>Loan Representative Information</h2>				
* Name <input style="width: 150px;" type="text"/>		Company <input style="width: 150px;" type="text"/>		
Contact Phone Number		<input style="width: 100px;" type="text"/>		
Current Mailing Address				
<input type="radio"/> Street <input checked="" type="radio"/> Post Office Box				
Postal Type		Box Number		
<input style="width: 80px;" type="text"/>		<input style="width: 100px;" type="text"/>		
Address Line 2				
<input style="width: 100%; height: 20px;" type="text"/>				
City		State	Zip Code	
<input style="width: 150px;" type="text"/>		<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	
Fee Charged				
<input style="width: 150px;" type="text"/>				
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Final - US Citizen (Yes)				← →
<h2>Are you a U.S. citizen?</h2> <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>				
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Final - US Citizen (No) ← →

Are you a U.S. citizen?

- Yes
- No

Please Provide Details (For example, alien status and alien registration number)

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Final - US Citizen (No Release 2)



Are you a U.S. citizen?

- Yes
- No

Are you a Lawful Permanent resident alien?

- Yes
- No

Provide alien registration number

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Final - I Agree ← →

NOTICE OF CRIMINAL PENALTIES FOR FALSE STATEMENTS AND MATERIAL OMISSIONS: Under Title 18 U.S.C. § 1040, any person who falsifies or conceals a material fact or makes a material misrepresentation in connection with obtaining a disaster loan from or approved by the Small Business Administration can be subject to criminal prosecution leading to **imprisonment of up to 30 years and/or a fine of up to \$250,000.**

Read the following language carefully. Checking the box below indicates your agreement with the following conditions and your certification as to the truthfulness of your application.

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

B. 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.

C. 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.

D. 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.

CERTIFICATIONS: By checking the box below, I certify as follows:

(1) I have carefully reviewed each response to every question on this application and all supporting documents provided in connection with my application, and that all responses and documents are true and complete to the best of my knowledge.

(2) All financial statements submitted with this application fully and accurately present the financial position of the business and I have not omitted any disclosures in these financial statements.

(3) I acknowledge that SBA is relying on this information in determining the eligibility of the applicant for an SBA disaster loan, and that false statements or concealing material information may subject me to the criminal penalties discussed above and/or forfeiture of benefits.

I Agree

If your loan is approved you will be asked to sign this statement at loan closing.

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Final - Comments ← →

Please use this space for any additional information you wish to provide

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Final - Review (Excluded)



Final Review

After reviewing your information, we found the following missing items necessary to submit your application

[Print List](#)

Co-Applicants Name Social Security Number

Co-Applicants Name Date of Birth

Business Primary Applicant EIN

Business Owner Social Security Number

Business Owner EIN

Primary Applicant Liability information Type Amount

Co-Applicants Name Mailing Address

Co-Applicant Income information Type Amount

Co-Applicant Liability information Type Amount

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Final - Filing Req (Home) ← →

Filing Requirements

Complete and sign the Tax Information Authorization (IRS Form 8821) available in the link below. 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. [Link to SBA Forms / 8821](#)

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, submit a copy of your settlement sheet or adjuster's proof of loss. If your claim has not been settled, submit 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.

Return the signed IRS Form 8821 and any other documents to SBA by e-mail, mail, fax, or hand deliver to the nearest disaster field location/center. Your communication must contain your 10 digit reference number and your full name.

E-mail E-mail your documents as an attachment to: ela.doc@sba.gov

Mail Mail to: U.S. Small Business Administration
Processing & Disbursement Center
Attn: ELA Mail Department
P.O. Box 156119
Fort Worth, TX 76155

Fax Send the Fax to SBA at: **817-XXX-XXXX**

In-Person Contact our Customer Service Center @ (800) 659-2955, or (800) 877-8339 for people with speech or hearing disabilities, for the location of a center near you.

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Final - Submit 

Submit Application

To finish, click Submit.


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Final - Another App 

Do you need to enter another application?

Yes

No



Notice:

You are being redirected from a secure site.
Do you want to proceed?

Yes

No

You chose not to allow us to release information to other disaster relief agencies or services. Other relief agencies or services rely on information from the SBA to determine if you qualify for other assistance. **You may not receive some of the assistance for which you qualify.** If you would like to authorize the release of information, click Allow Release, otherwise click Next.

Allow Release

Next

You have said you do not accept our Terms of Use. Please call our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities, if you have questions about our Terms of Use.

Exit & Close Browser Accept Terms of Use

We did not find any existing applications for you. If this is incorrect, please contact our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities.

Exit & Close Browser

Start New Application

You have said you do not accept the Statements and Executive Orders. Please call our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities, if you have questions about the Statements and Executive Orders.

Accept Statements & Exec. Orders

Exit & Close Browser

There are currently no active declarations for the State and County combination you have selected. Please contact Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities.

Select New County

Exit & Close Browser

You have exceeded the maximum number of attempts. Your account is locked. Please contact our Customer Service Center at (800) 659-2955 or (800) 877-8339 for people with speech or hearing disabilities.

Exit & Close Browser

Please select at least one of the damage types.

OK

Notice:

You are being redirected to a secure site. Do you want to proceed?

Yes

No

Warning

You are not registered yet. If you leave now, you will have to start the registration process over.

Exit the Application

Continue Application

Warning

You are not registered yet. If you wish to return, please visit our homepage to register at www.sba.gov to start the registration process over.

Exit the Application

Your information is saved.

**You have not completed your information.
To complete your information, log back in.**

OK

Your application has been submitted. Your application will not be considered complete until you submit the required supporting documentation.

OK

Do you wish to delete this information?

Yes

No