

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



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

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Welcome - Who We Are ← →

### 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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<b>Welcome</b>	Applicants	Damages	Financial	Final Steps
Welcome - TermsOfUse (Accept) <span>←</span> <span>→</span>				
<b>Terms of Use</b>				
<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 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</p>				
<input checked="" type="radio"/> I Accept <input type="radio"/> I Do Not Accept				
<b>Are you a registered user of the SBA Disaster Assistance Account Site?</b>				
<input type="radio"/> Yes, I am a registered user on the SBA Disaster Assistance Account Site. <input type="radio"/> No, I'm a new user.				
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Welcome - TermsOfUse (Do Not Accept) <span>←</span> <span>→</span>				
<h3>Terms of Use</h3> <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 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</p> <p><input type="radio"/> I Accept <input checked="" type="radio"/> I Do Not Accept</p> <p><b>Previous</b> <b>Next</b></p>				



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Welcome	Applicants	Damages	Financial	Final Steps
Welcome -Info Needed (Business) <span style="float: right;">← →</span>				
<input type="radio"/> Home/Personal Property Loan Application <input checked="" type="radio"/> Business Loan Application				
<b>Filing Requirements - Business</b>				
<input type="checkbox"/>	<b>Identity Information</b> -Employer Identification Number (EIN) for the applicant business and any affiliate businesses -Social Security Number for all principals/owners owning 20% or more of the business			
<input type="checkbox"/>	<b>Mortgage or Lease Information</b> -Mortgage holder's name, address and telephone number -Landlord's name, address and telephone number			
<input type="checkbox"/>	<b>Insurance Information - Coverage for This Loss, if available</b> -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"/>	<b>Financial Information</b> -Copy of the applicant's 3 most recent Federal Income Tax Returns, including all schedules, <i>if available</i> . If this is a new business that has not filed 3 Federal Tax Returns, we will need the ones you have filed, <i>if available</i> . -Copies of all principals/owners' (with 20% or greater ownership) most recently filed Federal Income Tax Returns, <i>if available</i> -For each principal/owner (with 20% or greater ownership), current bank statements, investment mortgage information, business and farm records, stocks and bonds, and other investment records -The business' current profit and loss statements and balance sheets, <i>if available</i>			
<input type="checkbox"/>	<b>Debt Information (principals/owners with 20% or greater ownership)</b> -Creditors' names (include all mortgages, credit cards, installment loans, personal loans, vehicle loans) -Monthly payments -Balances owed			
<input type="checkbox"/>	<b>Debt Information (applicant business), if available</b> -Creditors' names, original amount, original date, current balance, maturity date, payment amount, and security			
<input type="checkbox"/>	<b>Miscellaneous Information (for the applicant business, each principal/owner with 20% or greater ownership), if available</b> -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			
<input type="checkbox"/>	For sole proprietors, your alien registration or permanent residence card (if you are not a U.S. citizen)			
<input type="checkbox"/>	<b>For Military Reservist Economic Injury Disaster Loans (MREIDL) only</b> -Name and Social Security Number of essential employee called to active duty -Date called to active duty -Date discharged from active duty, if discharged			
<p><b>*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.</b></p> <p><b>Based on the information you provide, we will generate a list of additional filing requirements necessary for us to process your application.</b></p> <p style="text-align: center;"><a href="#">Print This Page</a></p>				
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Welcome - Reg (Postal Address) [Navigation]

## 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 passwords must match)  
[ ] **Your passwords do not match. Please try again.**

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

\* Security Answer 1 [ ] \* Security Answer 3 [ ]

\* Security Question 2: On what street was your first house? [ ] \* Security Question 4: 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.**

sofoing

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Welcome - Identity Confirmation <span style="float: right;">← →</span>				
<p><b>In order to confirm your identity, please answer the following questions:</b></p> <p><b><i>Authentication Question 1</i></b></p> <ul style="list-style-type: none"><li><input type="radio"/> <i>Authentication Answer 1</i></li><li><input type="radio"/> <i>Authentication Answer 2</i></li><li><input type="radio"/> <i>Authentication Answer 3</i></li><li><input type="radio"/> <i>Authentication Answer 4</i></li></ul> <p><b><i>Authentication Question 2</i></b></p> <ul style="list-style-type: none"><li><input type="radio"/> <i>Authentication Answer 1</i></li><li><input type="radio"/> <i>Authentication Answer 2</i></li><li><input type="radio"/> <i>Authentication Answer 3</i></li><li><input type="radio"/> <i>Authentication Answer 4</i></li></ul>				
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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 <span style="float: right;">← →</span>				
<h2>Please enter your User Name and Password</h2>				
* User Name <input type="text"/>				
* Password <input type="password"/>				
<a href="#">Don't remember your Password?</a>				
<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>				
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Welcome - Login		← →		
<b>Invalid User Name or Password. Please try again.</b>				
* <b>User Name</b> <input type="text"/>				
* <b>Password</b> <input type="password"/>				
<a href="#">Don't remember your Password?</a>				
 <b>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.</b>				
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<b>Welcome</b>	Applicants	Damages	Financial	Final Steps
Welcome - Password Reset				← →
<b>If you do not remember your password please answer the following question:</b>				
* User Name <input type="text"/>				
Secret Question <b>System randomly generated</b>				
* Secret Answer <input type="text"/>				
Your password will be e-mailed to you once you click the Next button.				
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.				
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Welcome - Splash Screen

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Disaster Loan Application**



**Federal Disaster Loans for Homeowners,  
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- 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"/>	<a href="#">9000000000</a>	<i>Home</i>	<i>Doe, John J</i>	<i>Last Update Date 1</i>
<input type="radio"/>	<a href="#">9000000001</a>	<i>Business</i>	<i>Doe, Randy L</i>	<i>Last Update Date 2</i>

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Welcome - Type Business				<input type="button" value="←"/> <input type="button" value="→"/>
<h2>Business Losses</h2>				
<b>Is the applicant business a Non Profit organization?</b>				
<input type="radio"/> Yes				
<input type="radio"/> No				
<b>What type of damage did you suffer? (check all that apply)</b>				
<input type="checkbox"/> Real Property (Including Leasehold Improvements)				
<input type="checkbox"/> Business Contents (Machinery & Equipment, Furniture & Fixtures, and Other Business Assets)				
<input type="checkbox"/> Inventory				
<input type="checkbox"/> Economic Injury Disaster Loan (EIDL)				
<input type="checkbox"/> Military Reservist Economic Injury Disaster Loan (MREIDL)				
				<input type="button" value="Previous"/> <input type="button" value="Next"/>



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<b>Welcome</b>	Applicants	Damages	Financial	Final Steps
Welcome - Type Confirmation Business				<input type="button" value="←"/> <input type="button" value="→"/>
<h2>You are requesting the following assistance</h2>				
Non Profit Organization				
Real Property (Including Leasehold Improvements)				
Business Contents (Machinery & Equipment, Furniture and Fixtures, and Other Business Assets)				
Business - Inventory				
Economic Injury Disaster Loan (EIDL)				
Military Reservist Economic Injury Disaster Loan (MREIDL)				
<h3>Is this correct?</h3>				
<input type="radio"/> Yes				
<input type="radio"/> 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

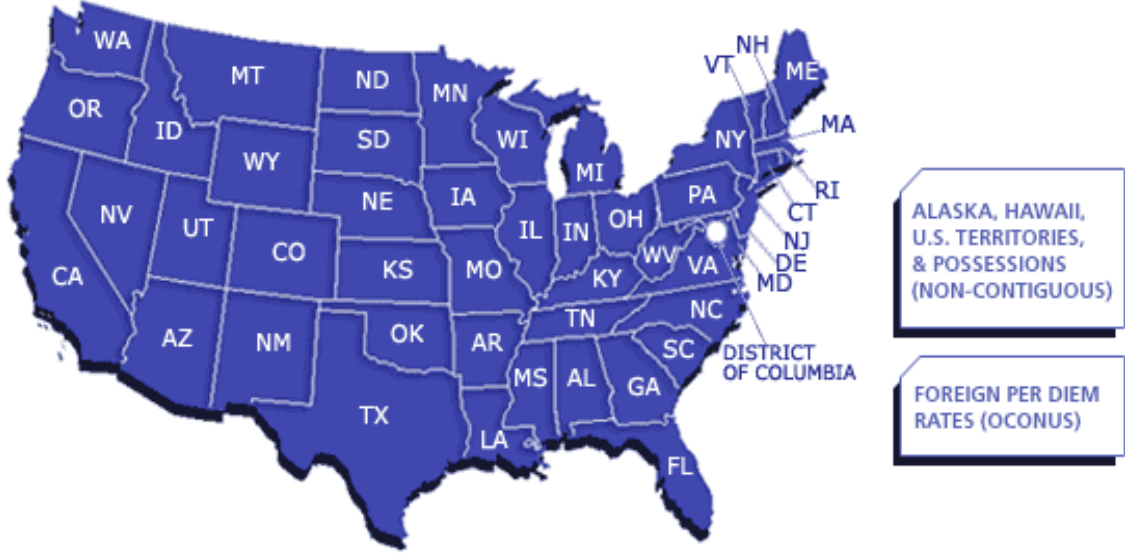
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Welcome - State Reg Not On Server

**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)

FOREIGN PER DIEM RATES (OCONUS)

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Welcome - Selection
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## Select the disaster that affected you

State - [State](#) \* County All Counties

*County where the damage occurred.*

**\* Active Disaster Declarations**

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

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 ← →

**The FEMA registration number you entered is associated with the declaration listed below.**

State	County	Disaster Description	Disaster Date
<i>California</i>	<i>Orange</i>	<i>Tornado, Severe Storms</i>	<i>05/20/2008</i>

Is this correct?  Yes  
 No



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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 (Business)				← →
<b>In this section we ask you about the applicant(s)</b>				
<b>To complete this section, you will need the following information</b>				
-Employer Identification Number (EIN) for the applicant business and any affiliate businesses				
-Social Security Number for all principals/owners owning 20% or more of the business				
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## What type of business organization do you own?

Organization Type [Help Link to IRS](#)

- Sole-Proprietor (including individuals with rentals)
- Partnership
- Limited Partnership
- Limited Liability Entity
- Corporation
- Non-Profit Organization
- Trust

\* First Name of Owner \* Last Name of Owner

**Business Trade Name**

\* Social Security Number

**Primary Business Activity** (Provide a brief description of your business)

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## What type of business organization do you own?

Organization Type [Help Link to IRS](#)

- Sole-Proprietor (including individuals with rentals)
- Partnership
- Limited Partnership
- Limited Liability Entity
- Corporation
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- Trust

\* Legal Name of Business

Business Trade Name

\* Employer Identification Number (EIN)

Primary Business Activity (Provide a brief description of your business)





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## What type of business organization do you own?

Organization Type [Help Link to IRS](#)

- Sole-Proprietor (including individuals with rentals)
- Partnership
- Limited Partnership
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**\* Legal Name of Business**

**Business Trade Name**

**\* Employer Identification Number (EIN)**

**Primary Business Activity** (Provide a brief description of your business)

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Applicants - Business (Limited Liability) ← →

## What type of business organization do you own?

**Organization Type** [Help Link to IRS](#)

Sole-Proprietor (including individuals with rentals)       Corporation  
 Partnership       Non-Profit Organization  
 Limited Partnership       Trust  
 Limited Liability Entity

**\* Legal Name of Business**

**Business Trade Name**

**\* Employer Identification Number (EIN)**

**Primary Business Activity** (Provide a brief description of your business)



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## What type of business organization do you own?

Organization Type [Help Link to IRS](#)

- Sole-Proprietor (including individuals with rentals)
- Partnership
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\* Legal Name of Business

Business Trade Name

\* Employer Identification Number (EIN)

Primary Business Activity (Provide a brief description of your business)



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Applicants - Business (Non Profit) ← →

## What type of business organization do you own?

**Organization Type** [Help Link to IRS](#)

Sole-Proprietor (including individuals with rentals)       Corporation  
 Partnership       Non-Profit Organization  
 Limited Partnership       Trust  
 Limited Liability Entity

**\* Legal Name of Business**

**Business Trade Name**

**\* Employer Identification Number (EIN)**

**Primary Business Activity** (Provide a brief description of your business)



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Applicants - Business (Trust) ← →

## What type of business organization do you own?

**Organization Type** [Help Link to IRS](#)

<input type="radio"/> Sole-Proprietor (including individuals with rentals)	<input type="radio"/> Corporation
<input type="radio"/> Partnership	<input type="radio"/> Non-Profit Organization
<input type="radio"/> Limited Partnership	<input checked="" type="radio"/> Trust
<input type="radio"/> Limited Liability Entity	

**\* Legal Name of Trust**

**\* Employer Identification Number (EIN)**

**Primary Business Activity** (Provide a brief description of your business)



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Applicants - Business2 (Street Addr & Own Bus)
← →

**\*Current Business Mailing Address**

Street    Post Office Box

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

**Address Line 2**

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

**\* Business Phone Number**   **Alternate Phone Number**  
  

**Does the applicant business own 20% or more of a corporation, partnership, limited partnership, or LLC?**

Yes    No

Business Name	EIN	Type	% Owned
		<input style="width: 100%;" type="text"/>	

**City**   **State**   **Zip Code**   Add Another  
     

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Applicants - Business2 (Street Addr & No Bus)				← →
<b>*Current Business Mailing Address</b>				
<input checked="" type="radio"/> Street <input type="radio"/> Post Office Box				
<b>* Street #</b>	<b>* Street Name</b>	<b>* Street Type</b>	<b>Unit/Suite/Number</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>Address Line 2</b>				
<input type="text"/>				
<b>*City</b>	<b>*State</b>	<b>*Zip Code</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>* Business Phone Number</b>	<b>Alternate Phone Number</b>			
<input type="text"/>	<input type="text"/>			
<b>Does the applicant business own 20% or more of a corporation, partnership, limited partnership, or LLC?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
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Applicants - Business2 (PO Addr & Own Bus)
← →

**\*Current Business Mailing Address**

Street    Post Office Box

**Postal Type**   **\* Box Number**

**Address Line 2**

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

**\* Business Phone Number**   **Alternate Phone Number**

**Does the applicant business own 20% or more of a corporation, partnership, limited partnership, or LLC?**

Yes    No

Business Name	EIN	Type	% Owned
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

City   State   Zip Code





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Applicants - Business2 (PO Addr & No Bus) <span style="float: right;">← →</span>				
<b>*Current Business Mailing Address</b>				
<input type="radio"/> Street <input checked="" type="radio"/> Post Office Box				
<b>Postal Type</b>		<b>* Box Number</b>		
<input type="text"/>		<input type="text"/>		
<b>Address Line 2</b>				
<input type="text"/>				
<b>*City</b>	<b>*State</b>	<b>*Zip Code</b>		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
<b>* Business Phone Number</b>		<b>Alternate Phone Number</b>		
<input type="text"/>		<input type="text"/>		
<b>Does the applicant business own 20% or more of a corporation, partnership, limited partnership, or LLC?</b>				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
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Applicants - Business3 (More Than 2 years)				← →
<b>Business Name</b>		<b>Year</b>		
Year Business Established (YYYY)		<input type="text"/>		
Under Current Management Since (YYYY)		<input type="text"/>		
<b>Business Annual Gross Revenue</b>				
<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				
Number of Employees (Prior to the disaster)		<input type="text"/>		
		<input type="button" value="Previous"/> <input type="button" value="Next"/>		



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Applicants - Business3 (Less Than 2 years)
← →

***Business Name***

Year Business Established (YYYY)  Year  Month

Under Current Management Since (YYYY)

**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

Number of Employees (Prior to the disaster)



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Applicants - Business Applicant Summary (Not Sole Prop)
← →

Primary Applicant	Organization Type	
ABC Corp (System Generated)	Corporation (System Generated)	Edit

**List any:**

- 1) Individual or business entity who owns 20% or more interest in the applicant business
- 2) General Partner (Partnership, Limited Partnership)

* Name of Owner(s)	* % owned	* Type of Ownership
John J Doe	20%	Individual ▾
Jane Doe	20%	Individual ▾
ABC Network	20%	Business/Other ▾
John Smith	20%	Individual ▾
Harry Smith	20%	Individual ▾

**Total**

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Applicants - Business Applicant Summary (Sole Prop)
← →

<b>Primary Applicant</b>	<b>Organization Type</b>	
Joe's Plumbing	Sole Proprietorship	Edit

**List any:**

- 1) Individual or business entity who owns 20% or more interest in the applicant business
- 2) General Partner (Partnership, Limited Partnership)

* Name of Owner(s)	* % owned	* Type of Ownership
Joe J Doe	50%	Individual ▼
Jane Doe	50%	Individual ▼
		▼
		▼
		▼

Total

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Applicants - Bus Owners Ind (Own Bus & Street Addr)
← →

## Current Management/Ownership - Individual

Individual Owner Name (First Name and Last Name)

Prefix

\* First Name  Middle Initial

\* Last Name  Suffix

Title/Office  % Ownership  **% Ownership**

Marital Status  SSN \*

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

\* Mailing Address  Street  Post Office  Same as Business

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

Address Line 2

\* City  \* State  \* Zip Code

\* Current Phone Number  Alternate Phone Number

E-mail Address

Does this owner/principal 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  Add Another

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Applicants - Bus Owners Ind (Own Bus & PO Addr)
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## Current Management/Ownership - Individual

**Individual Owner Name (First Name and Last Name)**

Prefix

\* First Name  Middle Initial

\* Last Name  Suffix

Title/Office  % Ownership  **% Ownership**

Marital Status  SSN \*

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

\* Mailing Address   Street  Post Office  Same as Business

Postal Type  \* Box Number

Address Line 2

\* City  \* State  \* Zip Code

\* Current Phone Number  Alternate Phone Number

E-mail Address

Does this owner/principal 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  Add Another

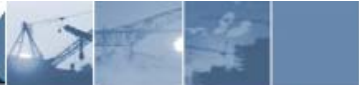
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Applicants - Bus Owners Ind (No Bus & Street Addr)				<input type="button" value="←"/> <input type="button" value="→"/>
<b>Current Management/Ownership - Individual</b>				
<b>Individual Owner Name (First Name and Last Name)</b>				
Prefix	<input type="text"/>			
* First Name	<input type="text"/>	Middle Initial	<input type="text"/>	
* Last Name	<input type="text"/>	Suffix	<input type="text"/>	
Title/Office	<input type="text"/>	% Ownership	<input type="text"/>	
Marital Status	<input type="text"/>	SSN *	<input type="text"/>	
Date of Birth (MM/DD/YYYY)	<input type="text"/>	Place of Birth	<input type="text"/>	
* Mailing Address	<input checked="" type="radio"/> Street <input type="radio"/> Post Office <input type="checkbox"/> Same as Business			
* 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"/>		
* Current Phone Number	Alternate Phone Number			
<input type="text"/>	<input type="text"/>			
E-mail Address				
<input type="text"/>				
Does this owner/principal own 20% or more of a corporation, partnership, limited partnership, or LLC?				
<input type="radio"/> Yes <input checked="" type="radio"/> No				
			<input type="button" value="Previous"/>	<input type="button" value="Next"/>





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## Current Management/Ownership - Individual

Individual Owner Name (First Name and Last Name)

Prefix

\* First Name  Middle Initial

\* Last Name  Suffix

Title/Office  % Ownership  **% Ownership**

Marital Status  SSN \*

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

\* Mailing Address   Street  Post Office  Same as Business

Postal Type  \* Box Number

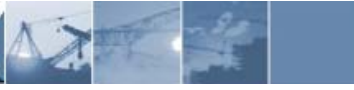
Address Line 2

\* City  \* State  \* Zip Code

\* Current Phone Number  Alternate Phone Number

E-mail Address

Does this owner/principal own 20% or more of a corporation, partnership, limited partnership, or LLC?  
 Yes  
 No



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Applicants - Bus Owners Entity (Own Bus & Street Addr) ← →

## Current Management/Ownership

### Entity

\* Legal Name

\* Type Of Business  % of Ownership  %Ownership

Employer Identification Number (EIN) \*

\* Mailing Address  Street  Post Office  Same as Business

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

Address Line 2

\* City  \* State  \* Zip Code

### Contact Information

\* Name

\* Phone Number

Title/Office

E-mail Address

Does this business own 20% or more of a corporation, partnership, limited partnership, or LLC?

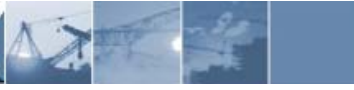
- Yes  
 No

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 - Bus Owners Entity (Own Bus & PO Addr) ← →

## Current Management/Ownership

### Entity

\* Legal Name

\* Type Of Business  % of Ownership  %Ownership

Employer Identification Number (EIN) \*

\* Mailing Address   Street  Post Office  Same as Business

Postal Type  Box Number

Address Line 2

\* City  \* State  \* Zip Code

### Contact Information

\* Name

\* Phone Number

Title/Office

E-mail Address

Does this business 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 <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	<input type="button" value="Add Another"/>



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Applicants - Bus Owners Entity (No Bus & Street Addr) ← →

## Current Management/Ownership

### Entity

\* Legal Name

\* Type Of Business  % of Ownership  %Ownership

Employer Identification Number (EIN) \*

\* Mailing Address  Street  Post Office  Same as Business

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

Address Line 2

\* City  \* State  \* Zip Code

### Contact Information

\* Name

\* Phone Number

Title/Office

E-mail Address

Does this business own 20% or more of a corporation, partnership, limited partnership, or LLC?

- Yes  
 No



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Applicants - Bus Owners Entity (No Bus & PO Addr) ← →

## Current Management/Ownership

### Entity

\* Legal Name

\* Type Of Business  % of Ownership  %Ownership

Employer Identification Number (EIN) \*

\* Mailing Address   Street  Post Office  Same as Business

Postal Type  Box Number

Address Line 2

\* City  \* State  \* Zip Code

### Contact Information

\* Name

\* Phone Number

Title/Office

E-mail Address

Does this business own 20% or more of a corporation, partnership, limited partnership, or LLC?

- Yes  
 No



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Disaster - Main (Business)				← →
<b>In this section we ask you about your damages and recoveries</b>				
<b>To complete this section, you will need the following information</b>				
Insurance policy (declaration page), <i>if available</i>				
Claim settlement information, <i>if available</i>				
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				
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Disaster - Main (MREIDL)



## In this section we ask you about your damages and recoveries

### To complete this section, you will need the following information

Name and Social Security Number of essential employee called to active duty

Date called to active duty

Date discharged from active duty

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Welcome	Applicants	<b>Damages</b>	Financial	Final Steps
Disaster - Business 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, Business Contents & Inventory

1923 Your Street, Dallas, TX 75248

**Insurance**

Allstate Insurance

Allstate Insurance

9821 My Street, Dallas, TX 75248

**Insurance**

Allstate Insurance

4453 Woodland Drive, Dallas, TX 75248

**Insurance**

Nationwide

### Economic Injury Disaster Loan (EIDL)

1923 Your Street, Dallas, TX 75248

**Insurance**

Nationwide

### Military Reservist Economic Injury Disaster Loan (MREIDL)

1923 Your Street, Dallas, TX 75248





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Disaster - Business Physical



## Please provide the address of the disaster damaged property

Same as Mailing Address

Do you own or lease this property?  Own  Lease

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

Address Line 2

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

Who should we contact to arrange for our on-site damage inspection?

**Name**

**Phone Number**

Who should we contact if we have questions about your application?

same as onsite inspection contact

**\* Name**

**\* Phone Number**

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Disaster - Business RE Damage
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## Please estimate the cost to repair or replace your disaster damaged property

Real Estate/Leasehold Improvements	Contents	Inventory
<input type="radio"/> Less Than \$10,000	<input type="radio"/> Less Than \$10,000	<input type="radio"/> Less Than \$10,000
<input type="radio"/> \$10,000 - \$50,000	<input type="radio"/> \$10,000 - \$50,000	<input type="radio"/> \$10,000 - \$50,000
<input type="radio"/> \$50,001 - \$250,000	<input type="radio"/> \$50,001 - \$250,000	<input type="radio"/> \$50,001 - \$250,000
<input type="radio"/> \$250,001 - \$500,000	<input type="radio"/> \$250,001 - \$500,000	<input type="radio"/> \$250,001 - \$500,000
<input type="radio"/> \$500,001 - \$1,000,000	<input type="radio"/> \$500,001 - \$1,000,000	<input type="radio"/> \$500,001 - \$1,000,000
<input type="radio"/> Greater than \$1,000,000	<input type="radio"/> Greater than \$1,000,000	<input type="radio"/> Greater than \$1,000,000

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Disaster - Business Insurance (Ins Selected)



## Did you have insurance coverage for your disaster damaged property?

Yes

\* Insurance Company

No

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Welcome Applicants **Damages** Financial Final Steps

Disaster - Business Insurance (No Ins) ← →

**Did you have insurance coverage for your disaster damaged property?**

Yes

No

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Disaster - Business Ins EIDL (Street Addr Excluded)
← →

## Insurance Policy Information

Type Business Interruption

\* Insurance Company

Agent

Agent's Phone Number

**Agent's 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

**Business Interruption**

Policy Limit

Deductible

Settlement Amount      Pending

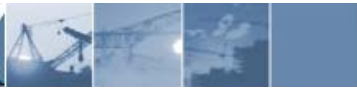
Amount Received

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<b>Insurance Policy Information</b>				
Type	Business Interruption			
* Insurance Company	<input type="text"/>			
Agent	<input type="text"/>			
Agent's Phone Number	<input type="text"/>			
<b>Agent's Address</b>				
<input type="radio"/> Street <input checked="" type="radio"/> Post Office Box				
Postal Type	Box Number	<input type="text"/>		
<input type="text"/>	<input type="text"/>			
<b>Address Line 2</b>				
<input type="text"/>				
City	State	Zip Code	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Policy Number	<input type="text"/>			
Claim Number	<input type="text"/>			
<b>Business Interruption</b>				
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 - Business Ins Info (Street Addr Excluded)
◀ ▶

## Insurance Policy Information

Type

\* Insurance Company

Agent

Agent's Phone Number

**Agent's 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

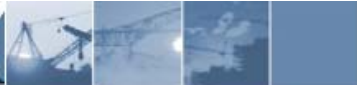
Policy Number

Claim Number

	Real Estate	Contents	Inventory
Policy Limit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductible	<input type="text"/>	<input type="text"/>	<input type="text"/>
Settlement Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Received	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Disaster - Business Ins Info (PO Addr Excluded)
◀ ▶

## Insurance Policy Information

Type

\* Insurance Company

Agent

Agent's Phone Number

**Agent's Address**

Street     Post Office Box

Postal Type     Box Number

Address Line 2

City     State     Zip Code

Policy Number

Claim Number

	Real Estate	Contents	Inventory
Policy Limit	<input type="text"/>	<input type="text"/>	<input type="text"/>
Deductible	<input type="text"/>	<input type="text"/>	<input type="text"/>
Settlement Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amount Received	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Disaster - Business InsDisclaimer ← →

## 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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Disaster - Business EIDL 60 Days (Yes)				← →
<h2>Economic Injury</h2> <p>Do you think your business will return to normal operations within 60 days of the date of the disaster?</p> <p><input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p style="text-align: right;"><input type="button" value="Previous"/> <input type="button" value="Next"/></p>				



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Welcome Applicants **Damages** Financial Final Steps

Disaster - Business EIDL 60 Days (No) ← →

## Economic Injury

Do you think your business will return to normal operations within 60 days of the date of the disaster?

- Yes
- No

Please provide a brief explanation of the economic loss caused by the declared disaster. Include an explanation of how the loan funds would be used.

When do you anticipate your business will return to normal operations?

Date  (MM/YYYY)



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Disaster - Business EIDL/MREIDL Location
← →

**Please provide a brief explanation of the economic loss caused by the declared disaster. Include an explanation of how the loan funds would be used.**

**When do you anticipate your business will return to normal operations?**

Date  (MM/YYYY)

**Physical address where the economic injury occurred:**

Same as Mailing Address

* Street #	* Street Name	* Street Type	Unit/Suite/Number
<input style="width: 80px;" type="text"/>	<input style="width: 200px;" type="text"/>	<input style="width: 80px;" type="text"/> ▼	<input style="width: 120px;" type="text"/>

**Address Line 2**

* City	* State	* Zip Code	* County
<input style="width: 150px;" type="text"/>	<input style="width: 80px;" type="text"/> ▼	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>



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Disaster - Business MREIDL



## Please provide the details below of the essential employee

\* First Name

\* Middle Name

\* Last Name

\* Social Security Number

\* Date Ordered to Active Duty  
(MM/DD/YYYY)

Date Released / Discharged  
From Active Duty  
(MM/DD/YYYY)

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Financial - Main (Business) ← →

**In this section we ask you about your financial information**

**Business Financial information**

All business financial statements must be provided to the SBA under separate cover. Links to websites to get copies of documents and a list of documentation required will be provided in the Filing Requirements screen.

Below are the methods which you may use to submit your required financial documents.

- E-mail**  
Your E-mail must contain your Electronic Loan reference number and your full name. E-mail your documents as an attachment to:  
**ela.doc@sba.gov**
- Mail**  
Put your Electronic Loan reference number and your full name on the documents being mailed. Mail to:  
U.S. Small Business Administration  
Processing & Disbursement Center  
Attn: ELA Mail Department  
P.O. Box 156119  
Fort Worth, TX 76155
- Fax**  
Your Fax must contain your Electronic Loan reference number and your full name. Send the Fax to SBA at: **817-XXX-XXXX**
- In-Person**

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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"/> Alimony
<input type="checkbox"/> Trust	<input type="checkbox"/> Child Support
<input type="checkbox"/> Pension	<input type="checkbox"/> Schedule C Business
<input type="checkbox"/> Social Security/Disability	<input type="checkbox"/> Schedule E Business
<input type="checkbox"/> Interest/Dividends	<input type="checkbox"/> Schedule F Business
<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.)	



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**Financial - Wages (Street Addr)**   ←   →

## Wages/Salary

**\*Employer's Name**

**Address**  
 Street    Post Office Box

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

**Address Line 2**

<b>City</b>	<b>State</b>	<b>Zip Code</b>
<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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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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Financial - E Scheduled Income



## 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



## Schedule F 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 Individuals Income Summary

**This screen will guide you to enter your income from all sources.**

**Smith, John J**

**Income Source**

No Income

Wages - Johnson Manufacturing - \$50,000

Schedule C - Johns Lawn Care - less than\$100,000

**Smith, Mary J**

**Income Source**

No Income

Wages - Wal-Mart - \$25,000

**Johnson, Harry**

**Income Source**

No Income

Wages - Wal-Mart - \$25,000

Schedule E - ABC Corporation - less than\$100,000



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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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## Real Estate

### Address

<b>* Street #</b>	<b>* Street Name</b>	<b>* Street Type</b>	<b>Unit/Suite/Number</b>
<input type="text"/>	<input type="text"/>	<input style="border-bottom: 1px solid black; text-align: center; font-size: small;" type="text"/> ▼	<input type="text"/>

**Address Line 2**

<b>* City</b>	<b>* State</b>	<b>* Zip Code</b>	<b>* County</b>
<input type="text"/>	<input style="border-bottom: 1px solid black; text-align: center; font-size: small;" type="text"/> ▼	<input type="text"/>	<input type="text"/>

<b>* Year Purchased (YYYY)</b>	<input type="text"/>
<b>* Purchase Price</b>	<input type="text"/>
<b>* Current Resale Value</b>	<input type="text"/>
<b>* Property Type</b>	<input style="border-bottom: 1px solid black; text-align: center; font-size: small;" type="text"/> ▼





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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 style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address Line 2

City	State	Zip Code
<input style="width: 95%;" type="text"/>	<input style="width: 90%;" type="text"/>	<input style="width: 95%;" type="text"/>



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## 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)
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## 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)



## 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

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Financial - Mortgage (No LOC and Tax Not Incl)

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## 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 - Lease Information
← →

### Rent/Lease Information

**Property Address**

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

**Address Line 2**

<b>* City</b>	<b>* State</b>	<b>* Zip Code</b>	<b>* County</b>
<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	<b>Off Line</b>
Schedule of Liabilities	Online	<b>Off Line</b>
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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Financial - Business Entity Financial Options ← →

**Below are the methods, which you may use to submit your required financial documents.**

- 1. E-mail**

Your E-mail must contain your Electronic Loan reference # [9000000001](#) and your full name. E-mail your documents as an attachment to:

**ela.doc@sba.gov**
- 2. Mail**

Put your Electronic Loan reference # [9000000001](#) and your full name on the documents being mailed. Mail to:

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

Your Fax must contain your Electronic Loan reference # [9000000001](#) and your full name. Send the Fax to SBA at: **817-XXX-XXXX**
- 4. In-Person**

You can drop off your document(s) to SBA at one of our centers listed below. Please put your Electronic Loan reference # [9000000001](#) and your full name on the documents

XYZ Recovery Center  
 100 Main St  
 Euess, TX 76155



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<b>Financial - Profit Loss</b>				<input type="button" value="←"/> <input type="button" value="→"/>
<h2>Profit and Loss Statement (For Last 2 Years)</h2>				
Period Start (MM/YYYY)	<input type="text"/>	<input type="text"/>		
Period End (MM/YYYY)	<input type="text"/>	<input type="text"/>		
Revenue:				
Gross Revenue	<input type="text"/>	<input type="text"/>		
Cost of Goods Sold	<input type="text"/>	<input type="text"/>		
Gross Profit (Loss)	\$ 0	\$ 0		
Expenses				
Depreciation	<input type="text"/>	<input type="text"/>		
Interest	<input type="text"/>	<input type="text"/>		
Maintenance and Repairs	<input type="text"/>	<input type="text"/>		
Rent	<input type="text"/>	<input type="text"/>		
Salary	<input type="text"/>	<input type="text"/>		
Other	<input type="text"/>	<input type="text"/>		
Total Expenses	\$ 0	\$ 0		
Net Income	\$ 0	\$ 0		
			<input type="button" value="Previous"/>	<input type="button" value="Next"/>



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**Financial - Balance Sheet**   ←   →

## Balance Sheet Date (MM/YYYY)

**Current Assets**

Cash	<input type="text"/>
Accounts Receivable	<input type="text"/>
Inventory	<input type="text"/>
Prepaid Expenses	<input type="text"/>
Notes Receivable	<input type="text"/>

**Total Current Assets**      \$ 0

**Fixed Assets**

Vehicles	<input type="text"/>
Depreciation	<input type="text"/>
Furniture and Fixtures	<input type="text"/>
Depreciation	<input type="text"/>
Equipment	<input type="text"/>
Depreciation	<input type="text"/>
Building	<input type="text"/>
Depreciation	<input type="text"/>
Land	<input type="text"/>

**Total Fixed Assets**      \$ 0

**Total Assets**      \$ 0

**Current Liabilities**

Accounts Payable	<input type="text"/>
Tax Payable	<input type="text"/>
Wages Payable	<input type="text"/>
Unearned Revenue	<input type="text"/>
Short Term Notes Payable	<input type="text"/>

**Total Current Liabilities**      \$ 0

**Long-Term Liabilities**

Long Term Notes Payable	<input type="text"/>
Mortgage Payable	<input type="text"/>

**Total Long-Term Liabilities**      \$ 0

**Total Liabilities**      \$ 0

**Net Worth**      \$ 0

**Liabilities + Net Worth**      \$ 0

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Financial - Sch of Liab



## Schedule of Liabilities

Name of Creditor	Original Amount	Original Date (MM/YYYY)	Current Balance	Current?	Maturity Date (MM/YYYY)	Payment Amt (Per Month or Year)	How Secured
				▼			
				▼			
				▼			
				▼			
				▼			
				▼			
				▼			
				▼			
				▼			
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Financial - Business EIDL Sales   ←   →

## Monthly Sales

You have indicated your business will not return to normal operations within 60 days. Therefore, you may qualify for additional funds for economic injury. In order for SBA to calculate your full eligibility please provide monthly sales figures for the 3 years prior to the disaster.

Month	2004	2005	2006	Current year to date
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				

\*Note: The total figures for each year should reconcile to the sales figures on your tax returns for the corresponding year.





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Final - Main (Business) ← →

In this section we ask you other relevant questions

**To complete this section, you will need the following information**

For the business and each principal/owner with 20% or greater ownership:

Account information on existing direct or guaranteed Federal and SBA loans, *if available*

Details on delinquent taxes, *if available*

Details on bankruptcies, *if available*

Details on any outstanding judgments and pending lawsuits, *if available*



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## Hazard Mitigation

**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 devised 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, you are interested in having SBA consider this increase.

I am interested in Hazard Mitigation

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<b>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?</b>				
<input checked="" type="radio"/> Yes				
<input type="radio"/> No				
<b>* Name</b>				
<input type="text"/>				
<b>Name</b>				
<input type="text"/>				
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<p><b>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?</b></p> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>				
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**If you answer Yes to any of the questions, please provide the requested information.**

**Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan?**

Yes  No

\* Borrower(s) Name(s)

Agency Name  Office Location

Account Number

**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 child support payments?**

Yes  No

\* Debtor's Name(s)

Agency Name  Office Location

Account Number



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**If you answer Yes to any of the questions, please provide the requested information.**

**Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan?**  
 Yes     No

**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 child support payments?**  
 Yes     No

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Final - Critical QuestionsCont Business (Yes)   ←   →

**Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding?**

Yes    No

\* Debtor's Name(s)

Type of bankruptcy   Description

Discharged?    Yes    No

Year Discharged (YYYY)

**Does the business or a listed owner have any outstanding judgments, tax liens or pending lawsuits against them?**

Yes    No

\* Name(s)

Date (MM/DD/YYYY)

Description



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Final - Critical QuestionsCont Business (No)

**Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding?**

Yes  No

**Does the business or a listed owner have any outstanding judgments, tax liens or pending lawsuits against them?**

Yes  No





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Final - Critical QuestionsCont2 Business (Yes)

**Has the owner/principal of the applicant business ever 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?**

Yes  No

\* Name(s)

Description



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Final - Critical QuestionsCont2 Business (No) ← →

**Has the owner/principal of the applicant business ever 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?**

Yes  No

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**Has the owner/principal of the applicant business ever 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?**

Yes  No

\* Name(s)

Description

**Are the owners/principals of the applicant business currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?**

Yes  No

Description



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**Is the applicant or any listed owner 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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**Is the applicant or any listed owner 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

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## 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>				
				<input type="button" value="Previous"/> <input type="button" value="Next"/>



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Final - RepDetails (Street Addr) <span style="float: right;">← →</span>				
<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"/>		
<b>Current Mailing Address</b>				
<input type="radio"/> Street <input type="radio"/> Post Office Box				
<b>Street #</b>	<b>Street Name</b>	<b>Street Type</b>	<b>Unit/Suite/Number</b>	
<input style="width: 50px;" type="text"/>	<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	
<b>Address Line 2</b>				
<input style="width: 100%; height: 20px;" type="text"/>				
<b>City</b>	<b>State</b>	<b>Zip Code</b>		
<input style="width: 150px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>		
<b>Fee Charged</b>				
<input style="width: 150px;" type="text"/>				
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Final - RepDetails (PO Addr)				<input type="button" value="←"/> <input type="button" value="→"/>
<b>Loan Representative Information</b>				
* Name <input style="width: 150px;" type="text"/>		Company <input style="width: 150px;" type="text"/>		
Contact Phone Number		<input style="width: 100px;" type="text"/>		
<b>Current Mailing Address</b>				
<input type="radio"/> Street <input checked="" type="radio"/> Post Office Box				
Postal Type		Box Number		
<input style="width: 50px;" type="text"/>		<input style="width: 100px;" type="text"/>		
<b>Address Line 2</b>				
<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"/>	
<b>Fee Charged</b>				
<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)				← →
<h2>Are you a U.S. citizen?</h2> <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><b>Please Provide Details</b> (For example, alien status and alien registration number)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>				
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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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<p><b>Please use this space for any additional information you wish to provide</b></p> <div style="border: 1px solid black; height: 200px; width: 100%;"></div>				
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## Final Review

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

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**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

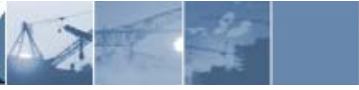
**Co-Applicants Name Mailing Address**

**Co-Applicant Income information** Type  Amount

**Co-Applicant Liability information** Type  Amount

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Final - Filing Req (Business) ◀ ▶

## Filing Requirements

Copies of the applicant's 3 most recent Federal Income Tax Returns, including all schedules. If this is a new business that has not filed 3 Federal Tax Returns, submit the ones you have filed. Also, complete and sign the attached Tax Information Authorization (IRS Form 8821). Sole proprietors need only submit the IRS Form 8821. We will contact you if we need any additional information (i.e., forecasts, etc.). [Link to SBA Forms / 8821](#)

A current (dated within 90 days of application) business balance sheet (you may use Personal Financial Statement (SBA Form 413) if you are a sole proprietorship), a current profit and loss statement, and a current schedule of liabilities. (a sample schedule of liabilities (SBA Form 2202) for your convenience.) [Link to SBA Forms](#)

For: 1) each proprietor; or 2) each limited partner who owns 20% or more interest and each general partner; or 3) each stockholder or entity owning 20% or more of voting stock, a current (dated within 90 days of application) personal financial statement (you may use SBA Form 413 for this purpose). Entities (except sole proprietorships) must also submit a complete copy, including all schedules, of the entity's most recent Federal Income Tax Return. [Link to SBA Forms / 413](#)

A complete copy, including all schedules, of the latest Federal Income Tax Return for each affiliate. Affiliates include, but are not limited to business parents, subsidiaries, or other businesses with common ownership or management. An authorized individual must complete and sign the IRS Form 8821 for each affiliate. [Link to SBA Forms / 8821](#)

Return the completed and signed 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](mailto:ela.doc@sba.gov)

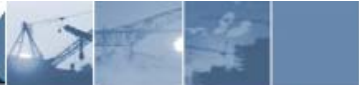
**Mail** Mail to: U.S. Small Business Administration  
Processing & Disbursement Center  
Attn: ELA Mail Department  
P.O. Box 156119  
Fort Worth, TX 76155

**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 - Filing Req (EIDL) ← →

## Filing Requirements

Copies of the applicant's 3 most recent Federal Income Tax Returns, including all schedules. If this is a new business that has not filed 3 Federal Tax Returns, submit the ones you have filed. Also, complete and sign the attached Tax Information Authorization (IRS Form 8821). Sole proprietors need only submit the IRS Form 8821. We will contact you if we need any additional information (i.e., forecasts, etc.). [Link to SBA Forms / 8821](#)

A current (dated within 90 days of application) business balance sheet (you may use Personal Financial Statement (SBA Form 413) if you are a sole proprietorship), a current profit and loss statement, and a current schedule of liabilities. (a sample schedule of liabilities (SBA Form 2202) for your convenience.) [Link to SBA Forms](#)

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A complete copy, including all schedules, of the latest Federal Income Tax Return for each affiliate. Affiliates include, but are not limited to business parents, subsidiaries, or other businesses with common ownership or management. An authorized individual must complete and sign the IRS Form 8821 for each affiliate. [Link to SBA Forms / 8821](#)

Please submit the attached SBA Form 1368, Additional Filing Requirements - Economic Injury Disaster Loan (EIDL). [Link to SBA Forms / 1368](#)

Return the completed and signed 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.

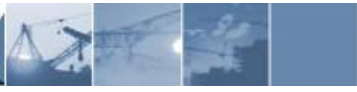
**E-mail** E-mail your documents as an attachment to: **ela.doc@sba.gov**

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

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## Filing Requirements

Copies of the applicant's 3 most recent Federal Income Tax Returns, including all schedules. If this is a new business that has not filed 3 Federal Tax Returns, submit the ones you have filed. Also, complete and sign the attached Tax Information Authorization (IRS Form 8821). Sole proprietors need only submit the IRS Form 8821. We will contact you if we need any additional information (i.e., forecasts, etc.). [Link to SBA Forms / 8821](#)

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For: 1) each proprietor; or 2) each limited partner who owns 20% or more interest and each general partner; or 3) each stockholder or entity owning 20% or more of voting stock, a current (dated within 90 days of application) personal financial statement (you may use SBA Form 413 for this purpose). Entities (except sole proprietorships) must also submit a complete copy, including all schedules, of the entity's most recent Federal Income Tax Return. [Link to SBA Forms / 413](#)

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A copy of the essential employee's "orders" for active duty (showing the date of call-up and date released from active duty, if known).

A statement from the business owner that the reservist is essential to the successful day-to-day operations of the business (detailing the employee's duties and responsibilities and explaining why these duties cannot be completed in the essential employee's absence).

A certification by the essential employee that he or she concurs with the statements above.

A written explanation and financial estimate of how the call-up of the essential employee for active duty has or will result in substantial economic injury to the business. (Provide monthly sales figures beginning 3 years prior to the call up and continuing through the most recent month available. You may use SBA Form 1368 for this purpose.)

A description of the steps the business is taking to alleviate the substantial economic injury.

A certification from the business owner that the essential employee will be offered the same or a similar job upon return from active duty.

Return the completed and signed 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](mailto:ela.doc@sba.gov)

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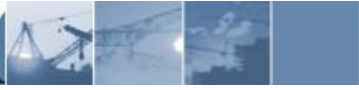
**Fax** Send the Fax to SBA at: **817-XXX-XXXX**

**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 - Filing Req (NONPROFIT)**       

## Filing Requirements

Provide complete copy of Articles of Incorporation, Bylaws and Charter.

Provide a Board of directors Resolution with Trustees approval to apply to the SBA for disaster loan.

Provide complete list of all officers, trustees and directors giving name and address.

Complete copies of the organization three most recent non-profit tax returns or a copy of the exempt filing form and complete copies of the organization's three most recent years operating budgets.

Complete and signed Tax Information Authorization (IRS Form 8821) [Link to SBA Forms / 8821](#)

A current (dated within 90 days of the application) balance sheet and profit and loss statement [Link to SBA Forms](#)

Organization affiliation (if any)

Brief history of organization




Return the completed and signed 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  
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## 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

Is your business a Non Profit Organization - Please select Yes or No.

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](http://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