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**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 to SBA's Electronic Loan Application (ELA)

- The recommended browser for this site is Internet Explorer 6.0 or later.
- The first step in the ELA process is to register as a user of the SBA disaster assistance site. At the end of the registration process, you will be asked to accept our Statements Required By Laws and Executive Orders. Once you accept them, a 10 digit **Reference Number** will appear at the bottom of the screen. **Record this number** for future correspondence with the SBA or if you need to return to complete your application. If you exit the system before accepting the Statements Required By Laws and Executive Orders, your information will not be saved and you will need to start a new application.
- If you have already completed an application and received a decision on your application or your application has been withdrawn, **please do not apply again**. Contact our Customer Service Center at (800) 659-2955. Customers with speech or hearing disabilities may phone (800) 877-8339.

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Navigating the ELA

- For each screen, if you do not enter all the required information or the information you enter is not in the correct format, you will not be able to go to the next screen. We will display a message in **red** to identify missing information or format errors. You must enter the missing information and correct errors to continue.
- After you complete each screen, select **Next** to continue.
- To go back, select **Previous**. If you have not completed the section, the ELA will take you back one screen at a time.

If you select Previous the information you entered on the current screen will be lost. You only lose information on the current screen.

- Do NOT use the Back and Forward navigation buttons on the tool bar of your Internet browser. Always use Next and Previous to move from screen to screen. Using the Back and Forward buttons will likely cause an application error. If an application error occurs, you must exit the ELA and log in again.
- You can exit the ELA at any time by selecting the Exit button. When you select Exit, your session closes properly, your data is saved, and you are logged out of the ELA.

Important Note: Do Not select the **X** in the upper right-hand corner of the screen to exit. If you select the **X** to close the browser, your session will not be properly closed and you will not be able to log back in for another 15 minutes.

In order to print documents from the ELA, you will need Adobe Reader. If you do not have Adobe Reader installed on your computer, please [click here](#) to install Adobe Reader free.

If you need additional assistance on completing the ELA, select the help button at any time to guide you through the process.

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Terms of Use

This is a Federal computer system and is the property of the United States Government. It is for authorized use only. Users (authorized or unauthorized) have no explicit or implicit expectation of privacy in anything viewed, created, downloaded, or stored on this system, including e-mail, Internet, and intranet use. Any or all uses of this system (including all peripheral devices and output media) and all files on this system may be intercepted, monitored, read, captured, recorded, disclosed,

* Do you accept the terms of use?

- 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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Home/Personal Property Loan Application Business Loan Application

Filing Requirements - Business

Identity Information

- 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

Mortgage or Lease Information

- Mortgage holder's name, address and telephone number
- Landlord's name, address and telephone number

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

Financial Information

- Copy of the applicant's 3 most recent Federal Income Tax Returns, including all schedules, *if available*. If this is a new business that has not filed 3 Federal Tax Returns, we will need the ones you have filed, *if available*.
- Copies of all principals/owners' (with 20% or greater ownership) most recently filed Federal Income Tax Returns, *if available*
- 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, *if available*

Debt Information (principals/owners with 20% or greater ownership)

- Creditors' names (include all mortgages, credit cards, installment loans, personal loans, vehicle loans)
- Monthly payments
- Balances owed

Debt Information (applicant business), if available

- Creditors' names, original amount, original date, current balance, maturity date, payment amount, and security

Miscellaneous Information (for the applicant business, each principal/owner with 20% or greater ownership), if available

- Account information on existing direct or guaranteed Federal and SBA loans
- Details on delinquent taxes
- Details on bankruptcies
- Details on any outstanding judgments and pending lawsuits

For sole proprietors, your alien registration or permanent residence card (if you are not a U.S. citizen)

For Military Reservist Economic Injury Disaster Loans (MREIDL) only

- Name and Social Security Number of essential employee called to active duty
- Date called to active duty, **if known**
- Date **released /** discharged from active duty, **if released / discharged**

***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.**

Based on the information you provide, we will generate a list of additional filing requirements necessary for us to process your application.

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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

Street Post Office Box Rural Route

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

Address Line 2

* City * State * Zip Code * County

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. Please try again.

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

* Security Question 1

What school did you attend for sixth grade?

* Security Answer 1

* Security Question 2

On what street was your first house?

* Security Answer 2

* Please type the text appearing in the image below:
Note: If you cannot view the image for any reason, please click on the speaker icon to hear the code. Then enter the code in the box below.

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

saf0ing

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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
 Street Post Office Box Rural Route

Postal Type * Box Number

Address Line 2

* City * State * Zip Code * County

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.

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 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. Please try again.**

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

* Security Question 1
 What school did you attend for sixth grade?

* Security Answer 1

* Security Question 2
 On what street was your first house?

* Security Answer 2

* Please type the text appearing in the image below:
 Note: If you cannot view the image for any reason, please click on the speaker icon to hear the code. Then enter the code in the box below.
Your entry does not match the image. Please try again.



Website Registration * Indicates Required Field

If you are applying for a business, please register as an individual.

* First Name MI * Last Name Suffix
* Social Security Number ###-##-#### * Date of Birth MM/DD/YYYY

Address
 Street Post Office Box Rural Route
Rural Route * Number Box
Address Line 2
* City * State * Zip Code * County

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

* Security Question 1
What school did you attend for sixth grade?

* Security Answer 1

* Security Question 2
On what street was your first house?

* Security Answer 2

* Please type the text appearing in the image below:
Note: If you cannot view the image for any reason, please click on the speaker icon to hear the code. Then enter the code in the box below.
Your entry does not match the image. Please try again.

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ANAKAM® Authentication Challenge

You have attempted to access a secure site from an unregistered computer. To complete the login process, please enter the security information below.

All fields are required. Fields are not case sensitive. [Help](#)

The one-time pass code has been sent to your mobile phone. Please retrieve the pass code before proceeding. You should receive the pass code in the next 60 to 90 seconds.

Pass Code: [Having trouble receiving the Pass code?](#)

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[? Help](#)

[Exit](#)

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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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Please enter your User Name and Password

Invalid User Name or Password. Please try again.

* User Name

* Password

[Don't remember your Password?](#)

After you have logged in, you may change your password or update your User Profile by selecting the check boxes below .

Change Password Update User Profile

You have logged in using a temporary password. Please create a new password below. Remember, your new 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 !@#\$%^&*()_+=[\]{}|;:'",.<>/?

*Create New Password

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

*Confirm New Password

Your passwords must match

Your passwords do not match. Please try again.

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Please enter your User Name and Password

Invalid User Name or Password. Please try again.

* User Name

* Password

[Don't remember your Password?](#)

After you have logged in, you may change your password or update your User Profile by selecting the check boxes below .

Change Password Update User Profile

Your password has expired. Please create a new password below.

Remember, your new 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

! @ # \$ % ^ & * () _ + - = [] { } \ | ; : ' " , . < > / ?

*Create New Password

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

*Confirm New Password

Your passwords do not match. Please try again.

Your passwords must match

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Please create your new password below. Remember, your new 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 ! @ # \$ % ^ & * () _ + - = [] { } \ | ; : ' " , . < > / ?

* Old Password

* New Password

* Confirm New Password

Your passwords do not match.
Please try again.

Reminder: Your new password will be valid for 90 days.

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User Profile

You may update any of the fields below except for your security question. When you have completed your update, answer the security question then click the NEXT button.

Street Post Office Box Rural Route

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

Address Line 2

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

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

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.

Secret Question System randomly generated

* **Secret Answer**

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User Profile

You may update any of the fields below except for your security question. When you have completed your update, answer the security question then click the NEXT button.

Street Post Office Box Rural Route

Postal Type * Box Number

Address Line 2

City State Zip Code * County

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

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.

Secret Question

* Secret Answer

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User Profile

You may update any of the fields below except for your security question. When you have completed your update, answer the security question then click the NEXT button.

Street Post Office Box Rural Route

Rural Route * Number Box

Address Line 2

City State Zip Code * County

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

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.

Secret Question

* Secret Answer

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If you do not remember your password please answer the following question:

User Name

Secret Question

* Secret Answer

E-Mail Address

Your password will be e-mailed to you once you click the ENTER button.



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Apply for a Home /
Personal Property Loan

Apply for a Business /
Rental Property Loan

Continue An Existing
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Select the application you would like to complete

Select	Reference Number	Loan Type	Applicant Name	Date Last Updated
<input type="radio"/>	100000000	Home	Doe, John J	Last Update Date 1
<input type="radio"/>	100000001	Business	Doe, Randy L	Last Update Date 2

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Business Losses

* Is the applicant business a Non Profit organization?

- Yes
- No

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

- Real Property (Including Leasehold Improvements)
- Business Contents (Machinery & Equipment, Furniture & Fixtures, and Other Business Assets)
- Inventory
- Economic Injury Disaster Loan (EIDL)
- Military Reservist Economic Injury Disaster Loan (MREIDL)

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You are requesting the following assistance

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)

Is this correct?

Yes

No

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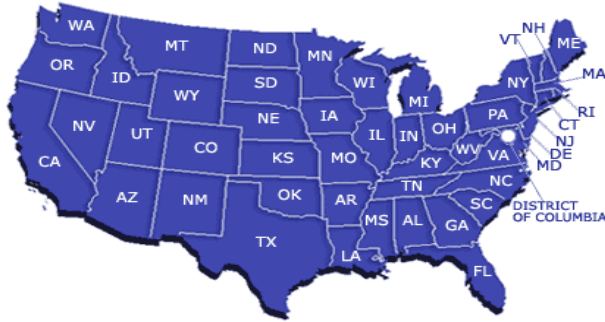
Exit



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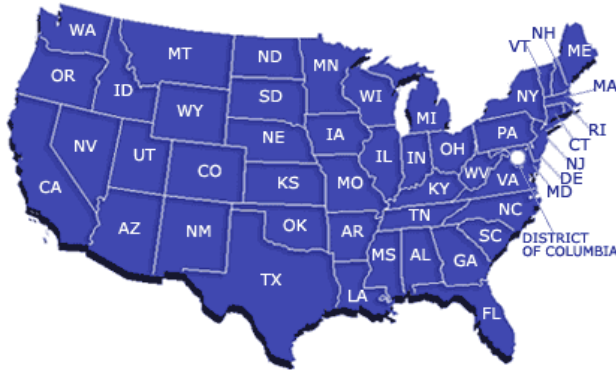
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We have not received your information from FEMA. You can continue by selecting the state where the disaster occurred.

State



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

FOREIGN PER DIEM
RATES (OCONUS)

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

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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*** STATEMENTS REQUIRED BY LAW 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

Print



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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 provided is truthful and accurate.

***I Acknowledge**

- Yes
 No

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In this section we ask you about the applicant(s)

To complete this section, you will need the following information

- 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
- Non-Profit Organization
- 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
- Limited Liability Entity
- Corporation
- Non-Profit Organization
- Trust

* **Legal Name of Trust**

Employer Identification Number * (EIN)

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

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Current Business Mailing Address

Street Post Office Box Rural Route

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

Address Line 2

* City * State * Zip Code * County

* 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

City State Zip Code

Add Another

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Current Business Mailing Address

Street Post Office Box Rural Route

Postal Type

* Box Number

Address Line 2

* City

* State

* Zip Code

* County

* 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

City

State

Zip Code

Add Another

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Current Business Mailing Address

Street Post Office Box Rural Route

Rural Route * **Number** **Box**

Address Line 2

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

* **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**

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



Business Name

Year Business Established Year Month
 (YYYY)

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)



Disaster Loan Application



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

List any:

- 1) Ownership that is 20% or greater, regardless if ownership is by an Individual or business entity.
- 2) List ALL family members who are owners regardless of percentage owned.
- 3) General Partner (Partnership, Limited Partnership)
- 4) Principal(s) of Non Profit Organization (Must Provide at least one principal)

Click "Enter Details" to complete the owner/principal information. After the owner information is complete, you will return to this screen to select another owner to enter details or you may select the radio button next to the owner you wish to Edit or Delete.

* Name of Owner(s)	* % owned	* Type of Ownership	
<input checked="" type="radio"/> John J Doe	20%	Principal (Non Profit)	Edit Delete
<input type="radio"/> Jane Doe	20%	Individual	
ABC Network	20%	Business	Enter Details
John Smith	20%	Individual	
Harry Smith	20%	Individual	
Add Owner			
Total			



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Current Management/Ownership - Individual

John Doe

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 Rural Route Same as Applicant Business

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

Address Line 2

* City * State * Zip Code * County

* 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

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Current Management/Ownership - Individual

John Doe

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 Rural Route Same as Applicant Business

Postal Type * Box Number

Address Line 2

* City * State * Zip Code * County

* 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

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Current Management/Ownership - Individual

John Doe

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 Rural Route Same as Applicant Business

* Number Box

Rural Route

Address Line 2

* City * State * Zip Code * County

* 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Add Another



Principal / Officer

John Doe

Prefix

* First Name Middle Initial

* Last Name Suffix

Title/Office SSN *

Marital Status Place of Birth

Date of Birth (MM/DD/YYYY)

* Mailing Address Street Post Office Rural Route Same as Applicant Business

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

Address Line 2

* City * State * Zip Code * County

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

Add Another



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Principal / Officer

John Doe

Prefix

* First Name Middle Initial

* Last Name Suffix

Title/Office SSN *

Marital Status Place of Birth

Date of Birth (MM/DD/YYYY)

* Mailing Address Street Post Office Rural Route Same as Applicant Business

Postal Type * Box Number

Address Line 2

* City * State * Zip Code * County

* 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add Another"/>

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Principal / Officer

John Doe

Prefix

* First Name Middle Initial

* Last Name Suffix

Title/Office SSN *

Marital Status Place of Birth

Date of Birth (MM/DD/YYYY)

* Mailing Address Street Post Office Rural Route Same as Business

* Number Box

Rural Route

Address Line 2

* City * State * Zip Code * County

* 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Another

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Current Management/Ownership **Entity Name**

* Legal Name

* Type Of Business % of Ownership **% Ownership**

Employer Identification Number * (EIN)

* Mailing Address Street Post Office Rural Route Same as Applicant Business

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

Address Line 2

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

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add Another"/>



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Current Management/Ownership Entity Name

* Legal Name

* Type Of Business % of Ownership % Ownership

Employer Identification Number * (EIN)

* Mailing Address Street Post Office Rural Route Same as Applicant Business

Postal Type * Box Number

Address Line 2

* City * State * Zip Code * County

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Add Another"/>



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Current Management/Ownership Entity Name

* Legal Name

* Type Of Business % of Ownership % Ownership

Employer Identification Number * (EIN)

* Mailing Address Street Post Office Rural Route Same as Applicant Business

*** Number** **Box**
Rural Route

Address Line 2

* City * State * Zip Code * County

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

City State Zip Code



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In this section we ask you about your damages and recoveries

To complete this section, you will need the following information

Insurance policy (declaration page), *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

Claim settlement information, *if available*

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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 (if known)

Date released / discharged from active duty (if released / discharged)

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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. **If you are unsure how to complete this screen, Please select help.**

Real Estate, Business Contents & Inventory

<input type="checkbox"/> 1923 Your Street, Dallas, TX 75248
Insurance <input type="button" value="Add"/>
<input type="checkbox"/> Allstate Insurance - Business
<input type="checkbox"/> Allstate Insurance - Flood
<input type="checkbox"/> 9821 My Street, Dallas, TX 75248
Insurance <input type="button" value="Add"/>
<input type="checkbox"/> Allstate Insurance - Business
<input type="checkbox"/> 4453 Woodland Drive, Dallas, TX 75248
Insurance <input type="button" value="Add"/>
<input type="checkbox"/> None
<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Economic Injury Disaster Loan (EIDL)

<input type="checkbox"/> 1923 Your Street, Dallas, TX 75248
Insurance <input type="button" value="Add"/>
<input type="checkbox"/> Nationwide - Business Interruption
<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Military Reservist Economic Injury Disaster Loan (MREIDL)

<input type="checkbox"/> 1923 Your Street, Dallas, TX 75248
<input type="button" value="Edit"/> <input type="button" value="Delete"/>



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Please provide the address of the disaster damaged property

Same as Mailing Address

Do you own or lease this property? Own Lease

Street Rural Route

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

Address Line 2

* City * State * Zip Code * County

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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Please provide the address of the disaster damaged property

Same as Mailing Address

Do you own or lease this property? Own Lease

Street Rural Route

Rural Route * **Number** **Box**

Address Line 2

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

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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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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Did you have insurance coverage for your disaster damaged property?

- Yes
- No

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Insurance Policy Information

Type

* Insurance Company

Agent

Agent's Phone Number

Agent's Address

Street Post Office Box

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

Address Line 2

City State Zip Code

Policy Number

Claim Number

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

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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	Bus Interruption	
Policy Limit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Deductible	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Settlement Amount	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Pending
Amount Received	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

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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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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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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 Rural Route

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

Address Line 2

* City * State * Zip Code * County

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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 Rural Route

	* Number	Box
Rural Route	<input type="text"/>	<input type="text"/>

Address Line 2

* City * State * Zip Code * County



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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 Suffix Unit/Suite/Number

Address Line 2

City State Zip Code

Policy Number

Claim Number

Business Interruption

Policy Limit

Deductible

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Insurance Policy Information

Type Business Interruption

* 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

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Please provide the details below of the essential employee

* First Name

Middle Name

* Last Name

* Social Security Number

Date Ordered to Active Duty (if known)

 (MM/DD/YYYY)

Date Released / Discharged From Active Duty (if released / discharged)

 (MM/DD/YYYY)

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In this section we ask you about your financial information

Business Financial information

SBA will need the following financial information from the applicant business, owners that are legal entities (Corporation, LLC, etc), and any businesses that the owner or applicant business may own in order to complete the processing of the disaster loan application:

1. A current Income (Profit & Loss) Statement, dated within the past 90 days.
2. A current Balance Sheet, dated within the last 90 days.
3. A Schedule of Liabilities. This is a listing of creditors that the applicant business owes money to and how much is paid a month/year.
4. A Monthly Sales document, reporting the gross sales the applicant business received each month for the past 3 years and the current year to date. The total of each year should tie to the amount reported on the Federal Income Tax Return for the years supplied.

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Gross Income (Pre-Disaster)

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

- | | |
|-----------------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Wages/Salary | <input type="checkbox"/> Distributions From Retirement Accounts |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Alimony |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Social Security/Disability | <input type="checkbox"/> Schedule C Business (income from individual business) |
| <input type="checkbox"/> Interest/Dividends | <input type="checkbox"/> Schedule E Business (rents, royalties, K1 income) |
| | <input type="checkbox"/> Schedule F Business (farm or ranch income) |

Other (Examples of OTHER income are regular part-time work, commissions, living allowance, transportation allowance, and similar items.)

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Wages/Salary **John Doe**

*Employer's Name

Address

Street Post Office Box

* Street # * Street Name * Street Type Suffix Unit/Suite/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)



Wages/Salary **John Doe**

*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)



Other Income **John Doe**

	* Amount	* Frequency
Pension	<input type="text"/>	<input type="text"/>
Social Security/Disability	<input type="text"/>	<input type="text"/>
Interest / Dividends	<input type="text"/>	<input type="text"/>
Distributions From Retirement	<input type="text"/>	<input type="text"/>
Alimony	<input type="text"/>	<input type="text"/>
Child Support	<input type="text"/>	<input type="text"/>
Trust	<input type="text"/>	<input type="text"/>
Other - <i>Description from Financial - Income Sources</i>	<input type="text"/>	<input type="text"/>

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Schedule C Self Employment **John Doe**

Name of Business

Business Trade Name

Type of Business

Business Annual Net Income

\$

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Schedule E Self Employment **John Doe**

Name of Business

Business Trade Name

Type of Business

Business Annual Net Income

\$

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Schedule F Self Employment **John Doe**

Name of Business

Business Trade Name

Type of Business

Business Annual Net Income

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

If you are unsure how to complete this screen, Please select **help**.

Smith, John J

Income Source	<input type="checkbox"/> No Income	Enter Details
<input checked="" type="radio"/> Wages - Wal-Mart - \$25,000		
		<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Smith, Mary J

Income Source	<input type="checkbox"/> No Income	Enter Details
<input checked="" type="radio"/> Wages - Wal-Mart - \$25,000		
		<input type="button" value="Edit"/> <input type="button" value="Delete"/>

Johnson, Harry

Income Source	<input type="checkbox"/> No Income	Enter Details
<input checked="" type="radio"/> Wages - Wal-Mart - \$25,000		
<input checked="" type="radio"/> Schedule E - ABC Corporation - less than \$100,000		
		<input type="button" value="Edit"/> <input type="button" value="Delete"/>



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

If you are unsure how to complete this screen, Please select **help**.

Note: If the applicant and co-applicant are spouses, please do not duplicate assets and debts.

Smith, John J

Real Estate	<input type="checkbox"/> No Real Estate	
4356 My Street, Dallas, TX 75248 - \$250,000	Complete Details	
Mortgage	<input type="checkbox"/> No Mortgage	Add
Bank of America - \$175,000		
Association/Co-Op	<input type="checkbox"/> No Association	Add
Wood Park Association - \$400		
Personal Assets	<input type="checkbox"/> No Personal Assets	Add
Personal Assets entered		
Extraordinary Expenses	<input type="checkbox"/> No Extraordinary Expenses	Add
Extraordinary Expenses entered		
Debts	<input type="checkbox"/> No Debts	Add
Debts entered		
Leased Property	<input type="checkbox"/> No Leased Property	Add
928 Your Street, Herndon, VA 20171		
Landlord - John Smith		
	Edit	Delete

Smith, Robert R

Real Estate	<input type="checkbox"/> No Real Estate	Add
4356 My Street, Dallas, TX 75248 - \$250,000		
Mortgage	<input type="checkbox"/> No Mortgage	Add
Bank of America - \$175,000		
Association/Co-Op	<input type="checkbox"/> No Association	Add
Wood Park Association - \$400		
Personal Assets	<input type="checkbox"/> No Personal Assets	Add
Personal Assets entered		
Extraordinary Expenses	<input type="checkbox"/> No Extraordinary Expenses	Add
Extraordinary Expenses entered		
Debts	<input type="checkbox"/> No Debts	Add
Debts entered		
Leased Property	<input type="checkbox"/> No Leased Property	Add
10026 Your Street, Herndon, VA 20171		
Landlord - John Smith		
	Edit	Delete

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Real Estate

Address of disaster damaged property (dynamically generated)

Street Rural Route

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

Address Line 2

* City * State * Zip Code * County

* Year Purchased
(YYYY)

* Purchase Price

* Current Resale Value (Pre - Disaster)

* Property Type

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Real Estate

Address of disaster damaged property (dynamically generated)

Street Rural Route

Rural Route * Number Box

Address Line 2

* City

* State

* Zip Code

* County

* Year Purchased

 (YYYY)

* Purchase Price

* Current Resale Value (Pre - Disaster)

* Property Type

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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

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

Address Line 2

City State Zip Code

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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 type="text"/>	<input type="text"/>
Hazard Insurance	<input type="text"/>	<input type="text"/>

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Please list other assets you own If you are unsure how to complete this screen, please select **help**.

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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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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Rent/Lease Information If you are unsure how to complete this screen, please select **help**.

Street Rural Route

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

Address Line 2

* City * State * Zip Code * County

Landlord

* Name

Address

Phone Number

* Rent/Lease Amount * Frequency

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Rent/Lease Information If you are unsure how to complete this screen, please select **help**.

Street Rural Route

Rural Route * Number Box

Address Line 2

* City * State * Zip Code * County

Landlord

* Name

Address

Phone Number

* Rent/Lease Amount * Frequency

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Summary of Business Financial Documents

Please review the below summary of your financial documents. If you would like to edit or delete information on this screen, you may do so now. If you are unsure how to edit or delete information, please select **help**.

ABC Corporation

Profit & Loss Statement

Net Profit \$250,000

Balance Sheet

Net Worth \$1,250,000

Schedule of Liabilities

Liabilities Entered

Monthly Sales Figures

Sales Entered

Edit

Delete

Johnson Wax, LTD

Profit & Loss Statement

Submit Offline

Balance Sheet

Submit Offline

Schedule of Liabilities

Submit Offline

Edit

ACME Corporation

Profit & Loss Statement

Submit Offline

Balance Sheet

Net Worth \$4,250,000

Schedule of Liabilities

Submit Offline

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Options for Submitting Financial Information

Below are the methods, which you may use to submit your financial documents. Please print this screen for you information.

- 1. Online:** This is the best way to submit your financial information. You should have available to you all the financial information necessary to complete this document. If you do not, you may want to select another option of deliver to the SBA.
- 2. E-mail:** Include your Electronic Loan reference # **1000000001** and your full name in the subject line of your e-mail. E-mail your documents as an attachment to: **ela.doc@sba.gov**
- 3. Fax:** Include your Electronic Loan reference # **1000000001** and your full name on each page of the faxed document. Send the Fax to SBA at: **817-XXX-XXXX**
- 4. In-Person:** Customer Service Representatives may be available in your area. Visit www.sba.gov for the location of a center near you. If you cannot find a location, contact our Customer Service Center at (800) 659-2955, or (800) 877-8339 for customers with speech or hearing disabilities.
- 5. Mail:** Include your Electronic Loan reference # **1000000001** and your full name on each page. Mail the documents to SBA at:

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

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Financial Document Delivery Options

Select the method you wish to use to deliver your financial information to the SBA. If you are unsure how to complete this screen, please select **help**.

ABC Corporation

Profit & Loss Statement

Complete Online

Submit Offline

Balance Sheet

Complete Online

Submit Offline

Schedule of Liabilities

Complete Online

Submit Offline

Monthly Sales Figures

Complete Online

Submit Offline

Johnson Wax, LTD

Profit & Loss Statement

Complete Online

Submit Offline

Balance Sheet

Complete Online

Submit Offline

Schedule of Liabilities

Complete Online

Submit Offline

ACME Corporation

Profit & Loss Statement

Complete Online

Submit Offline

Balance Sheet

Complete Online

Submit Offline

Schedule of Liabilities

Complete Online

Submit Offline

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Profit & Loss Statement (For Last 2 Years) for XYZ Corporation

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

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Balance Sheet for XYZ Corporation

	Date MM/YYYY	<input type="text"/>
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	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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Additional Information for XYZ Corporation

In order for SBA to calculate your full eligibility please provide monthly sales figures for the 3 years prior to the disaster. **Note:** The total figures for each year should reconcile to the sales figures on your tax returns for the corresponding year.

Month	2005	2006	2007	Current year to date
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total				

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Additional Information for Commercial Fisherman

Licenses Required (Copy of each for both Vessel and Individual)

1. Commercial Fisherman's License
2. Oyster Dredge License
3. Commercial Fishing Boat License

EXCEPTION: If a fisherman is licensed as a Commercial Bait or Bay Shrimper, he/she is exempt from needing a Dredge and Commercial Fishing Boat License.

Proof of Boat Ownership (copy of each)

1. Bill of Sale, Title to Boat or Documentation Papers (from Coast Guard)
2. Current Registration Receipt.

Monthly Sales & Catch Figures

1. Provide Monthly Sales (in \$) & Catch Figures (in lbs.) beginning 3 years prior to the disaster continuing through the most recent month available.
2. Please note: The total figures for each year should reconcile to the sales figures on your tax returns for the corresponding fiscal years.

Month	2005		2006		2007		To Date/Current Year	
	\$ Sales	Catch#	\$ Sales	Catch#	\$ Sales	Catch#	\$ Sales	Catch#
January								
February								
March								
April								
May								
June								
July								
August								
September								
October								
November								
December								
Total								

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

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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 devices to minimize or protect against future damage from the same type of disaster event). It is not necessary for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before any loan increase.

By checking this box, you are interested in having SBA consider this increase.

I am interested in Hazard Mitigation

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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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* 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)

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* Has the business or a listed owner 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

* Is the business or a listed owner currently suspended or debarred from contracting with the Federal government or receiving Federal grants or loans?

Yes No

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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

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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?

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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Loan Representative Information

Did anyone other than an SBA representative assist you in completing this application, whether you paid a fee for this service or not?

- Yes
- No

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Loan Representative Information

* Name Company

Contact Phone Number

Current Mailing Address

Street Post Office Box

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

Address Line 2

City State Zip Code

Fee Charged

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Loan Representative Information

* Name Company

Contact Phone Number

Current Mailing Address

Street Post Office Box

Postal Type Box Number

Address Line 2

City State Zip Code

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*** 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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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 required to sign this statement at loan closing.

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

You cannot use the Enter Key or special characters

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The following item(s) are necessary to submit your application. You may enter them below, or exit and return later to provide the information. If you choose to return later, you will be returned to this page when selecting "Continue An Existing Application" after logging back into the website.

Business Primary Applicant SSN

Enter Number xxx-xx-xxxx

Business Primary Applicant EIN

Enter Number xx-xxxxxxx

Business Owner Social Security Number

Enter Number xxx-xx-xxxx

Business Owner EIN

Enter Number xx-xxxxxxx

To assist you in gathering the information, you may print your list of missing information by clicking the Print List button .

Print List

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ABC Corporation Ref# 1000000752

Before SBA can process your application, you must provide a completed Tax Information Authorization (IRS Form 8821) for the applicant, each owner, principal and affiliate.

Tax Information Authorization (IRS Form 8821)

Applicant:

- [ABC Corporation](#)

Owner(s):

- [Smith, Hanna](#)
- [Smith, Mark E](#)

Affiliate(s):

- [Z Company](#)
- [Joe's Dinner](#)

Click on the name to view the IRS Form 8821. Print and return the signed IRS Form 8821 to SBA (**You must include your 10 digit reference # and full name**) by:

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

In-Person You can click on <http://www.sba.gov> for the location of a center near you. If you cannot find a location, contact our Customer Service Center @ (800) 659-2955, or (800) 877-8339 for people with speech or hearing disabilities.

Also provide the following:

A current (within 1 month of the application date) pay stub for:

- [Smith, Hanna](#)

Hard copies of Federal Income Tax Returns

Applicant:

- [ABC Corporation](#) Tax Years 2005, 2006, and 2007

Owner(s):

- [Smith, Hanna](#) Tax Years 2007
- [Smith, Mark E](#) Tax Years 2007

Affiliate(s):

- [Z Company](#) Tax Years 2007
- [Joe's Dinner](#) Tax Years 2007

ABC Corporation Financial Documents

(Financial items completed online will not appear below but will be included when you submit this application.)

- Profit and Loss (dated within 90 days of application)
- Balance Sheet (dated within 90 days of application)
- Schedule of Liabilities
- Monthly Sales Figures

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Submit Application

To finish, click **Submit**.

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Do you need to enter another application?

- Yes
- No

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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 acknowledge. 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”

I Acknowledge

Exit & Close Browser

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 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

You must agree to continue. 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. Click CANCEL to close message to check I Agree check box. Click OK to exit and close browser.

CANCEL

OK

Your application has been submitted. Your application will not be considered complete until you submit the required supporting documentation. Your Reference Number is **1XXXXXXXXXX**. Please write it down for future reference.

OK

You have changed the delivery method or device used to receive your validation code. You must login to verify that your selection is working properly. If you are unable to log back in, please call our Customer Service Center at (800) 659-2955 or (800) 877-8339 for individuals with speech or hearing disabilities.

OK

Your Registration is successful and complete.

OK

Do you wish to delete this information?

Yes

No