

DEPARTMENT OF HOMELAND SECURITY
 FEDERAL EMERGENCY MANAGEMENT AGENCY
CERTIFICATION OF ELIGIBILITY FOR COMMUNITY DISASTER LOANS

O.M.B. No 1660-0083
 Expires June 30, 2009

PAPERWORK BURDEN DISCLOSURE NOTICE

Public reporting burden for this form is estimated to average 2.5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing and submitting the form. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing the burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 500 C Street, SW, Washington, DC, 20472, Paperwork Reduction Project (1660-0083). **NOTE: Do not send your completed form to this address**

- | | <u>YES</u> | <u>NO</u> |
|---|--------------------------|--------------------------|
| 1. Does State law prohibit your municipality from incurring the indebtedness from a federal loan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has the disaster caused revenue loss greater than 5% of total revenue estimated for the fiscal year of the disaster or the following fiscal year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has the loss of revenue or the increase in disaster-related un-reimbursable expenses adversely affected the level and/or the categories of essential municipal services provided prior to the disaster? If yes, explain. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there insufficient funds to meet current fiscal year operating requirements? If yes, what measures are you taking to meet financial obligations? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is cash or other liquid assets available from the previous fiscal year? If yes, how long will the cash or liquid asset last given your current financial projections? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Were revenue producing businesses displaced due to property destruction? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you reduced or eliminated essential municipal services? If no, do you plan on doing this? If so, when? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are you in danger of municipal insolvency? | <input type="checkbox"/> | <input type="checkbox"/> |

By signing this certificate, the applicant representative hereby confirms the following:

- All statements are made truthfully, as fairly and accurately as possible.
- All statements are in accordance with any federal, state, and local laws, standards, and regulations.

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| SIGNATURE OF APPLICANT REPRESENTATIVE | DATE |
| NAME OF APPLICANT REPRESENTATIVE | TITLE |
| NAME OF APPLICANT PARISH/COUNTY | STATE |
| APPLICANT REPRESENTATIVE CONTACT EMAIL | PHONE |