



IMMEDIATE DISASTER ASSISTANCE PROGRAM (IDAP)

Lender's Application (Part I)

(To be completed and signed by the participating lender that is requesting an SBA guaranty for the loan application and submitted to SBA through <http://eweb.sba.gov/gls>.)

Disaster Declaration No. _____
Small Business Direct Disaster Loan Application No. (if known) _____

Small Business Borrower Name: _____
Check the legal business structure that applies: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation

Trade Name (dba): _____	(if no trade name, enter "NA")
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Borrower Contact: <input type="checkbox"/> Mr <input type="checkbox"/> Ms First _____ MI <input type="checkbox"/> Last _____
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Borrower Street: _____

Borrower City: _____	County: _____	State: _____	Zipcode: _____
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Borrower Phone #: _____

Borrower Tax ID #: _____

SSN# of Principal (controlling owner of borrower) _____

Loan Amount: \$ _____	Loan Maturity _____
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Initial Period Interest Rate as published in the Federal Register for IDAP Loans _____
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Term Period Interest Rate	<input type="checkbox"/> Prime rate* + _____ (not to exceed maximum published in the Federal Register) *in effect on the first business day of the month as identified in a national financial newspaper
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<input type="checkbox"/> Outstanding SBA Loan. If checked, Loan No. _____

NAICS Code: _____	No. of Employees (on disaster date): _____
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<input type="checkbox"/> Franchise? If checked, Franchise Name: _____

Use of Loan Proceeds	Amount (Total Dollars)
Repair/Replace Disaster Damage to Real Property	\$ _____
Repair/Replace Disaster Damage to Business Personal Property	\$ _____
Working Capital	\$ _____
Total	\$ _____

Credit Score used (optional) _____	Select Agency <input type="checkbox"/> Equifax <input type="checkbox"/> TransUnion <input type="checkbox"/> Experian
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Application Fee charged to Borrower, if any: _____ (Limit: \$250)

Lender Name: _____	Lender ID: _____
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Lender Contact: <input type="checkbox"/> Mr <input type="checkbox"/> Ms First _____ MI <input type="checkbox"/> Last _____
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Lender Contact Phone #: _____	Lender Contact Fax #: _____
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Lender E-mail: _____

NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 10 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington DC 20416. **PLEASE DO NOT SEND FORMS TO THIS ADDRESS.**