ELA Re-Design OMB / PRA Submission

Business Application Page Review and New Enhancements

Last Update: 11/10/2011

Revision History

Release No.	Date	Revision Description
1.0	10/27/11	Initial creation
1.1	11/10/11	Change label "Table of Contents" to "Summary provided to facilitate OMB review." Deleted "Dags Tree" from decument.
		 Deleted "Page Tree" from document Section 1.4 Welcome – Registration Process SC 34; revised information text to remove reference to "Anakam".
		 Section 1.26 Form View – Business Application Page 2 SC 332; corrected typo error "as" to "is".
		 Section 1.29 Form View – Affiliates SC 281; revised information text to clarify when page will be viewed.
		 Section 1.20.1 Welcome – False Statements SC 241; revised text in to insert IG requested language.
		 Section 1.34.1 Form View – Submit SC242; inserted new page for user to certify application is true and correct and review false statements language for a second time.
		 Section 1.35.1 Log Out (Not Submitted); revised information text to add "or "Log Out".
		 Section 1.36.11 Log Out (Submitted); revised information text to add "or "Log Out".

This OMB / PRA review and approval of the ELA includes a re-design of ELA to discontinue the current "Wizard" approach and the introduction of form fill application for the SBA Form 5 as it has been re-designed.

We have strived to incorporate the revised paper application into ELA using the same language and format. The only language change is in the "Other Information" section where Headquarters has approved the approach of asking questions in such a manner as the applicant will be required to reply either "Yes" or "No". This is the same approach as exists today in the wizard ELA.

We recognize that many applicants of Business applications may have more than one damaged property or owner. Each of these sections on the form fill SBA Form 5 have links what will allow the user to add as many records as are required.

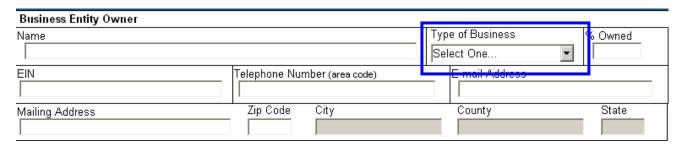
While creating the electronic form fill documents, we have kept industry best practices for basic web functionality. These are:

- Web navigation, e.g. Next, Previous, Help, and Log Out buttons and links.
- Use of radio buttons instead of check boxes to prevent multiple selections when only one is desired.

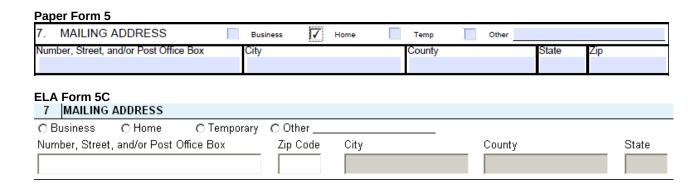
Paper Form 5 ORGANIZATION TYPE Sole Proprietorship Partnership Limited Partnership Limited Liability Entity Nonprofit Organization Corporation Trust Other: **ELA Form 5** C Limited Liability Entity C Sole Proprietorship C Partnership C Limited Partnership Other: C Corporation O Nonprofit Organization C Trust The use of List of Values (LOV) to standardize data selection to match existing DCMS data fields.

Paper Form 5 **Business Entity Owner** FIN Type of Business Ownership Name Mailing Address State City Email Address Phone

ELA Form 5



- Field validation to prevent unsafe import of data into DCMS.
- Field formatting to assist the user when entering dates and other number values.
- Zip Code validation to speed the user experience by populating City, State, and County address fields based on the zip code
 entered. If the zip code covers more than one county, the applicant will be able to select the correct one. This is the same
 functionality that exists today in DCMS.



- Use of business rules to drive some functionality (such as the zip code validation) is necessary but will be limited.
- On the ELA Form 5, #3 and #4 will dynamically display depending on the organization type.

Legal entities (Corporation, LLC etc.:

3	APPLICANT'S LE	GAL NAME		4	FEDERAL E.	.l.N. (if applicable)
Sole	Prop:					
3	* APPLICANT'S	LEGAL NAME			4 * FE	DERAL S.S.N.
First	Name N	Middle Name	Last Name	Suffix		

• ELA Form 5 #12 Business Property Is: (below) will be removed and the "Owned" and "Leased" will be added to #8 Damaged Property Address. Also, # 17 Insurance will be removed and also added to #8 Damaged Property Address. This is necessary since we are proposing that the ELA be allowed to permit the user to add as many damaged property records as they need to. The "Owned" or "Leased" and the insurance information must be associated with each damaged property.

12. BUSINESS PROPERTY IS:	Owned	Leased
AND		

17. IF YOU HAVE ANY TYPE OF INSURANCE, PLEASE COMPLETE THE FOLLOWING:						
Name of Insurance Company and Agent						
Phone Number of Insurance Agent	Policy Number					

New ELA #8 – The user will be able to add as many damaged properties as they need to and the critical information "Owned" or "Leased" and insurance information will be tied to each property.

8	8 DAMAGED PROPERTY ADDRESS(ES) (if you need more space, use #21)						
	Same as mailing address O Owned O Leased Number and Street Name Zip Code City County State						
Name of Insurance Company and Agent Type of Coverage Select (ect One		
Phon	e Number of Insurance Agent		Policy Number				
Add	another damaged property						

Adding a damaged property

Adding a damaged property							
8 DAMAGED PROPERTY ADDRESS(ES) (if you need more space, use # 21)							
Same as mailing address		BUSINESS PROPER	RTY IS: O Owned	C Leased			
Number and Street Name	Zip Code	City	County	State			
Name of Insurance Company and Agent		Ту	pe of Coverage Sele	ct One			
Phone Number of Insurance Agent		Policy Number					
DAMAGED PROPERTY # 2 DELETE							
☐ Same as mailing address		BUSINESS PROPER	RTY IS: O Owned	C Leased			
Number and Street Name	Zip Code	City	County	State			
Name of Insurance Company and Agent		Ту	pe of Coverage Sele	ct One			
Phone Number of Insurance Agent		Policy Number					
Add another damaged property							

• Also on the Form 5 page 2, Owners will also be different in ELA. ELA will have an "Individual Owner" panel as well as a "Business Entity Owner" panel. The user will be able to add additional owners for either.

• Current Owners display on paper application.

Paper Form 5

17. OWNERS	(Individuals	and businesses.)									nterest and each
	(If you need	l more space attach add	ditional sheets.)	general	partner, o	r 3) stockholder	or enti	ty owning 20%	or more v	oting stock.	
Legal Name						Title/Office		% Owned	E-mail A	Address	
SSN/EIN*		Marital Status	Date of Birth*	Pla	ace of Bi	rth*		Telephone	Number	(area code)	US Citizen
											Yes No
Mailing Address						City				State	Zip
, and the second											
Legal Name						Title/Office		% Owned	E-mail A	Address	
SSN/EIN*		Marital Status	Date of Birth*	Pla	ace of Bi	rth*		Telephone	Number	(area code)	US Citizen
											Yes No
Mailing Address						City				State	Zip
* For information about	these question	s, see the attached Statem	ents Required by Laws an	d Executive	Orders.	•				'	+
Business Entity O	wner				EIN			Type of Bus	iness		% Ownership
Name								,,			·
Mailing Address					Citv				State	IZip (Code
· ·					,						
Email Address							Pho	ne			

ELA Owners – the user will be able to add as many "Individual Owner" and "Business Entity Owner" records as they need to.

ELA	Form 5				
16	OWNERS (individual and business) (if you need more space, use # 21 on last p	age)	interest and each	n: 1) proprietor, or 2) limited parner general partner, or 3) stockholder lain Citizen NO answer(s) in #21 or	or entity owning 20% or more
Indiv	vidual Owner				
First	Name Middle Name	Last Name	Suffix Title/0	Office % Owned E-ma	il Address
SSN	Marital Status	Date of Birth	Place of Birth	Telephone Number	(area code) U.S. Citizen? O Yes O No
Mailir	ng Address	Zip Code	City	County	State
	addition to ownership in applicant nai ed partnership, or LLC?		ividual owner own 20 ⊃ No	% or more of another corpora	tion, partnership,
Add	another individual owner				
Busi	ness Entity Owner				
Name	9			Type of Business Select One	% Owned
EIN		Telephone Nur	mber (area code)	E-mail Address	
Mailir	ng Address	Zip Code	City	County	State

OWNERS (if you need more space, use #21 on last page) Complete for each: 1) proprietor, or 2) limited parner who owns 20% or more interest and each general partner, or 3) stockholder or entity owning 20% or more voting stock. Explain any IIO answers in #21 on last page.							
ndiv	idual Owner						
irst	Name	Middle Name	Last Name	Title/Office	% Owned	E-mail Address	
SN		Marital Status	Date of Birth	Place of Birth	Telenhone N	⊥ ⊔mber (area code)	ILS Citizen?
		I States		I lace of Billin		arriber (area coae)	C Yes C No
1ailin	g Address		Cit	ty	County		State
	•						
mite	iddition to owne d partnership, o idual Owner#	r LLC?	me, does Individual Ov O Yes O No	wner name own 20% or	more of anothe	r corporation, pa	tnership,
irst	Name	Middle Name	Last Name	Title/Office	% Owned	E-mail Address	
SN		Marital Status	Date of Birth	Place of Birth	Telephone N	<u>l ^</u> ⊔mber (area code)	U.S. Citizen?
.O14		Marital Otatus	Date of Billin	I lace of Billin	1 sichilone Idi	amber (area code)	O Yes O No
4 111	0.11		Zip Code Cit	1	Country		State
1ailin	g Address		Zip Code Cit	ı, A	County		State
	another indivi		guestion has a cr	nace for the user to		e. ELA will in	ecert a LOV
ne n Pape O. Is a	ames of the er Form 5 s the applicant of under indictment	nt, on parole or probation which have been dism	owners. als listed in Item 19 cu on; b) charged with or an issed, discharged, or no	rrently, or have they <u>eve</u> rested for any criminal offe ot prosecuted; or c) convict	er_been: ense other than a ted, placed on pr	etrial diversion, or	cle violation,
ne n Pape O. Is a	ames of the er Form 5 s the applicant of under indictment	applicant and all or any of the individuant, on parole or probation which have been dism	owners. als listed in Item 19 cu on; b) charged with or an issed, discharged, or no	rrently, or have they <u>eve</u> rested for any criminal offe t prosecuted; or c) convict ion, for any criminal offens	er_been: ense other than a ted, placed on pr	etrial diversion, or	cle violation,
ape 0. Is a in fo	ames of the er Form 5 s the applicant of) under indictment actualing offenses orm of probation, Form 5	applicant and all or any of the individuant, on parole or probation which have been dismincluding adjudication	owners. als listed in Item 19 cu on; b) charged with or an issed, discharged, or no withheld pending probati Yes No	rrently, or have they <u>eve</u> rested for any criminal offe t prosecuted; or c) convict ion, for any criminal offens	er_been: ense other than a ted, placed on pr se other than a m	etrial diversion, or	cle violation,

ELA OMB / PRA 2012 Submission Summary provided to facilitate OMB review

. Welcome - Terms of Use SC 30;	12
First page viewed by user when accessing the Electronic Loan Application	12
1.1.1. User View	12
1.2. Welcome - Login – Register SC 31;	13
New users will click the "Register" button while returning users can simply "Login"	13
1.2.1. User View	13
1.3. Welcome – Status SC 33;	14
This page will be developed in the future. It will be designed so the user will not have to "Lo	gin" to ELA. No PII
information will be displayed as a result of this page	14
1.3.1. User View	14
1.4. Welcome - Registration Process SC 34;	15
This page gives a little information about the registration process and includes a statement	that is required by the
contractor SBA uses to validate the identity of the users of ELA	15
1.4.1. User View	15
1.5. Welcome - Registration Page 1 SC 60;	16
The first page of the registration collects the user personal information that we will use to au	thenticate who they
are	16
1.5.1. User View	16
1.6. Welcome - Registration Page 2 SC 62;	17
User establishes their user ID and password and selects the security questions and gives a	nswers that will be
used should the user forget their password or ID	17
1.6.1. User View	17
1.7. Welcome - Pass Code Delivery SC 61;	18
User selects how they wish to receive their authentication pin	18
1.7.1. User View	18
1.8. Welcome - Authentication Challenge; after receiving their authentication pin, the user is	prompted to enter the
pin code on this page	19
1.8.1. User View	19
1.9. Welcome – Navigation SC 32;	20
The user is given information as to the proper use of navigation in the application	20
1.9.1. User View	20
1.10. Welcome - Auth Failure SC 100;	21
Should we be unable to authenticate the users' identification, they are instructed to contact	
center	21
1.10.1. User View	21
1.11. Welcome - Change Password – Temporary SC 130;	22

When the user has forgotten their password, we send them a temporary password. The user must create a ne	эw
password on this page	22
1.11.1. User View	22
1.12. Welcome - Expired Password SC 131;	23
User passwords are only good for 90 days. When the password has expired, they are directed to this page to	
create a new one	23
1.12.1. User View	23
1.13. Welcome - Don't Remember Password SC 132;	24
When the user clicks the "Don't remember password" link on the login page, they are directed here where they	/
must correctly answer to a system generated question the user has previously given us. Then we send them	a
temporary password	24
1.13.1. User View	24
1.14. Welcome - Returning Users SC 141;	25
Users returning to complete their applications will see a list of the open application in the ELA. They may also	1
start a new application should the need arise	25
1.14.1. User View	25
1.15. Welcome - New Users SC 141;	26
New users must choose what type of application they wish to start on this page	26
1.15.1. User View	26
1.16. Welcome – Business SC 170;	27
Business applicants must select the type of organization and damages sustained in order for the system to	
generate the correct list of open disaster declarations	27
1.16.1. User View	27
1.17. Welcome – Selection SC 210;	28
The user enters the zip code of the damaged property and the system will populate the "State" and "County" fi	elds
When they click "Search" button, based on the state and county and information gathered on the "Home" or	
"Business" pages, the system will generate a list of open declarations	28
1.17.1. User View	28
1.18. Welcome - Selection 2 SC 210;	29
This is a representation of the list open disaster declarations the user must select from	29
1.18.1. User View	29
1.19. Welcome - Statements and Exec (Business) SC 240;	30
Business applicants must also acknowledge that they have read the statements before they can move on	30
1.19.1. User View	30
1.20. Welcome - False Statements SC 241;	31
All applicants must acknowledge the False Statements & Omissions notice before they can move on	31
1.20.1. User View	31
1.21. Form View - Business Requirements SC 262;	32
Business applicants will follow the same flow process as do home applicants. When they first come to the page	је,
they are prompted to click on the link next to the blue arrow which takes them to the business SBA Form 5	32
1.21.1. User View	32
1 22 Form View - Rusiness Requirements 2 SC 262	33

After they have completed the SBA Form 5, the applicant returns here and the blue arrow moves to the next ste	ęp
in their process. Each individual owner is listed with a link to the 413 and a link to download the document. The	Э
arrow moves down each time the user either completes the form online or downloads the document	.33
1.22.1. User View	. 33
1.23. Form View - Business Requirements 3 SC 262;	.34
Once all the documents are completed or downloaded for later submission, they are prompted to submit the	
application to the SBA	. 34
1.23.1. User View	. 34
1.24. Form View - Business Application Page 1 (Entity) SC 331;	.35
Sections 1, 2, and 3 will dynamically change on the page to meet the needs of the user. An applicant that said	
they have physical damage to real estate will dynamically populate Section 1 and it may not be edited. Section	2
will display the organization type they have previously selected and it also in not editable. If the applicant is a le	gal
entity (LLC, corporation, etc), Section 3 will display the "Applicant's Legal Name" label and fields and Section 4	
"EIN" labels and fields. The page is also modified to collect insurance information in Section8 "Damaged Prope	rty
Address (es)"	. 35
1.24.1. User View	. 35
1.25. Form View - Business Application Page 1 (Sole Prop) SC 331;	.36
If the applicant is a Sole Proprietorship, Section 3 change to collect the applicants "First Name, Middle Name, L	.ast
Name" and Section 4 changes to collect the SSN. This information is also populated in the Section 16 "Individu	al
Owner"	. 36
1.25.1. User View	. 36
1.26. Form View - Business Application Page 2 SC 332;	.37
Page 2 is the same as the paper application in that we collect information on both individual and entity owners.	In
ELA, the applicant may add owners as they need to	.37
1.26.1. User View	.37
1.27. Form View – Business Application Page 3 SC 333;	.38
This new page will give the user the ability to add any information they wish. When the SBA Form 5 is populate	:d
in DCMS, any items added will display on this page	.38
1.28. User View	. 38
1.29. Form View – Affiliates SC 281;	. 39
This page only will appear when the user has indicated that the applicant or any owner owns 20% or more of	
another business	. 39
1.30. User View	. 39
1.31. Financial - Schedule of Liabilities SC 970;	.40
A Schedule of Liabilities form is provided should the applicant be able to complete it online or they can downloa	.d
the document from the Requirements page	.40
1.31.1. User View	.40
1.32. Financial - Personal Financial Statement Page 1 SC 985;	.41
The user will come to this document for each individual owner listed on the SBA Form 5 if they select the link or	1
the Requirements page. Data of the specific owner selected will populate the first section of the form	.41
1.32.1. User View	.41
1.33. Financial - Personal Financial Statement - Page 2 SC 986:	.42

Continuation of the SBA Form 413	42
1.33.1. User View	42
1.34.1. Form View – Submit SC242:	43
After the user clicks the "Submit" button on the Business Requirements page, they will see this page that w	/ill
require that they click the "I Certify check box before their application can be submitted to DCMS	43
1.34.2. User View	43
1.35.1. Log Out (Not Submitted);	44
New message that displays when the user clicks the "Exit" or "Log Out" links and has not submitted their	
application	44
1.35.2. User View	44
1.36. Log Out (Submitted);	44
New message that displays when the user clicks the "Exit" or "Log Out" links and has been submitted their	
application	44
1.36.1. User View	44

1. Welcome - Terms of Use SC 30;

First page viewed by user when accessing the Electronic Loan Application.

1.1.1. User View







Disaster Loan Application





Notice - Terms of Use

Help? Exit

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 intra net 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, copied, audited, and/or inspected by authorized Small Business Administration (SBA) personnel, the Office of Inspector General (OIG),and/or other law enforcement personnel, as well as authorized officials of other agencies, both domestic and foreign.

Access or use of this computer by any person, whether authorized or unauthorized, constitutes consent to such interception, monitoring, reading, capturing, recording, disclosure, copying, auditing, and/or inspection at the discretion of authorized SBA personnel, law enforcement personnel (including the OIG), and/or authorized officials of other agencies, both domestic and foreign. Unauthorized use of, or exceeding authorized access to, this system is prohibited and may constitute a violation of 18 U.S.C. § 1030 or other Federal laws and regulations and may result in criminal, civil, and/or administrative action. By continuing to use this system, you indicate your awareness of, and consent to, these terms and conditions and acknowledge that there is no reasonable expectation of privacy in the access or use of this computer system.

IAGREE

PLEASE NOTE: Your responses to the requested information are required in order to obtain a benefit under our Disaster Loan Program. However, you are not required to respond to any collection of information unless it displays a currently valid OMB approval (control) number.

OMB Control No. 3245-0017 OMB Control No. 3245-0018 Exp. 2/29/2012

1.2. Welcome - Login - Register SC 31;

New users will click the "Register" button while returning users can simply "Login"

1.2.1. User View



1.3. Welcome - Status SC 33;

This page will be developed in the future. It will be designed so the user will not have to "Login" to ELA. No PII information will be displayed as a result of this page.

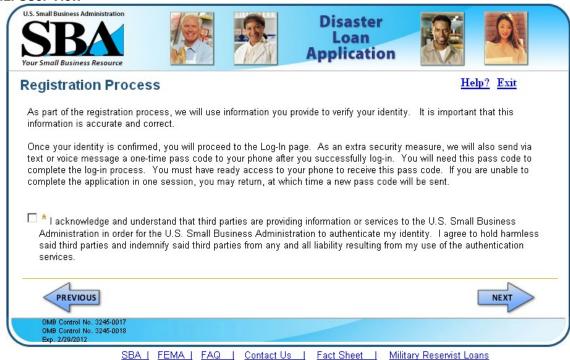
1.3.1. User View



1.4. Welcome - Registration Process SC 34;

This page gives a little information about the registration process and includes a statement that is required by the contractor SBA uses to validate the identity of the users of ELA.

1.4.1. User View



1.5. Welcome - Registration Page 1 SC 60;

The first page of the registration collects the user personal information that we will use to authenticate who they are.

1.5.1. User View

ser Registration (Part 1	of 2)		Help? Exit
First Name	/II * Last Name		Suffix Select a Suffix ▼
Social Security Number (### ## ####) \	Vhy we need this?	* Date of Birth (MM/DL	<u> </u>
ailing Address (<i>pre-disaster</i>) <u>Why w</u>	e need this?		
Address Line 1	_		
Address Line 2			
Zip Code City	State	County	
-Mail Address Why we need this?	Re-enter E-	Mail Address	
s an additional security measure, we w to the disaster loan application once y hone to receive your pass code to log-ir	ou complete the registr	e "pass code" to your pl ation process. You mu:	hone which you will need to log st have ready access to your
Primary Phone (###-### ####) <u>Why we</u>	need this? Alternate P	hone (###-###-###)	
1			
PREVIOUS			NEXT

1.6. Welcome - Registration Page 2 SC 62;

User establishes their user ID and password and selects the security questions and gives answers that will be used should the user forget their password or ID.

1.6.1. User View

SBA ur Small Business Resource			Disaster Loan Application		
ser Registration (P	art 2 of 2)			<u>H</u> e	elp? Exit
Create Your User Name (Must	be at least 6 charac	ters)			
Create Your Password	- items: one uppe	ercase letter, one	nd must contain at least e lower case letter, one r % ^ & * () _ + - = [] { }	number, one special	
Confirm Password					
Security Question 1				* Security Answer	1
elect a Security Question 1			•		
Security Question 2				Security Answer 2	1
Gelect a Security Question 2			V	Security Answer 2	
8it 0it 2					
Security Question 3 Select a Security Question 3	5		<u> </u>	Security Answer 3	}
Please type the text appea Note: If you cannot view the ir code. Then enter the code in	nage for any reas		on the speaker icon to h	near the	
	追		® 8Um		
	* Ente	r characters fron	n the image above		
PREVIOUS					NEXT

1.7. Welcome - Pass Code Delivery SC 61;

User selects how they wish to receive their authentication pin.

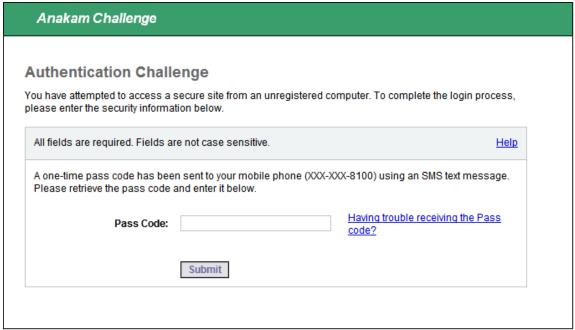
1.7.1. User View



18

1.8. Welcome - Authentication Challenge; after receiving their authentication pin, the user is prompted to enter the pin code on this page.

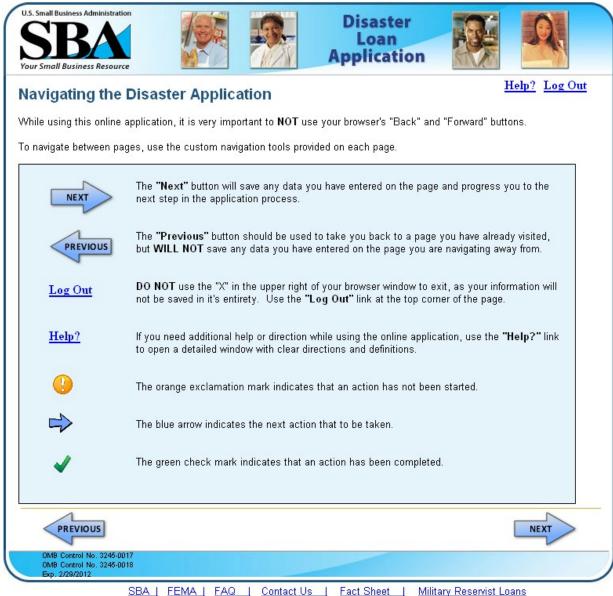
1.8.1. User View



1.9. Welcome - Navigation SC 32;

The user is given information as to the proper use of navigation in the application.

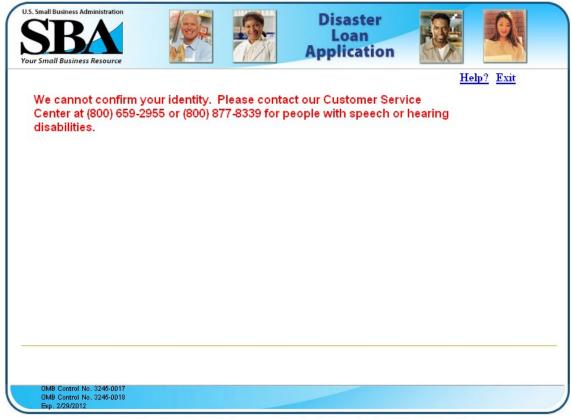
1.9.1. User View



1.10. Welcome - Auth Failure SC 100;

Should we be unable to authenticate the users' identification, they are instructed to contact our customer service center.

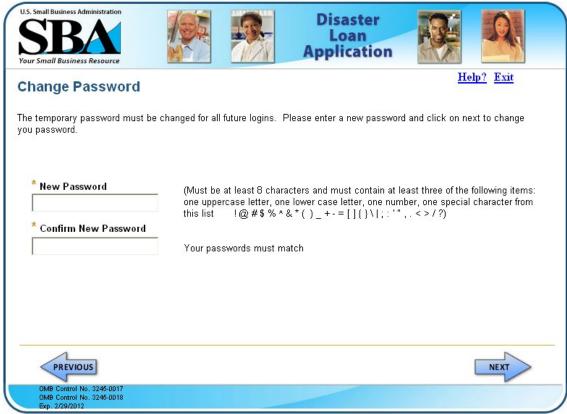
1.10.1. User View



1.11. Welcome - Change Password - Temporary SC 130;

When the user has forgotten their password, we send them a temporary password. The user must create a new password on this page.

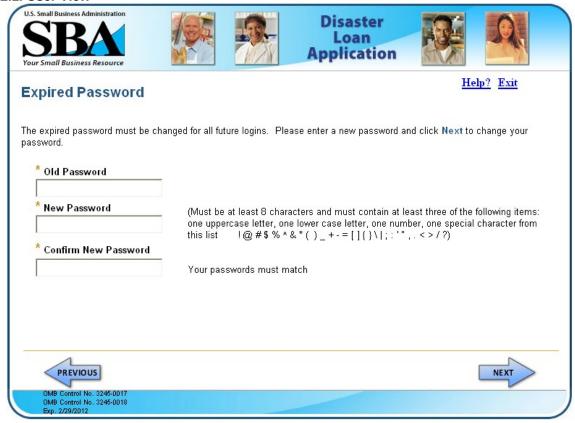
1.11.1. User View



1.12. Welcome - Expired Password SC 131;

User passwords are only good for 90 days. When the password has expired, they are directed to this page to create a new one.

1.12.1. User View



1.13. Welcome - Don't Remember Password SC 132;

When the user clicks the "Don't remember password" link on the login page, they are directed here where they must correctly answer to a system generated question the user has previously given us. Then we send them a temporary password.

1.13.1. User View



1.14. Welcome - Returning Users SC 141;

Users returning to complete their applications will see a list of the open application in the ELA. They may also start a new application should the need arise.

1.14.1. User View



1.15. Welcome - New Users SC 141;

New users must choose what type of application they wish to start on this page.

1.15.1. User View



1.16. Welcome – Business SC 170;

Business applicants must select the type of organization and damages sustained in order for the system to generate the correct list of open disaster declarations.

1.16.1. User View

Business Losses				Help? Log Out
Please select the type of o	rganization that	best describes y	your business.	
C Sole-Proprietor (including indi	viduals with income p	oroperties)		
C Corporation				
C Partnership				
C Private Non Profit Organiza	tion <i>(e.g religious, d</i>	charitable, communi	ty organizations)	
C Limited Partnership				
C Trust				
C Limited Liability Entity (LLC	LLP, etc.)			
Other Other				
W/L - 4.4 6.1 P.1		L - II 4b - 4 b A		
What type of damage did y				
Real Property (Including Lea.		A CONTRACTOR OF THE PARTY OF TH		
Business Contents (Machin	ery & Equipment, Fui	rniture & Fixtures, ai	nd Other Business Assets)	
☐ Inventory				
☐ Economic Injury (EIDL)				
☐ Economic Injury <i>(EIDL)</i> ☐ Military Reservist Economi	c Injury (MREIDL)			
	c Injury <i>(MREIDL)</i>			
	c Injury <i>(MREIDL)</i>			

1.17. Welcome - Selection SC 210;

The user enters the zip code of the damaged property and the system will populate the "State" and "County" fields. When they click "Search" button, based on the state and county and information gathered on the "Home" or "Business" pages, the system will generate a list of open declarations.

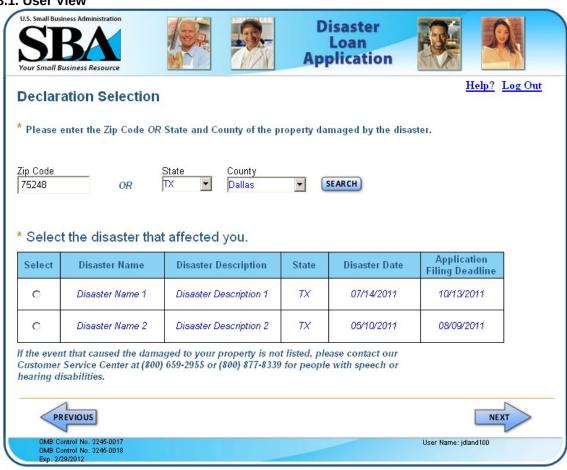
1.17.1. User View



1.18. Welcome - Selection 2 SC 210;

This is a representation of the list open disaster declarations the user must select from.

1.18.1. User View



1.19. Welcome - Statements and Exec (Business) SC 240;

Business applicants must also acknowledge that they have read the statements before they can move on.

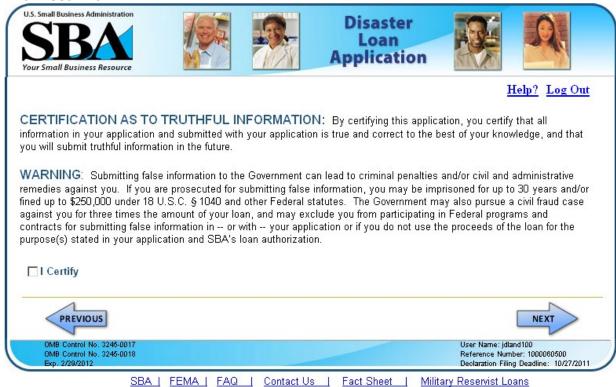
1.19.1. User View



1.20. Welcome - False Statements SC 241;

All applicants must acknowledge the False Statements notice before they can move on.

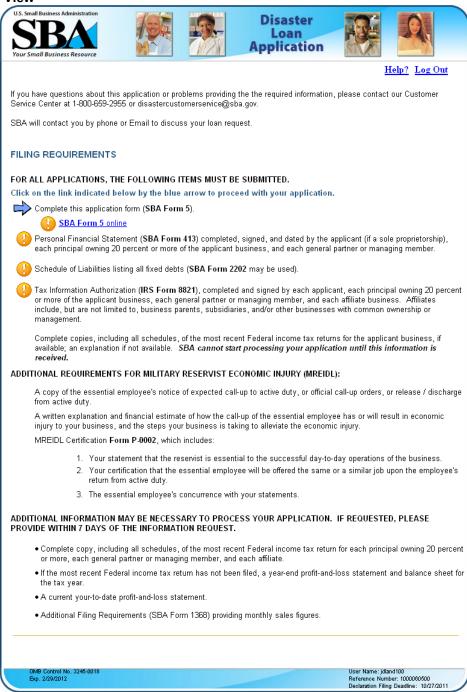
1.20.1. User View



1.21. Form View - Business Requirements SC 262;

Business applicants will follow the same flow process as do home applicants. When they first come to the page, they are prompted to click on the link next to the blue arrow which takes them to the business SBA Form 5.

1.21.1. User View



SBA | FEMA | FAQ | Contact Us | Fact Sheet |

Military Reservist Loans

1.22. Form View - Business Requirements 2 SC 262;

After they have completed the SBA Form 5, the applicant returns here and the blue arrow moves to the next step in their process. Each individual owner is listed with a link to the 413 and a link to download the document. The arrow moves down each time the user either completes the form online or downloads the document.

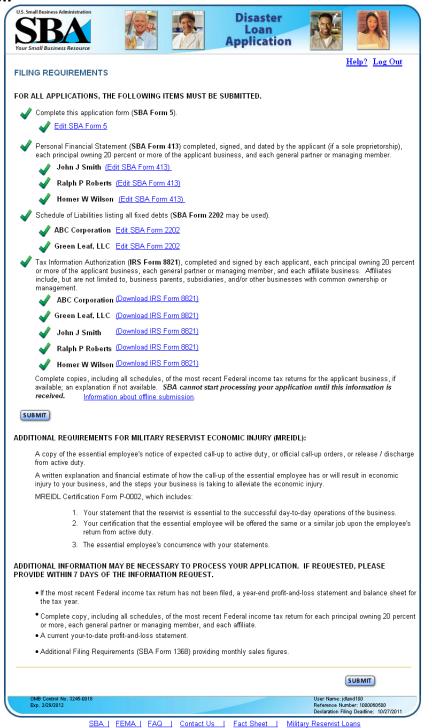
1.22.1. User View



1.23. Form View - Business Requirements 3 SC 262;

Once all the documents are completed or downloaded for later submission, they are prompted to submit the application to the SBA.

1.23.1. User View



1.24. Form View - Business Application Page 1 (Entity) SC 331;

Sections 1, 2, and 3 will dynamically change on the page to meet the needs of the user. An applicant that said they have physical damage to real estate will dynamically populate Section 1 and it may not be edited. Section 2 will display the organization type they have previously selected and it also in not editable. If the applicant is a legal entity (LLC, corporation, etc), Section 3 will display the "Applicant's Legal Name" label and fields and Section 4 "EIN" labels and fields. The page is also modified to collect insurance information in Section8 "Damaged Property Address (es)"

1.24.1. User View

U.S. Small Business Administration SBA Your Small Business Resource	Disaster Loan Application Help? Log Out
DISASTER BUSINESS LOAN APPLICATION	ION - Page 1 of 3
1 * ARE YOU APPLYING FOR: C Physical Damage indicate type of damage Real Property Business Contents C Economic Injury (EIDL) 2 * ORGANIZATION TYPE	○ Military Reservist EIDL (MREIDL) Name of Essential Employee Employee's Social Security Number
C Sole Proprietorship C Partnership C Li C Corporation C Nonprofit Organization C Tr	mited Partnership C Limited Liability Entity ust C Other:
3 * APPLICANT'S LEGAL NAME	4 * FEDERAL E.I.N. (if applicable)
5 TRADE NAME (if different from legal name)	6 BUSINESS PHONE NUMBER (including area code)
5 TRADE NAME (if different from legal name)	6 BUSINESS PHONE NUMBER (Including area code)
7 * MAILING ADDRESS C Business C Home C Temporary C Other	City County State
8 * DAMAGED PROPERTY ADDRESS(ES)	,
Same as mailing address Number and Street Name Zip Code	BUSINESS PROPERTY IS: Owned Cleased City County State
Name of Insurance Company and Agent	Coverage Type Select One
Phone Number of Insurance Agent	Policy Number
Add another damaged property	
9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) TO CO	NTACT FOR:
* Loss Verification Inspection	* Information necessary to process the Application
Tehephone Number	Telephone Number
10 * ALTERNATE WAY TO CONTACT YOU	
Cell#	E-mail
Fax#	Other
11 BUSINESS ACTIVITY:	12 NUMBER OF EMPLOYEES: (Pre-disaster)
13 DATE BUSINESS ESTABILISHED:	14 CURRENT MANAGEMENT SINCE:
* AMOUNT OF ESTIMATED LOSS: Real Esta If unknown, enter a question mark. Machinery & Equipment	te Inventory Leasehold Improvements
16 Does Primary Applicant name own 20% or more of a co	rporation, partnership, limited partnership, or LLC? C Yes C No
PREVIOUS	NEXT
OMB Control No. 3246-0018 Exp. 2/29/2012	User Name: jdland100 Reference Number: 1000060500 Declaration Filing Deadline: 10/27/2011

1.25. Form View - Business Application Page 1 (Sole Prop) SC 331;

If the applicant is a Sole Proprietorship, Section 3 change to collect the applicants "First Name, Middle Name, Last Name" and Section 4 changes to collect the SSN. This information is also populated in the Section 16 "Individual Owner".

1.25.1. User View

C Physical Damage indicate type of damage ☐ Real Property ☐ Business Contents C Economic Injury (EIDL) 2 ** ORGANIZATION TYPE	C Military Reservist EIDL (MREIDL) Name of Essential Employee Employee's Social Security Number
© Economic Injury (EIDL) 2 * ORGANIZATION TYPE	
2 * ORGANIZATION TYPE	Zimprojece decial decant, Haines
C Sole Proprietorship C Partnership	C Limited Partnership C Limited Liability Entity
C Corporation C Nonprofit Organization	C Trust C Other:
3 * APPLICANT'S LEGAL NAME	4 * FEDERAL S.S.N.
First Name Middle Name Last Name	Suffix
5 TRADE NAME (if different from legal name)	6 BUSINESS PHONE NUMBER (including area code)
7 * MAILING ADDRESS	<u> </u>
C Business C Home C Temporary C Other_ Number, Street, and/or Post Office Box Zip Code	
8 * DAMAGED PROPERTY ADDRESS(ES)	
☐ Same as mailing address	
Number and Street Name 7:- C	BUSINESS PROPERTY IS: O Owned C Leased
Number and Street Name Zip Code	
Number and Street Name Zip Cool	
Number and Street Name Zip Cod	
	de City County State
Name of Insurance Company and Agent Phone Number of Insurance Agent	de City County State Coverage Type Select One
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property	Coverage Type Select One
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property	Coverage Type Select One Policy Number
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To	Coverage Type Select One
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection	Coverage Type Select One Policy Number TO CONTACT FOR: * Information necessary to process the Application
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection	Coverage Type Select One Policy Number TO CONTACT FOR: * Information necessary to process the Application Name
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection Name Tehephone Number	Coverage Type Select One Policy Number TO CONTACT FOR: * Information necessary to process the Application Name
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection Name Tehephone Number 10 ALTERNATE WAY TO CONTACT YOU Cell #	Coverage Type Select One Policy Number FO CONTACT FOR: * Information necessary to process the Application Name Telephone Number
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection Name Tehephone Number 10 * ALTERNATE WAY TO CONTACT YOU Cell # Fax #	Coverage Type Select One Policy Number * Information necessary to process the Application Name Telephone Number E-mail Other 12 NUMBER OF EMPLOYEES:
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection Name Tehephone Number 10 * ALTERNATE WAY TO CONTACT YOU Cell # Fax #	Coverage Type Select One Policy Number * Information necessary to process the Application Name Telephone Number E-mail Other 12 NUMBER OF EMPLOYEES: (Pre-disaster)
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection Name Tehephone Number 10 * ALTERNATE WAY TO CONTACT YOU Cell # Fax # 11 BUSINESS ACTIVITY: 13 DATE BUSINESS ESTABILISHED:	Coverage Type Select One Policy Number * Information necessary to process the Application Name Telephone Number E-mail Other 12 NUMBER OF EMPLOYEES: (Pre-disaster) 14 CURRENT MANAGEMENT SINCE:
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection Name Tehephone Number 10 * ALTERNATE WAY TO CONTACT YOU Cell #	Coverage Type Select One Policy Number * Information necessary to process the Application Name Telephone Number E-mail Other 12 NUMBER OF EMPLOYEES: (Pre-disaster)
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection Name Tehephone Number 10 * ALTERNATE WAY TO CONTACT YOU Cell # Fax # 11 BUSINESS ACTIVITY: 13 DATE BUSINESS ESTABILISHED: * AMOUNT OF ESTIMATED LOSS: Real	Coverage Type Select One Policy Number * Information necessary to process the Application Name Telephone Number E-mail Other 12 NUMBER OF EMPLOYEES: (Pre-disaster) 14 CURRENT MANAGEMENT SINCE:
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection Name Tehephone Number 10 * ALTERNATE WAY TO CONTACT YOU Cell # Fax #	Coverage Type Select One Policy Number * Information necessary to process the Application Name Telephone Number E-mail Other 12 NUMBER OF EMPLOYEES: (Pre-disaster)
Name of Insurance Company and Agent Phone Number of Insurance Agent Add another damaged property 9 PROVIDE THE NAME(S) OF THE INDIVIDUAL(S) To * Loss Verification Inspection Name Tehephone Number 10 * ALTERNATE WAY TO CONTACT YOU Cell # Fax # 11 BUSINESS ACTIVITY: 13 DATE BUSINESS ESTABILISHED: 15 * AMOUNT OF ESTIMATED LOSS: If unknown, enter a question mark.	Coverage Type Select One Policy Number * Information necessary to process the Application Name E-mail Other 12 NUMBER OF EMPLOYEES: (Pre-disaster) 14 CURRENT MANAGEMENT SINCE:

1.26. Form View - Business Application Page 2 SC 332;

Page 2 is the same as the paper application in that we collect information on both individual and entity owners. In ELA, the applicant may add owners as they need to.

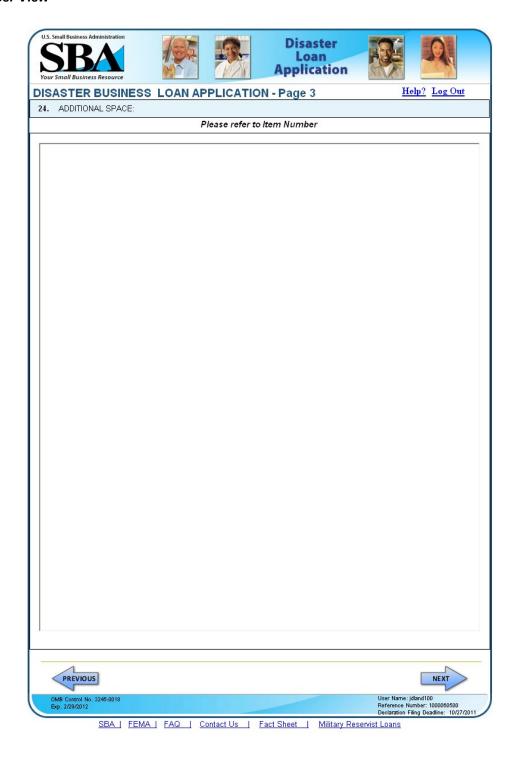
1.26.1. User View

Commerce		INESS LOAD	I APPLICAT		ication 8	Help? Lo	g Out
Mailing Address							
Individual Owner First Name Middle Name Last Name Suffix Title/Office % Owned Small Address SN Middle Name Last Name Suffix Title/Office % Owned Small Address SN Middle Name Last Name Suffix Title/Office % Owned Small Address SN Middle Name Suffix State St	16 OWNERS (individual (if you need more space	al and business) e, use # 21 on last page)	interest and each voting stock. Exp	general partner, or 3) st lain Citizen 110 answer(s	ckholder or entity ownir in #21 on last page.	g 20% or
SSN Minital Status Date of Birth Place of Bi		diddle Name I a	et Name				
Mailing Address				•			
"In addition to ownership in applicant name, does this individual owner own 20% or more of another corporation, partnership intered partnership, or LLC? Yes C No Made another individual owner Business Enth Owner Name Splect One. Splect One. Splect One. Splect One. In addition to ownership in applicant name, does this business entity owner own 20% or more of another corporation, partnership in applicant name, does this business entity owner own 20% or more of another corporation, partnership, or LLC? Yes C No Add another bursiness entity owner 17. For the applicant business and each owner listed in item 15, please respond to the following questions, providing detections on any agreement of the following questions, providing detections on any agreement of the following questions, providing detections on any agreement of the following questions, providing detections on any agreement of the following questions, providing detections on a first owner were been involved in a bankuptcy or insolvency proceeding? C Yes C No Add another bursiness or a listed owner who any outstanding judgments, tax lines, or pending lawards against C Yes them? B. Does the business or listed owner were been involved in a bankuptcy or insolvency proceeding? C Yes C No Heart of the following questions, providing detections of details on any approach of the following questions, providing details on any agreement of the following questions and the following questions are supplied to the following questions and the following questions are supplied to the following questions and the following questions are followed to the following questions and the following proceeding? C Yes C No B Yes C No Add And Add And Add And Add And And And	SSN Ma	arital Status [late of Birth	Place of Birth	Telephone		J.S. Citi:
In addition to ownership in applicant name, does this individual owner own 20% or more of another corporation, parlinership integrate partnership, or LLC? Yes No Add another understand owner Business Entity Owner Name Type of Business Select One. Entitle Cone. In addition to ownership in applicant name, does this business entity owner own 20% or more of another corporation, parlimeted partnership, or LLC? Yes No Add another business entity owner 1. For the applicant business and anch owner listed in Item 15, please respond to the following questions, providing datalesis on any question anowered YES. (for additional space for detailed responses, use #21 on last page.) a. Has the business or a listed owner were been involved in a bankruptry or insolvency proceeding? C Yes D Ose the business or a listed owner have any outstanding judgments, tax lines, or pending lawculus against. C Yes connection with a nice or coll disorder or ever been engaged in the production or distribution of any product or service that has been determined to be obscined by a count of competed yield and page and the production or distribution of any product or service that has been determined to be obscined by a count of competed ry individuals on any of the business or a listed owner ever been engaged in the production or distribution of any product or service than the send responses, or a listed owner ever been engaged in the production or distribution of any product or service than the send response or a listed owner ever been engaged in the production or distribution of any product or service than the send response or a listed owner ever had or quaranteed of a criminal diffense committed any product or service than the control disorder or ever been engaged in the production or distribution of any product or service than the control disorder or ever been engaged in the production or distribution of any product or service than the control disorder or ever been engaged in the production or distribution of any product or service	Mailing Address		Zip Code	Dity			State
Business Entity Owner Name Type of Business Speech Come. S	1						
Business Entity Owner	limited partnership, or LL0	C?	does this individ	ual owner own 20 No	% or more of another	corporation, partner	ship,
Type of Dusiness Solent Cine. Select One. Select O		lowner					
EIN Tolephone Number (ovea code) Email Address Zip Code City County Stat In addition to covership in applicant name, does this business entity owner own 20% or more of another corporation, part Inneted partnership, or LLC? Yes C No Add another business and each owner listed in item 16, please respond to the following questions, providing da details on any question answered YES. (for additional space for detailed responses, use #21 on last page) 17. For the applicant business and each owner listed in item 16, please respond to the following questions, providing da details on any question answered YES. (for additional space for detailed responses, use #21 on last page) 18. Does the business or a listed owner here any outstanding judgments, tax liens, or pending lawsuits against C Yes 19. Does the business or a listed owner ever been convicted of a criminal offense committed druing and in C Yes connection with a nict or civil disorder or ever been engaged in the production or distribution of any product or service this has been determined to be obscere by a count of competerin jurisdiction? In the business or a listed owner ever had or guaranteed a federal guaranteed and connections and the service and the service of the laws the determined to be obscere by a count of competerin jurisdiction? In the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Paderal loans (SBA, C Yes FIA) VA, studien, tic.) Federal connects, Federal grants, or any child support payments? In Des any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, C Yes ACE, or Advancy Council' In the applicant/co-applicant currently suspended or debarred from contracting with the Federal government or C Yes receiveing Federal grants or loans? In the applicant/co-applicant currently suspended a crime, by have you been arrested or arriagned in the past ix no have you see been or are you presently, under indictment or subject to a criminal investigation or have yo	Name						wned
Mailing Address Zip Code City Cit			Felephone Numb	er (area code)			
In addition to coverethip in applicant name, does this business entity owner own 20% or more of another corporation, part inheted partnership, or LLC? LYes C No Add aundher hustness entity owner 17. For the applicant business and each owner listed in 8em 16, please respond to the following questions, providing da details on any question answered YES. (for additional space for detailed responses, use #21 on last page) a. Has the business or a listed owner ever been involved in a bankruptcy or insolvency proceeding? C Yes b. Does the business or a listed owner ever been convicted of a criminal offense committed druing and in concernic to the state of the service that has been determined to be obscere by a count of competent jurisdiction? d. Has the business or a listed owner ever been convicted of a criminal offense committed druing and in concernic that has been determined to be obscere by a count of competent jurisdiction? d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federal guaranteed loan? C Yes e. Is the business or a listed owner ever had or guaranteed a Federal loan or a Federal guaranteed loan? C Yes ACE, or Afeinor, Council? J. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, C Yes ACE, or Afeinor, Council? J. Is the applicant/co-applicant currently suspended or debarred from contracting with the Federal government or C Yes receiving Federal grants or loans? 18. Regarding you or any of the individuals listed in Item 16. J. In the applicant or service of the process of his p							
Inhede partnership, or LLC? (*Yes CNo Add another burstness entire owner 17. For the applicant business and each owner listed in item 16, please respond to the following questions, providing disdetails on any question answered 15%. (for additional paper for detailer speciosposes, use #21 on list page) a. Has the business or listed owner ever been involved in a bankruptcy or insolvency proceeding? C. Yes b. Does the business or a listed owner ever been convicted of a criminal offense committed druing and in C. Has the business or a listed owner ever been convicted of a criminal offense committed druing and in C. Has the business or a listed owner ever been convicted of a criminal offense committed druing and in C. Yes Connection with an otor crivil disorder or ever been oppeding in the production or distribution of any product or service that has been determined to be obscene by a court of competent jurisdiction? d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? C Yes e. Is the business or a listed owner ever had or guaranteed a Federal loan or a Federal guaranteed loan? C Yes e. Is the subsciness or a listed owner ever had or guaranteed a Federal loan or a Federal guaranteed loan? C Yes e. Is the subsciness or a listed owner ever had or guaranteed a Federal loan or a Federal guaranteed loan? C Yes C Yes ACE, or Advisory Council? 18. The subsciness or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, C Yes ACE, or Advisory Council? 19. The subscine of the subscine of the limited business of the	Mailing Address		∠ip Code (эпу	County	i i	state .
Add another business entity owner 17. For the applicant business and each owner listed in fem 16, please respond to the following questions, providing do details on any question anowered YES. (for additional space for detailed responses, use #21 on last page) a. Has the business or listed owner ever been involved in a bankruptcy or insolvency proceeding? C Yes b. Does the business or a listed owner have any outstanding judgments, tax lines, or pending lawsuits against C Yes centerion with a not or child desired or ever been engaged in the production or distribution of any product or service that has been determined to be obscered by a count of competent grinadiscition? d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? C Yes centerion with a not or child desired or ever been engaged in the production or distribution of any product or service that has been determined to be obscered by a count of competent grinadiscition? d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? C Yes e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed foars. f. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, C Yes ACE, or Advisor, duct, etc.) Federal contracts, Federal guaranteed and the production of the pro	* In addition to ownership	in applicant name	does this busine	ess entity owner	own 20% or more of a	nother corporation, p	artnersh
details on any question anxwered YES. (for additional space for detailed responses, use #21 on last page) A Has the business or listed owner ever been involved in a bankruptcy or insolvency proceeding? C Yes Does the business or a listed owner have any outstanding judgments, tax lines, or pending lawsuits against C Yes connection with a rick or child disorder or ever been convicted of a criminal offense committed druing and in C Yes connection with a rick or child disorder or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a count of competer judgment of the production or distribution of any product or service that has been determined to be obscene by a count of competer judgment of the production or distribution of any product or service that has been determined to be obscene by a count of competer judgment of the production or distribution of any product or Les the business or a listed owner ever had or guaranteed a federal laws or guaranteed for any product or E Is the business or a listed owner ever had or guaranteed as federal laws or guaranteed for any product or E Is the subsciness or a listed owner delinquent on any Federal taxes, direct or guaranteed and for any production. Les that the production of the producti			UTES OF	40			
a. Has the business or listed owner ever been imolved in a banktuptcy or insolvency proceeding? C. Yes b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawsuits against C. Yes c. Has the business or a listed owner ever been convicted of a criminal offence committed druing and in C. Yes connection which and or cridi disorder or ever been engaged in the production or distribution of any product or service that has been determined to be obscience by a count of competent jurisdiction? C. Yes connection which are not ever been engaged in the production or distribution of any product or service that has been determined to be obscience by a count of competent jurisdiction? C. Yes e. Is the business or a listed owner ever had or guaranteed a Federal oran or a Federally guaranteed loan? C. Yes FLHA, V.A. student, etc.) Federal contracts, Federal grants, or any child support payments? C. Yes FLHA, A. student, etc.) Federal contracts, Federal grants, or any child support payments? C. Yes ACE, or Advisory Council? J. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, C. Yes ACE, or Advisory Council? J. S. Regarding you or any of the individuals listed in Item 16: a) have you ever been or are you presently, under indictinent or subject to a criminal investigation or have you otherwise be charged through a judicial process of himining contracting the post of the post o	17. For the applicant I	business and each	owner listed in it	em 16, please re	spond to the following	questions, providing	dates a
b. Does the business or a listed owner have any outstanding judgments, tax liens, or pending lawauits against C yes them? C Yes C. Has the business or a listed owner ever been convicted of a criminal offense committed druing and in cornection with a not or civil disorder or ever been engaged in the production or distribution of any product or service than has been determined to be obscere by a count of competed jurisdiction? d. Has the business or a listed owner ever had or guaranteed a federal loan or a Federall guaranteed loan? C Yes e. Is the business or a listed owner definition of the production or distribution of any product or SEA, C Yes FHA, VA, student, etc.) Federal contracts, Federal grants, or any child support payments? 1. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, C Yes ACE, or Advisor, Council? 18. Regarding you or any of the individuals listed in Item 16. 19. Item spelicant/co-applicant currently suspended or debarred from contracting with the Federal government or C Yes receiving Federal grants or loans? 19. Item spelicant/co-applicant currently suspended or debarred from contracting with the Federal government or C Yes receiving Federal grants or loans? 19. Item spelicant/co-applicant currently suspended or debarred from contracting with the Federal government or C Yes receiving Federal grants or loans? 19. Item spelicant/co-applicant currently suspended a crime, by have you been arrested or arraigned in the past is known have you were been or are you presently, under indictment or subject to a criminal investigation or have you otherwise be changed through a judicial process of having committed a crime, by have you been arrested or arraigned in the past is known have you experience conditions, and grant and process or having committed a crime, by have you been arrested or arraigned in the past is known have you experience on conticide, plead quity to a crime, plead not controlled to a criminal investigation or have you otherwi							es C
C. Yes connection which and or not ideactive or ever been expected of a criminal offense committed duting and in C. Yes connection with a dor not ideactive or ever been expect in the product or service that has been determined to be obscene by a court of competent jurisdiction? d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? C. Yes e. Is the business or a listed owner ever had or guaranteed a Federal loan or a Federally guaranteed loan? C. Yes FHA, N.4, student, etc.) Federal contracts, Federal grants, or any child support payments? 1. Does any owner, owner's spouses, or household member work for SBA or serve as a member of SBA's SCORE, C. Yes ACE, or Advisory Council? 3. In Regarding you array of the individuals listed in Item 16: 3.) have you serve been or are you presently, under indictment or subject to a criminal investigation or have you otherwise be charged through a judicial process of having committed a crime, b) have you been arrayed on the past is considered from the your serve been or any our presently, under indictment or subject to a criminal investigation or have you otherwise be charged through a judicial process of having committed a crime, b) have you been arrayed on his past is made to have you experied through a judicial process of having committed a crime, b) have you been arrayed on his past is more have you can be encounced, plead guily to a crime, jetel and occarded refers to a crime, jaced on presting developed any or process of having committed a crime, b) have you been arreated or arrayered in the past is more have you will be connected to the past is crime have you will be connected to past and the	b. Does the business of					suits against 🔿	es O
connection with a nict or civil disorder or ever been engaged in the production or distribution of any product or service that has been determined to be obscene by a count of competed jurisdiction? d. Has the business or a listed owner ever had or guaranteed a Federal loan or a Federal guaranteed loan? C Yes e. Is the business or a listed owner ever had or guaranteed a Federal loan or a Federal guaranteed loan? C Yes FINA, VA, student, etc.) Federal contracts, Federal grants, or any child support payments? 1. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, C Yes ACE, or Adrico, Council? g. Is the applicant/co-applicant currently suspended or debarred from contracting with the Federal government or C Yes receiving Federal grants or loans? 18. Regarding you or any of the individuals listed in Item 16. J Inves you serve been or are you presently, under indictinent or subject to a criminal investigation or have you otherwise be changed through a judicial process of hisking committed a crime, by have you been arrested or arraigned in the past is no have you were been or are you presently, under indictinent or subject to a criminal investigation or have you otherwise be changed through a judicial process of hisking committed a crime, by have you been arrested or arraigned in the past is no have you were been convoiced, plead guilty to a crime, Jean doic contredient to a criminal investigation or have you otherwise be changed through a judicial process of hisking committed a crime, by have you been arrested or arraigned in the past is not have you expended on protatial deversion. By Or you place to or probation — including adjudication withheld pending probation — for any criminal offense other than a vehicle violation? Yes C No If yes, Name 19. PHYSICAL DAMAGE LOANS ONLY. If you application is approved, you may be elligible for additional funds to cover the cost of mitigating measures (real proper which is very committed any or activity of the past of	c. Has the business or	a listed owner ever	been convicted	of a criminal offen	se committed druina	and in	(es O
d. Has the business or a listed owner eer had or guaranteed a Federal loan or a Federally guaranteed loan? C Yes e. Is the business or a listed owner delinquent on any Federal taxes, direct or guaranteed Federal loans (SBA, C Yes FHA, VA, student, etc.) Federal contracts, Federal guarante, or any child support payments? 1. Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, C Yes ACE, or Ardenor, Occurrio? 2. Is the applicant/co-applicant currently suspended or debarred from contracting with the Federal government or C Yes receiving Federal grants or loans? 18. Regarding you or any of the indedustal steed in Item 16. 19. Interpretation of the process of howing committed a crime, by have you been arrested or arraigned in the past as no have you were been care you presently, under incident or subject to a criminal investigation or have you otherwise b charged through a judicial process of howing committed a crime, by have you been arrested or arraigned in the past as no have you were been convoicted, plead quility to a crime, jeas note occreteder to a crime judicial in the past as no have you were been convoicted, plead quility to a crime, jeas note occreteder to a crime judicial in the past as no have you were been convoicted, plead quility to a crime, jeas note occreted to a criminal interpretation of past or probation — including adjudication withheld pending probation — for any criminal offense other than a revelocity of the past and the past of the past as a proper past of the past as no past and	connection with a riot or	r civil disorder or ev	er been engaged	in the production	or distribution of any	product or	
FRA, VA, student, etc. Federal contracts, Federal grants, or any child support payments? L Does any owner, owner's spouse, or household member work for SBA or sere as a member of SBA's SCORE, C Yes ACE, or Advisory Council? Je Is the applicantive applicant currently suspended or debarred from contracting with the Federal government or C Yes receiving Federal grants or loans? B. Regarding you or any of the individuals listed in Item 15: a) have you ever been or are you presently, under indicriment or subject to a criminal investigation or heav you otherwise in the properties of the properties o						teed loan?	es O
L Does any owner, owner's spouse, or household member work for SBA or serve as a member of SBA's SCORE, C Yes ACE, or Advisor, Council? g. Is the applicant/co-applicant currently suspended or debarred from contracting with the Federal government or C Yes receiving Federal grants or loase? 18. Regarding you or any of the indebdasis listed in Item 16. 19. Item and the process of howing committed a crime, by have you been arrested or arraigned in the past as it has you committed a crime, by have you been arrested or arraigned in the past as no have you were been convoicted, plead quilty to a crime, plead note controlled or a criminal investigation or have you otherwise be charged through a judicial process of howing committed a crime, by have you been arrested or arraigned in the past as no have you were been convoicted, plead quilty to a crime, plead note controlled or a criminal investigation or have you committed as committed as crime, by have you been arrested or arraigned in the past as no have you were been convoicted, plead quilty to a crime, plead note controlled or promotion or plead or probation — including adjudication withheld pending probation — for any criminal offense other than a twentile with the plead of the plead of the promotion of the plead of the promotion of the past as a promotion of the plead	e. Is the business or a	listed owner deling	uent on any Fede	eral taxes, direct	or guaranteed Federa	loans (SBA, C	es O
g. Is the agolicant/co-applicant currently suspended or debarred from contracting with the Federal government or C Yes receiving Federal grants or loans? 18. Regarding you or any of the indebdasis listed in Item 16: a) have you ever been or are you presently, under indired a crime, b) have you been arrested or arraigned in the past as no have you ever been convicted, plead quilty to a crime, lead not contended to a crime in the past as no have you ever been convicted. Plead quilty to a crime, lead not contended to a crime in the past as no have you ever been convicted, plead quilty to a crime, lead not contended to a crime in the past as no have you ever been convicted. Plead quilty to a crime, lead not contended to a crime of partial developed any form of pardo or probation — including adjudication withheld panding probation — for any criminal offense other than a swhick violation? Cyes C No If yes, Name 19. PHYSICAL DAMAGE LOANS ONLY. If your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real proper improvements or desires to minimize or protect against future damage from the same type of disaster event). It is not not for you to submit the description and cost estimates with the application. SAR must approve the mitigating measures (real proper dama increase. If By checking the bot, is minimized in having SAR consider this necessar. 20. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must and significer name in the space being the bot, a minimized in having SAR consider this necessar. (Name and Address of representative (lease include the individual name and their company) (Name of Company) Phone number (including Area Code) Street Address City State Zip Feo Charged or Agreed Upon Some number (including Area Code) Minimized the Violation of the service o	f. Does any owner, own	ner's spouse, or hou				SBA's SCORE, C '	es C
Secretary setrat grants of loans?			usnended or deh	arred from contra	rting with the Federal	novemment or C	/es ∩
a) have you ever been or are you presently, under indictinent or subject to a crimnal investigation or have you otherwise to charged through a judical process of homein committed a crime, by have you been areated or arraiged in the past in have you ever been comitted, plead guilty to a crime, plead note contender to a crime, placed on protein or including adjudication withheld pending probation first provided on protein or including adjudication withheld pending probation first provided in the vertical protein of the vertical protein or vehicle violation? C yes C No If yes, Name 19. PHYSICAL DAMAGE LOANS ONLY. 19. PHYSICAL DAMAGE LOANS ONLY. 19. Your application is approved, you may be eligible for additional funds to cover the cost of mitigating measures (real proper improvements or devises to minimize or protect against future damage from the same type of disaster event). It is not necessive in the description and cost estimates with the application SAR must approve the mitigating measures (real proper improvements or devises to minimize or protect against future damage from the same type of disaster event). It is not necesse. 20. If anyone assisted you in completing this application, whether you pay a fee for this service or not, that person must and sign their name in the space below. Name and Addesses of representative (please include the individual name and their company) (Name of Company) (Name of Company) (Name of Company) Phone number (including Area Code) Street Address City State Zip Fee Charged or Agreed Upon Solutions of the space below. If you application with the representative filted above. In No AGREEMENTS AND CERTIFICATIONS On behalf of the undersigned individually and for the applicant buttness: If Yes address AND CERTIFICATIONS The hard of Company of the company of the process and service my desister lean. If you have a readed to process and service my desister lean. If Yes will not accuse from participation in order to the best of my knowledge. All financial instruct	receiving Federal grants	s or loans?			oung mur mo r occio	goronninoni or	
charged through a judicial process of hisring committed a crime, b) have you been arrested or arraigned in the past six or have you were been connected, plead quity to a crime, julied and occordender to a crime, placed on pertial deversion or july any form of parole or probation — including adjudication withhelig panding probation — for any criminal offense other than a vehicle volation? O've C No If you have have been provided to the property of the property of the provided p		any of the individua	s listed in Item 1	6:			
Your application is approved, you may be eligible for additinal funds to cover the cost of mitigating measures (real present proprovements or devises to minimize or protect against facture damage from the same type of diseased revent). It is need for you to submit the description and cost estimates with the application. SBA must approve the mitigating measures before the provided of the provided of the provided of the provided of the mitigating measures before the provided of the provided of the mitigating measures before the provided of the provided	vehicle violation? C Y	es C No	If yes, I		to a crime, placed o ation for any crimir	pretrial diversion, o al offense other than	r placed a minor
20. If anyone assisted you in completing this application, whether you pay a fee for this senice or not, that person must and sign their name in the space being and sign their name in the space being and a sign their name in the space being and a sign their name in the space being and a sign their name in the space being and a sign their name in the space being a sign of the space of the spac				nal funds to cover re damage from t	the cost of mitigatin he same type of disa A must approve the	measures (real pro ter event). It is not nitigating measures	perty
Name and Address of representative (glease include the individual name and their company) (Name of Company) Street Address City State Zip Fee Charged or Agreed Upon Si Whilese the NO hox is checked, I give permission for SBA to discuss any portion of this application with the representave listed above. No AGREEMENTS AND CERTIFICATIONS To behalf of the undersigned individually and for the applicant business: I / We suthorize my / our insurance company, bank, financial institution, or other creditors to release to SBA all record information noncessary to process this application. If my / our loan is approved, additional information may be required prior to loan closing. I / We will be advised in writin information to be required to datain my / our loan finds. I / We have authorize the Small Business Administration to verify my past and present employment information and in history as needed to process and service my disaster loan. I / We will are actually from process and service my disaster loan. I / We will are actually from process and service my disaster loan. I / We will are actually from process and service my disaster loan. I / We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers return of compensation of any kind, help got this loan approved. I have not paid anyone connected with the Federal government for help in gattling this loan. All information in and submitted with this loan. All information in and submitted with this loan. All information in the USA Advisor General (selection also applies to any financial statements or or procession by the USA Advisor General (selection 18 to splies to any financial statements or procession to the USA Charlone General (selection 18 to splies to any financial statements or procession to the USA Charlone General (selection 18 to splies to any financial statements or procession to the USA Charlone General (selection 18 to splies to any financial statements or procession to the USA Charlo	in your application is application in growth application is application in growth applic	iscription and cost i	estimates with th	Lin having SBA c			necessa before a
(Name of Company) Street Address City State Zip Fee Charged or Agreed Upon Signature Unless the NO hox is checked, I give permission for SBA to discuss any portion of this application with the representave listed above. No AGREEMENTS AND CERTIFICATIONS On behalf of the undestigned individually and for the applicant business: I / We address very our insusance company, bank, financial institution, or other creditors to release to SBA all record information necessary to process this application. If my four loan is approved, additional information may be required prior to loan closing. I / We will be advised in writin information the required to obtain my four loan funds. I / we hereby authorize the Small Business Administration to verify my past and present employment information and is history as needed to process and service my disaster loan. I / We will not exclude from participating in, or deny the benefits of, or otherwise subject to discrimination under, any por activity for which I receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, my status, national regin, race, religion, or sex. I / We will report to the SBA Office of the Inspector General, Washington, D.C 20416, any Federal employee who offers return of compensation of any kind, help get this loan approved. I have not paid anyone connected with the Federal government for help in getting this loan. All information in and submitted with this application is true and correct to the best of my knowledge. All financials statements submitted with this application lity and accurately present the financial position of the business. I have profession by the U.S. Altomey General (reference 18 U.S.C. 1001 and/or 15 U.S.C. 66 Meliuse of lements and processors and the seminance of the seminance of the control of the seminance. The processor of the seminance of the seminance of the seminance of the control of the seminance. The processor of the seminance of the seminance of the seminance of the seminance of t	20. If anyone assisted	by cnecking this bo d you in completing	c, i am interested	In naving SEA C			
Unless the NO hox is checked, I give permission for SBA to discuss any portion of this application with the representave listed above. No bearing the discussion of the second of the	20. If anyone assisted and sign their name in t	d you in completing the space below.	this application,	whether you pay	a fee for this service		
Unless the NO hox is checked, I give permission for SBA to discuss any portion of this application with the representave listed above. No bearing the discussion of the second of the	20. If anyone assisted and sign their name in t Name and Address of repr	by checking this bo d you in completing the space below. resentative (please	this application,	whether you pay	a fee for this service eir company)	r not, that person m	ust print
Unless the NO box is checked. I give permission for SBA to discuss any portion of this application with the representave listed above. Ro AGREMENTS AND CERTIFICATIONS On behalf of the undersigned individually and for the applicant business: I / We authorize my / our insurance company, bank, financial institution, or other creditors to release to SBA all record information necessary to process this application. If my / our loan is approved, additional information may be required prior to loan closing. I / We will be advised in writin information will be required to obtain my / our loan factor. I / we hereby authorize the Small Business Administration to verify my past and present employment information and instroty as needed to process and service my disaster loan. I / We will not actually from process and service my disaster loan. I / We will not actually from process and service my disaster loan. I / We will not actually from process and service my disaster loan. I / We will report to the SBA Office of the Inspector General, Washington, D.C 20416, any Federal employee who offers return of compensation of any kind, help get this loan approved. I have not paid anyone connected with the Federal government for being nating this splication is true and correct to the best of my knowledge. All financials committed any disclosures in these financial statements. This certification also applies to any financial statements on prosecution by the U.S. Afford Certification also applies to any financial statements or prosecution by the U.S. Afford Certification also applies to any financial statements or prosecution by the U.S. Afford Certification also applies to any financial statements or prosecution by the U.S. Afford Certification also applies to any financial statements or prosecution by the U.S. Afford Certification also applies to any financial statements or prosecution by the U.S. Afford Certification also applies to any financial statements or prosecution to the U.S. Afford Certification also applies to an	20. If anyone assisted and sign their name in t Name and Address of repr (Name of Company	d you in completing the space below. resentative (please y)	this application,	whether you pay	a fee for this service eir company) Phone number	r not, that person m	ust print
AGREEMENTS AND CERTIFICATIONS On behalf of the undersigned individually and for the applicant business: I // We subtraine with our undersigned individually and for the applicant business: I // We subtraine with our locations of the subtrained in the subtrained	20. If anyone assisted and sign their name in t Name and Address of repr (Name of Company	d you in completing the space below. resentative (please y)	this application,	whether you pay	a fee for this service eir company) Phone number Fee Charged o	r not, that person m (including Area Cod	ust print
On behalf of the undersigned individually and for the applicant business: I / We authorize my / our insurance company, bank, financial institution, or other creditors to release to SBA all record information increasing to proceed this application. If my / our loan is approved, additional information may be required prior to loan closing. I / We will be advised in writin information be required to other in my / our loan funds. I / we hereby authorize the Small Business Administration to verify my past and present employment information and in history as needed to process and service my disaster loan. I / We will not acclude from participating in, or deep the benefits of, or otherwise subject to discrimination under, any por a carbity for which I receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, my status, national origin, race, religion, or sex. I / We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers return of compensation of any kind, help get this loan approved. I have not paid anyone connected with the Federal government for help in gattlength his lean. All information in and submitted with this application is true and correct to the best of my knowledge. All financial statements. This certification also applies to any infancial clatements or of the control of the submitted with the splication of the submitted with the splication of the submitted with the splication of the split of the submitted any discreases in these financial statements. This certification also applies to any infancial clatements or proceedings to the submitted with the order of the split of the submitted with the order of the split of the submitted with the certification also applies to any infancial clatements or proceedings of the submitted with the certification also applies to any infancial clatements or proceedings of the submitted with the certification also applies to any infancial clatements. The order and correct to th	20. If anyone assisted and sign their name in I Name and Address of repr (Name of Company Street Address	d you in completing this bod you in completing the space below. resentative (please y)	this application, include the individ	whether you pay dual name and th	a fee for this service eir company) Phone number Fee Charged o	r not, that person m (including Area Cod Agreed Upon \$0	ust print
I / We authorize my / our insurance company, bank, financial institution, or other creditors to release to SBA all record information necessary to process this application. If my / our loan is approach, diddicional information may be required prior to loan closing. I / We will be advised in writin information will be required to obtain my / our loan funds. I / we hereby authorize the Small Business Administration to verify my past and present employment information and in history as needed to process and service my disaster loan. I / We will not acclude from pathographizing in, or deep the benefits of, or otherwise subject to discrimination under, any por activity for which I receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, m status, national origin, race, engligion, or sec. I / We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offer return of compensation of any kind, help get this loan approved. I have not paid anyone connected with the Federal government for help in getting his loan. All Information in and submitted with this loan. All Information in and submitted with this paplication is true and correct to the best of my knowledge. All financial statements us to a control of the submission of the business. I have ormitted any disclosures in these financial statements. This certification also applies to any financial statements or procession by the U.S. Attorney General (reference 18 U.S.C. 1001 and angle fits U.S.C. 646 filloance of benefits and procession of the business.)	20. If anyone assisted and sign their name in I Name and Address of repr (Name of Company Street Address	d you in completing this bod you in completing the space below. resentative (please y)	this application, include the individ	whether you pay dual name and th	a fee for this service eir company) Phone number Fee Charged o	r not, that person m (including Area Cod Agreed Upon \$0	ust prin
Information necessary to process this application. If my / our loan is approved, additional information may be required prior to loan closing. I / We will be advised in writin information will be required to obtain my / our loan funds. I / we hereby authorize the Small Business Administration to verify my past and present employment information and is history as needed to process and sender my disaster loan. I / We will not exclude from participating in, or deny the benefits of, or otherwise subject to discrimination under, any por activity for which I receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, my status, national origin, race, religion, or sex. I / We will report to the SBA Office of the Inspector General, Washington, DC 2016, any Federal employee who offers return of compensation of any, kind, help get this loan approved. I have not paid anyone connected with the Federal government for help in getting this loan. I / Ill information in and submitted with this application is true and correct to the best of my knowledge. All financial statements submitted with this application fully and accurately present the financial gostion of the business. I have not proceeding the processing of the processing	Oan increase. 20. If anyone assisted and sign their name in to Name and Address of representation of Company (Name of Compan	y checking finis by dyou in completing the space below. resentative (please y) City Checked, I give py hove. N	crmission for SE	whether you pay dual name and th Zip BA to discuss an	a fee for this service eir company) Phone number Fee Charged o	r not, that person m (including Area Cod Agreed Upon \$0	ust prin
If we hereby authorize the Small Business Administration to verify my past and present employment information and instroy as needed to process and service my disaster loan. If View vill not acclude from participating in, or edny the benefits of, or otherwise subject to discrimination under, any por a carbity for which I receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, m status, national origin, race, religion, or sex. If View will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers return of compensation of any kind, help get this loan approved. I have not paid anyone connected with the Federal government for help in gattlength he lean. All information in and submitted with this application is true and correct to the best of my knowledge. All financial statements: This certification also applies to any infancial clastification. If the control of the submitted with the splication follows and correct to the best of my knowledge. All financial statements: This certification also applies to any infancial clastification. If the control of the Section of the Sect	Oan increase. 20. If anyone assisted and sign their name in I Name and Address of rep (Name of Company) Street Address Unless the NO box is representave listed at AGREEMENTS AND CI On behalf of the underst I/We authorize my	y cnecking riss to with a space below. resentative (please y) City Checked, I give phove. N ERTIFICATIONS igned individually ar	this application, include the indivi- State ermission for SE o	whether you pay dual name and th Zip BA to discuss an	a fee for this service eir company) Phone number Fee Charged o	r not, that person m (including Area Cod Agreed Upon \$0 (lication with the	e)
history as needed to process and service my disaster loan. I VMe will not arcided from process and service my disaster loan. I VMe will not arcided from participating in, of enty the bonefits of, or otherwise subject to discrimination under, any or activity for which I receive Federal financial assistance from SBA, any person on grounds of age, color, handicap, m status, national origin, race, neligion, or sec. I VMe will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers return of compensation of any kind, help got this loan approved. I have not paid anyone connected with the Federal government for help in galitting his loan. All information in and submitted with this loan. All information is submitted with this application is true and correct to the best of my knowledge. All financial statements submitted with this application livity and accurately present the financial position of the business. I have omitted any disclosures in these financial statements. This certification also applies to any financial statements or in proceedings on the U.S. Advance General (reference 10 U.S.C. 1001 and and first 10 U.S. C. 601 decided or for the follower of benefits or in proceedings to the U.S. Advance General (reference 10 U.S.C. 1001 and and first 10 U.S. C. 601 decided or for the control of the con	Oan increase. 20. If anyone assisted and sign their name in I Name and Address of representation of Company (Name of Company). Street Address Unless the NO box is representave listed at AGREEMENTS AND CI On behalf of the unders I / We authorize my information necessary.	y cnecking riss to with a space below. resentative (please y) City Checked, I give p. N ERTIFICATIONS igned individually ar / our insurance rry to process this a	this application, include the individual state State ormission for SE or	whether you pay dual name and th Zip BA to discuss an int business: ancial institution,	a fee for this service air company) Phone number Fee Charged of	r not, that person m (including Area Cod Agreed Upon \$0 lication with the	e)
status, national origin, race, religion, or sex. I / We will report to the SBA Office of the Inspector General, Washington, DC 20416, any Federal employee who offers return of compensation of any kind, help get this loan approved. I have not paid anyone connected with the Federal government for help in getting this loan. [All information in and submitted with this application is true and correct to the best of my knowledge. All financial statements submitted with this application fully and accurately present the financial position of the business. I have oriented any disclosures in the sef fancial statements. This certification also applies to any financial statements or information submitted after this date. I understand that false statements may result in the forficture of benefits and prosecution by the U.S. Attorney General (reference 18 U.S.C. 1001 and/orf 15 U.S.C. 601 and/orf 5 U.S.C. 601).	Oan increase. 20. If anyone assisted and sign their name in I Name and Address of representation of Company (Name of Company). Street Address Unless the NO box is representave listed at AGREEMENTS AND CI On behalf of the unders I / We authorize my information necessary.	y cnecking riss to with a space below. resentative (please y) City Checked, I give p. N ERTIFICATIONS igned individually ar / our insurance rry to process this a	this application, include the individual state State ormission for SE or	whether you pay dual name and th Zip BA to discuss an int business: ancial institution,	a fee for this service air company) Phone number Fee Charged of	r not, that person m (including Area Cod Agreed Upon \$0 lication with the	e)
return of compensation of any kind, help get this loan approved. I have not paid anyone connected with the Federal government for help in getting fish loan. [All information in and submitted with this application is true and correct to the best of my knowledge. All financial statements submitted with this application fully and accurately present the financial position of the business. I have omitted any disclosures in these financial statements. This certification also applies to any financial statement or information submitted after this date. I understand that false statements may result in the forfeiture of benefits and i prosecution by the U.S. Attorny General (reference Ils U.S. C. 1001 and/orf 15 U.S. C. 610) and/orf 15 U.S. C. 610.	Unless the NO box is representable like although the Address of Figure 1 Market Address of Figure 2 Market Address of Figure 2 Market Address Street Address Street Address Street Address Intel al AGRECHEUTS AND CIT On behalf of the Washboritz my information necessal if my / our loan is agricomatin will be required to the Address Street Street Address Street Address Street Street Address Street Address Street	y you in completing the space below. resentative (please by) City Checked, I give phove. NexTIFICATIONS gred individually at / our insurance corrections of the phove. In the property of the property of the property of the process and services and services and services.	this application, include the individual to the	in naming Sear or whether you pay dual name and th Zip Sear or	a fee for this service sir company) Phone number Fee Charged of y portion of this app or other creditors to no loan closing. I / We st and present emplo	r not, that person m (including Area Cod Agreed Upon \$0 Blication with the lease to SBA all rec will be advised in w yment information ar	e)
statements submitted with this application fully and accurately present the financial position of the business. I have omitted any disclosures in these financial statements. This certification also applies to any financial statements or information submitted after this date. I understand that false statements may result in the forefuture of benefits and prosecution by the U.S. Attorney General (reference 18 U.S.C. 1001 and/or 15 U.S.C. 645).	Joan Increase 20. If anyone assisted and sign ther name in INAme and Address of representations of the American Company Street Address Unless the NO box is representave Intel all AGREEMENTS AND CI On behalf of the undersity information necess If my Jour loan is a sign sign of the AGREEMENT will be represented in the AGREEMENT SAND CI On behalf of the undersity information necess If my Jour loan is a sign sign of the AGREEMENT SAND CI I we hereby author history as necessity of which it is stress, relations of city of a vide in sign sign of the AGREEMENT SAND CI I / We will not exclusion a city for which it is stress, relations density and the sign of the AGREEMENT SAND CI I / We will not exclusion a city for which it is stress, relational density and the AGREEMENT SAND CI I / We will not exclusional city in the AGREEMENT SAND CI I / We will not exclusional city in the AGREEMENT SAND CITY S	y one-comp into the young into the space below resentative (please young). City Ci	In meresect this application, include the individual state of the application of the application of the application of the application. Information may be our loan funds.	whether you pay dual name and th Zip 3A to discuss an nt business: ancial institution, be required prior to on to verify my pa an. benefits of, or oth	a fee for this senice air company) Phone number Fee Charged of y portion of this app or other creditors to no loan closing. I/We st and present emplo	r net, that person m (including Area Cod Agreed Upon S0 Ilication with the lease to SBA all rec will be advised in w vment information ander, an	e)
	Unless the NO box is representave listed and depth of the name in INAME and Address of representations of the name in INAME and Address of the name in INAME and Address of the name in INAME and IN	y one-coing his bo by your completing his bo by your completing he space below researche below. City City Checked, I give p. hove. National control of the control of t	It am inverses this application, include the individual special specia	whether you pay dual name and th Zip And discuss an It business: Inclaid institution, or required prior to on to verify my pay an. Benefits of, or other from SBA, any ig seral, Washington, pproved. I have n	a fee for this senice air company) Phone number Fee Charged of protein of this app or other creditors to no loan closing. I/We st and present emplor envise subject to disserves on grounds of DC 20416, any Fede tipaid anyone connections.	r not, that person m (including Area Cod Agreed Upon S0 Illication with the lease to SBA all rece will be advised in w yment information and present	e) e) y program y program y program y mital
PREVIOUS	Joan increase 20. If anyone assisted and sign their name in In- Name and Address of reprint and their name in In- Street Address of Increase in Incre	y one-complete below resentative (please y) City Checked, I give p hove. City Checked, I give p hove. Negretative (please y) City Checked, I give p hove. Negretative (please y) City Checked, I give p hove. Negretative (please y) City Checked, I give p hove. Negretative (please y) City Checked, I give p hove. Negretative (please y) City City Checked, I give p hove. Negretative (please y) City Ci	It am inverse this application in this application in the spirit of the	whether you pay dual name and th Zip And discuss an in business: ancial institution, to required prior to on to venify my pa an benefits of, or oth from SBA, any is arral, Washington, para, Washington, para, was and converse.	a fee for this senice air company) Phone number Fee Charged of y portion of this app or other creditors to no to loan closing. I / We st and present emplo envise subject to dis- torserson on grounds of DC 20416, any Fede	r net, that person m (including Area Cod Agreed Upon S0 Ilication with the lease to SBA all rec will be advised in w ment information ander, an irmination under, an irmination under, and irmination	e) cords an artiting when a salary y programmed y, mittal fers, in

1.27. Form View - Business Application Page 3 SC 333;

This new page will give the user the ability to add any information they wish. When the SBA Form 5 is populated in DCMS, any items added will display on this page.

1.28. User View



1.29. Form View - Affiliates SC 281;

This page only will appear when the user has indicated that the applicant or any owner owns 20% or more of another business.

1.30. User View

					Help? Log Ou
filiated Businesse	es				200,01
ase complete the affiliate in	formation below for ea	ach applicant :	and/or owner.		
After you've entered the affilia	ated business informa	tion, click "Sa	ave" to add it to your	list.	
Affiliated Business —					_
* Applicant or Owner Nar	me for Affiliate deta	ils.			
Select One	•				
* Business Name	* EIN		* Туре	% Owne	d
			Select a Type	•	
* Address Line 1			7,52		
Address Ellie 1					
Address Live O					
Address Line 2					
Zip Code City	S	tate Coun	tv		
Zip Code)			٠,٦		
Zip Code			.,		
Zip code 1,				SAVE CANCE	ı
Zip Code	Ī			CANCE	
	Ĵ			CANCE	1
	EIN	Туре		CANCE	
en Leaf, LLC					DELETE
en Leaf, LLC Affiliate Name Greenleaf, LLC	EIN	Туре			
en Leaf, LLC Affiliate Name Greenleaf, LLC	EIN	Type LLC			
en Leaf, LLC Affiliate Name Greenleaf, LLC	EIN 12-3456789	Type LLC Type	% Owned 55% % Owned		
en Leaf, LLC Affiliate Name Greenleaf, LLC	EIN 12-3456789 EIN	Type LLC Type	% Owned 55% % Owned		
en Leaf, LLC Affiliate Name Greenleaf, LLC an J Smith Affiliate Name Please ente	EIN 12-3456789 EIN	Type LLC Type	% Owned 55% % Owned		DELETE
een Leaf, LLC Affiliate Name Greenleaf, LLC hn J Smith Affiliate Name	EIN 12-3456789 EIN	Type LLC Type	% Owned 55% % Owned	EDIT	

1.31. Financial - Schedule of Liabilities SC 970;

A Schedule of Liabilities form is provided should the applicant be able to complete it online or they can download the document from the Requirements page.

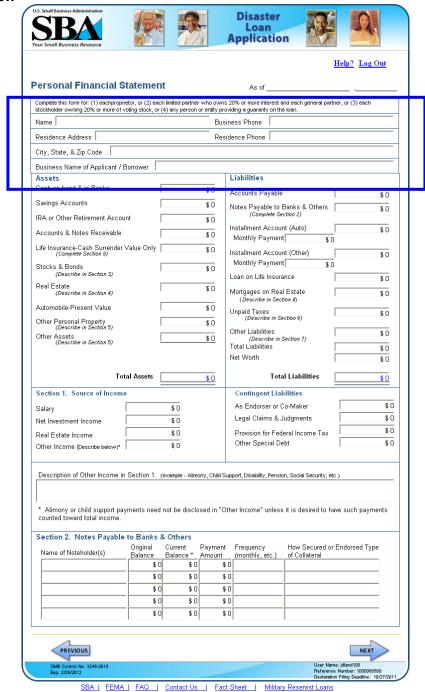
1.31.1. User View

and use you'r own form if you prefer. The information contained in this schedule is a supplement to your Balance She nould be included as a liability on your Balance Sheet. Original Amount	Month or Year * How Secured
Creditor Name Original Amount Original Amount Original Date (MM/DD/YYYY) Balance Current; Payment Amount Year* How Secure Yes Yes Yes Yes Yes Yes Yes Y	Month or Year * How Secured
Creditor Name Original Amount Original Current Balance Current? (MM/DD/YYYY) Payment Amount* Month or Year* How Secure. Yes	Year * How Secured
Original Amount (MM-DD/YYYY) Balance Current? (MM/YYYY) Amount Pear How Secure. Yes Y	Year* How Secured
Creditor Name Original Amount Original Date Amount Original Current Balance* Current? Yes Yes Yes Yes Yes Yes Yes Ye	Year * How Secured
Original Amount (MM.DD/YYYY) Balance Current Current? (MM.YYYY) Amount Month or Year* How Secure.	Year * How Secured
Creditor Name Original Amount Original Original Amount Original Amount Original	Year* How Secured
Yes	V
Yes V Yes Yes V Yes V Yes Yes V Yes	•
☐ Yes ☐ ☐ Yes ☐ ☐ ☐ Yes ☐ ☐ ☐ Yes ☐ ☐ ☐ Yes ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	
□Yes	
☐ Yes ☐ ▼	
□ Yes □ □	
□ Yes □	
□Yes	
□Yes	•
□Yes	

1.32. Financial - Personal Financial Statement Page 1 SC 985;

The user will come to this document for each individual owner listed on the SBA Form 5 if they select the link on the Requirements page. Data of the specific owner selected will populate the first section of the form.

1.32.1. User View



1.33. Financial - Personal Financial Statement - Page 2 SC 986;

Continuation of the SBA Form 413.

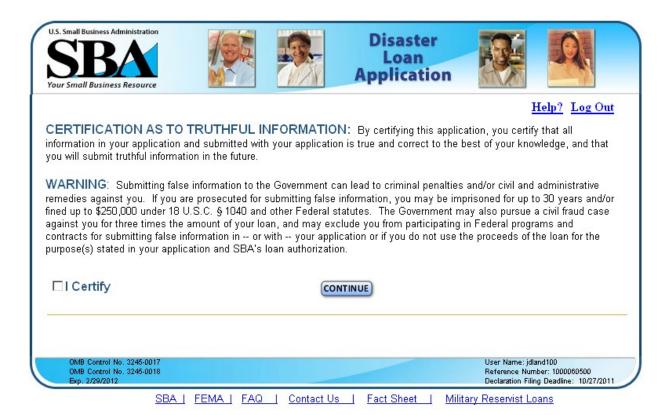
1.33.1. User View

Section 3. Stocks and Bonds Number of Shares Name of Securities Cost Quotation/Exchange Quotation/Exchange Total Value 0 \$0 0 \$0 0 \$0 0 \$0 0 \$0 0 \$0 0 \$0 0	
Number of Shares Name of Securities Cost Quotation/Exchange Quotation/Exchange Total Value 0	og Out
of Shares Name of Securities Cost Quotation/Exchange Quotation/Exchange Total Value 0 \$0 0 \$0 0 \$0 0 \$0 0 \$0 0 \$0 0 \$0 0	
O \$0 O \$0	
O \$0 O \$0	\$0
Section 4. Real Estate Owned (List each parcel separately.) Property A Property B Property Address Sity, State, Zip Code Jate Purchased (MM/YYYY) Original Cost \$0 \$0 Stresent Market Value \$0 \$0 Jame of Mortgage Holder Street Address / PO Box City, State, Zip Code Address / PO Box City, Sta	\$0
Section 4. Real Estate Owned (List each parcel separately.) Property A Property B Property Address City, State, Zip Code Date Purchased (MM/YYYY) Driginal Cost \$0 \$0 Stresent Market Value \$0 \$0 Stresent Mortgage Holder Street Address / PO Box City, State, Zip Code Anotgage Balance \$0 \$0 City, State, Zip Code Anotgage Balance \$0 \$0 Status of Mortgage Section 5. Other Personal Property & Other Assets (Describe, and if any is pledged as security, state name and addre holder, amount of lien, terms of payment and if delinquent, describe feeting 7. Other Debts (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax section 7. Other Debts (Describe in detail.)	\$0
Property A Property B Property Address Scity, State, Zip Code Solate Purchased (MM/YYYYY) Drignal Cost \$0 \$0 \$0 Street Address \$0 \$0 \$0 Street Address \$0 \$0 \$0 City, State, Zip Code Solate Purchased (MM/YYYYY) Drignal Cost \$0 \$0 \$0 Street Address / PO Box City, State, Zip Code Solate Purchased (Mortgage Holder Street Address / PO Box City, State, Zip Code Solate S	\$0
Property A Property B Property Address City, State, Zip Code Date Purchased (MM/YYYYY) Diriginal Cost Present Market Value So \$0 Street Address / PO Box City, State, Zip Code Mortgage Account Number Mortgage Balance Whortgage Balance So Select One Sol Select One.	
ype of Property Address City, State, Zip Code Date Purchased (MMVYYYY) Diriginal Cost Present Market Value So Street Address / PO Box City, State, Zip Code Aortgage Account Number Aortgage Balance Stroet Address / PO Box City, State, Zip Code Aortgage Balance So Solection 5. Other Personal Property & Other Assets (Describe, and if any is pledged as security, state name and addre holder, amount of lien, terms of payment and if delinquent, describe Section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax Section 7. Other Debts (Describe in detail.)	
Address Address Address Address Address Ap Code Bate Purchased (MM/YYYY) Address Solution Solutio	
ity, State, Zip Code late Purchased (MM/YYYY) priginal Cost Present Market Value lame of Mortgage Holder Street Address / PO Box City, State, Zip Code fortgage Account Number fortgage Balance smount of Payment per Mo/Yr status of Mortgage Section 5. Other Personal Property & Other Assets (Describe, and if any is pledged as security, state name and addre holder, amount of lien, terms of payment and if delinquent, describe section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax section 7. Other Debts (Describe in detail.)	
Particular Purchased (MM/YYYY) Diriginal Cost Street Market Value Street Address / PO Box City, State, Zip Code Afortgage Balance Forting Balance Fortin	
Programal Cost \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
resent Market Value \$0 \$0 \$0 larger Morror M	
Iame of Mortgage Holder Street Address / PO Box City, State, Zip Code Mortgage Account Number Mortgage Balance Immount of Payment per Mo/Yr S D Select One	\$ (
Street Address / PO Box City, State, Zip Code flortgage Account Number flortgage Balance stotument of Payment per Mo/Yr \$ 0 Select One \$ 0 S	\$ (
City, State, Zip Code flortgage Account Number flortgage Balance so s	
fortgage Account Number fortgage Balance \$0 \$0 \$0 smount of Payment per Mo/Yr \$0 Select One \$0	
fortgage Balance \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0	
amount of Payment per Mo/Yr \$0 Select One \$0 Select On	
Section 5. Other Personal Property & Other Assets (Describe, and if any is pledged as security, state name and address holder, amount of lien, terms of payment and if delinquent, describe holder, amount of lien, terms of payment and if delinquent, describe holder. Section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax dection 7. Other Debts (Describe in detail.)	\$1
Section 5. Other Personal Property & Other Assets (Describe, and if any is pledged as security, state name and addre holder, amount of lien, terms of payment and if delinquent, describe holder, amount of lien, terms of payment and if delinquent, describe section 6. Unpaid Taxes (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax section 7. Other Debts (Describe in detail.)	t One
ection 7. Other Debts (Describe in detail.)	s of lien delinquency
	lien attach's
	eneficiaries)
I authorize SBA to make inquiries as necessary to verify the accuracy of the statements made and to determine creditworthiness. I certify the above and the statements are true and accurate as of the stated date. These stat made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may res forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).	ements are
	NEXT
OMB Control No. 3245-0018 Usen Name; jidand100 Exp. 2/29/2012 Reference Number; 1 Declaration Filing Ose Declaration Filing Ose	00060500 line: 100700

1.34.1. Form View - Submit SC242:

After the user clicks the "Submit" button on the Business Requirements page, they will see this page that will require that they click the "I Certify check box before their application can be submitted to DCMS.

1.34.2. User View



1.35.1. Log Out (Not Submitted);

New message that displays when the user clicks the "Exit" or "Log Out" links and has not submitted their application.

1.35.2. User View



1.36. Log Out (Submitted);

New message that displays when the user clicks the "Exit" or "Log Out" links and has been submitted their application.

1.36.1. User View

