

**CERTIFICATION OF ELIGIBILITY FOR COMMUNITY DISASTER LOANS**

**PAPERWORK BURDEN DISCLOSURE NOTICE**

Public reporting burden for this form is estimated to average 2.5 hours per response. The burden estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the needed data, and completing, reviewing, and submitting the form. This collection of information is required to obtain or retain benefits. You are not required to respond to this collection of information unless it displays a valid OMB control number. Send comments regarding the accuracy of the burden estimate and any suggestions for reducing this burden to: Information Collections Management, Department of Homeland Security, Federal Emergency Management Agency, 1800 South Bell Street, Arlington, VA 20598-3005 Paperwork Reduction Project (1660-0083). **Note: Do not send your completed form to this address.**

**PRIVACY NOTICE**

This information is being collected under the authority of Section 417 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, Public Law 93-288, as amended, (42 U.S.C. 5121-5207), and 44 CFR, § 206.364. DHS/FEMA will use this information to provide operational funding to help local governments that have incurred a significant loss in revenue, due to a major disaster, that has or will adversely affect their ability to provide essential municipal services. The information will be used by and disclosed to DHS personnel and contractors, state government officials, or other agents who need the information to assist in activities related to disaster relief. In addition, the information on this form may be disclosed as generally permitted under the Freedom of Information Act, as amended (5 U.S.C. § 552). Furnishing this information is voluntary; however, failure to furnish the requested information may delay or prevent the completion of your loan application and disbursement.

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

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

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

SIGNATURE OF APPLICANT REPRESENTATIVE	DATE
NAME OF APPLICANT REPRESENTATIVE	TITLE
NAME OF APPLICANT PARISH/COUNTY	STATE
APPLICANT REPRESENTATIVE CONTACT EMAIL	PHONE NO.